VIRGINIA BOARD OF HEALTH PROFESSIONS
VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

Review of Potential Pharmacy Technician Scope of Practice Barriers to the Development of Effective Team Approaches to Healthcare Delivery in Virginia

Authority and Impetus

Section 54.1-2510 of the Code of Virginia authorizes the Board of Health Professions to advise the Governor, General Assembly, and Department Director on matters related to the regulation and level of regulation of healthcare occupations and professions and scope of practice.

This study is being conducted pursuant to the Secretary of Health and Human Services’ request in 2011 for assistance in addressing health reform issues. Two months prior, the Secretary’s Virginia Health Reform Initiative Advisory Council (VHRI) published recommendations from respective task forces relating to six key and interrelated topics: Medicaid reform, service delivery and payment reform, technology, insurance reform, purchaser perspectives, and of greatest relevance to the Department and Board, health workforce capacity.¹

VHRI’s Capacity Task Force posed that health workforce capacity must be increased to ensure all Virginian’s have access to affordable and high quality care. They further held that effective capacity could be reached with increasing health professional supply, expanding technology to reach underserved areas, optimizing efforts to re-organize health care delivery through teams that effectively deploy non-physicians, and permitting health professionals to practice up to the evidence-based limits of their education and training in ways not currently possible with existing scope of practice restrictions.

This is the third in a series of BHP reviews focusing on the scope of practice restrictions of non-physician professions that may impede development of effective team delivery approaches. The earlier reviews respectively addressed Nurse Practitioners (2011-12) and Pharmacists (2012-13).²

With the assistance of member Boards and invited input from experts and public and private stakeholders, this review aims to identify barriers to safe healthcare access and effective team practice that may exist due to current scope of practice limits. Further, it will examine available information pertaining to emerging team delivery models in which pharmacy technicians play a role.


² The Board initiated reviews focusing on Nurse Practitioners (2011-12) and on Pharmacists (2012-13). In both instances, the Board deferred to the General Assembly which passed legislation in 2012 and 2013 supportive of patient care teams, expanded practitioner authority and collaboration. See http://leg1.state.va.us/cgi-bin/legp504.exe?121+ful+CHAP0213 regarding Nurse Practitioners and http://leg1.state.va.us/cgi-bin/legp504.exe?131+ful+CHAP0192 relating to Pharmacists.
The goal is not to replace Pharmacists with Pharmacy Technicians but to determine how Pharmacy Technicians may develop in ways that will enable their ability to ease the impending burden on Pharmacists from increased patient demands and better ensure access to healthcare through strengthened health professional teams.

**Methodology**

In keeping with this view, the aim of the current study is to objectively and systematically examine factors relevant to safe and effective Pharmacy Technician practice and obtain insight into how the profession is evolving in the healthcare arena. The Board assigned this review to its Regulatory Research Committee. The Committee has adopted the Study Workplan provided in Appendix 1. The Workplan is guided by the Board’s *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 1998* but may be modified as the Regulatory Research Committee deems appropriate.

It is understood that the Policies and Procedures’ seven evaluative criteria apply most directly to determining whether a profession should be regulated and to what degree. But, they also provide a standard conceptual framework with proscribed questions and research methods that have been employed for over two decades to successfully address key policy issues related to health professional regulation. The Criteria typically applied in sunrise review studies involve (1) Risk of Harm to the Consumer, (2) Specialized Skills and Training, (3) Autonomous Practice, (4) Scope of Practice, (5) Economic Costs, (6) Alternatives to Regulation, and (7) Least Restrictive Regulation. The current study will apply only the first five, because Pharmacy Technicians are already regulated in Virginia through registration.

The following steps are anticipated

- Conduct a comprehensive review of the pertinent policy and professional literature.
- Review and summarize available relevant empirical data as may be available from pertinent research studies, malpractice insurance carriers, and other sources.
- Review relevant federal and state laws, regulations and governmental policies.
- Review other states’ relevant experiences with scope and practice expansion and team approaches to care delivery.
- Develop a report of research findings, to date, and solicit public comment on reports and other insights through hearing and written comment period.
- Publish second draft of the report with summary of public comments.

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• Develop final report with recommendations, including proposed legislative language as deemed appropriate by the Committee.

• Present final report and recommendations to the full Board for review and approval.

• Forward to the Director for review and comment.

• Upon approval from the Director forward to the Secretary for final review and comment.

• Prepare the final report for publication and electronic posting and dissemination to interested parties.

The following constitutes the results of research to date. The first Public Hearing will be held on July 30, 2013.

NOTE: In May 2013, the Virginia Pharmacy Congress presented the following extensive response to questions outlined in the Study Workplan. To ensure that readers are aware of the source of this information, the “Virginia Pharmacy Technician Scope of Practice” is set off in border and different font. Where updated information has been obtained by BHP staff it is indicated by stricken text and with bold underlined update. Following the response section is a description prepared by BHP staff, describing the volume of registered Pharmacy Technicians, workforce-related information, and relevant disciplinary statistics from records of the Department of Health Professions.
Virginia Pharmacy Technician Scope of Practice

Background

1. What are the current qualifications that Virginia’s pharmacy technicians must demonstrate? Do they differ from other states?

   The regulations for pharmacy technicians are outlined in the Code of Virginia and further defined in the Regulations Governing the Practice of Pharmacy. Currently, pharmacy technicians in the Commonwealth are not licensed, but must be registered with the Board of Pharmacy. In order to apply for registration as a pharmacy technician, applicants must be of good moral character, and provide evidence of the following:

   1. Satisfactory completion of an approved training program, and

   2. A passing score on a board-approved examination.

   OR

   3. Provide evidence of current Pharmacy Technician Certification Board (PTCB) certification.

   Individuals enrolled in a Virginia-board-approved training program have a grace period as technician trainees and may work as pharmacy technicians for up to nine continuous months while pursuing registration. The qualifications to work as a pharmacy technician vary among states. States regulate pharmacy technicians in any of the following ways: licensure, registration, certification, mandatory training or examination, and with technician-to-pharmacist ratios. The definitions most commonly quoted for licensure, registration, and certification are found below. Confusion exists because there are no standard criteria for each and what one state calls registration another may call licensure or certification. For purposes of this document, when referring to licensure, certification, or registration it is with the italicized definitions found here:

   **Licensure:** The process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

   For pharmacists, all states require a minimum of a graduation from an accredited school or college of pharmacy and a passing score on a board-approved examination. For pharmacy technicians, there is no standard amongst states for the elements required to obtain licensure. Seven states convey licensure on pharmacy technicians and the minimum requirements vary among those states. Organizations, such as the American Society of Health-System Pharmacists (ASHP)—a 65,000 member organization representing hospital and health-system pharmacists,
have advocated recently for pharmacy technician licensure as outlined in the general statement above.  

**Registration:** The process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians.

No standard criteria exist amongst states for pharmacy technician registration. Depending on the state, candidates may need to meet age requirements, graduate from high school or obtain a GED, obtain national certification, pass criminal background checks, pay a registration fee and/or complete required training programs.  

**Certification:** The process by which a nongovernmental agency or association (i.e., an organization accredited by the National Commission for Certifying Agencies) grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.  

In terms of pharmacy technicians, states typically define certification as those personnel who have completed a certification program (including obtaining a passing score on a certification examination) approved by the corresponding state board of pharmacy.  

In many cases regulations consist of a combination of any of the aforementioned methods. For instance, some states require certification and accredited training as a prerequisite for licensure, or technician-to-pharmacist ratios vary depending on the number of certified versus non-certified pharmacy technicians supervised. As of 2012, Six states do not formally regulate pharmacy technicians, although pharmacy technicians or pharmacy assistants do work alongside pharmacists in those states. As a generalization, states, over time, increasingly have required additional qualifications for pharmacy technicians commensurate with the increasingly complex and hazardous tasks they must perform and with expanding the scopes of practice of pharmacy technicians.

The Virginia board of pharmacy has the ability to deny registration or revoke registration of pharmacy technicians. Unlike pharmacists, a national reciprocity program does not exist for pharmacy technicians. Currently there is no formal mechanism to track work history or disciplinary action taken by another state for consideration of the Virginia board prior to granting registration.

a. What are the educational or training requirements for entry into the pharmacy technician workforce? (sample curricula) Which programs are acceptable? How are these programs accredited? By whom? How is this similar or different from requirements in other states?
Individuals seeking pharmacy technician registration in Virginia that have maintained PTCB certification are not required to have completed an education or training program to enter the pharmacy technician work force.\textsuperscript{2,6} Currently, education and training beyond a high school diploma or equivalency are not prerequisites for national certification.\textsuperscript{6} Individuals seeking pharmacy technician registration in Virginia who are not currently certified by PTCB must complete a Virginia board-approved training program.

Virginia board-approved training programs must be of sufficient depth to prepare individuals to sit for the Virginia board-approved examination and demonstrate entry-level competence.\textsuperscript{7} The Virginia board of pharmacy regulations require that training programs include instruction in current laws and regulations and tasks often performed by pharmacy technicians, including but not limited to\textsuperscript{7}:

\begin{enumerate}
\item Entry of prescription information and drug history into a data or recordkeeping system
\item Preparation of prescription labels or patient information
\item Removal of drug from inventory prior to dispensing
\item Counting, measuring, or compounding of drugs to be dispensed
\item Packaging and labeling of preparations to be dispensed
\item Repackaging of medications
\item Stocking or loading of automated dispensing devices or other devices used in the dispensing process
\item Acceptance of refill authorization from prescribers when there is no change to the original prescription
\end{enumerate}

Over 80 Virginia board-approved training programs are registered currently. These programs range from community colleges, to corporate training programs, to public high school vocational programs and others.\textsuperscript{6} Unfortunately, the programs are not standardized and range from online self-paced programs with chat rooms to weekend-long programs to multi-week programs with various total hour requirements. Those inconsistencies pose problems for employers, who cannot be certain that all pharmacy technicians are minimally or equally competent. Program approval expires after two years and may be renewed.\textsuperscript{7}

Thirty three \textbf{four} states require education or training for pharmacy technicians. The educational form varies widely and can range from on the job training, to programmatic-accredited programs, and associates degrees.\textsuperscript{3}

External accreditation of training programs is not currently a requirement for Virginia board-approval. There are two types of accreditation for pharmacy technician training programs:
Institutional or programmatic. Institutional accreditation primarily reviews items like the number of faculty, admissions programs, physical structure, and resources of the program. Importantly, institutional accreditation does not assess curriculum content for relevance to practice norms or public needs. Hence, a provider could deliver educational content unsuited to the eventual work of prospective graduates and unsubstantiated by objective task analyses of their eventual work; yet the institution providing the education could be accredited. In comparison, programmatic accreditation requires a program to be institutionally accredited prior to applying for programmatic accreditation, and it does assess program and curriculum content. The accreditation body for schools and colleges of pharmacy, the Accreditation Council for Pharmacy Education (ACPE) is an example of a programmatic accreditation body. ACPE accredits doctor of pharmacy degree programs and curriculum in schools and colleges of pharmacy, based on standards requiring certain content in the degree programs. The only programmatic accreditation available for pharmacy technician training and education in the United States is available through ASHP.

A minimum of 600 hours of training (addressing all areas of pharmacy practice) over at least 15 weeks is required for ASHP accreditation of pharmacy technician training programs. Programs must include didactic, laboratory, and experiential training in at least two different practice settings. The required content is based on objective task analyses of the actual work of pharmacy technicians and on objective task analysis data. A model curriculum for pharmacy technician training is available at:

http://www.ashp.org/Import/ACCREDITATION/TechnicianAccreditation/StartingaTrainingProgram/ModelCurriculum.aspx

It is endorsed by the American Association of Pharmacy Technicians, the American Pharmacists Association (APhA), ASHP, National Association of Chain Drug Stores, and Pharmacy Technician Educators Council (PTEC).

Currently there are 238 254 ASHP accredited programs nationwide. These include programs from community and vocational colleges, universities, chain pharmacies, hospital pharmacies, and the Department of Defense program. Several corporate entities such as CVS, Walgreens, and Rite Aid operate ASHP-accredited programs in the Commonwealth for their employees. Virginia College in Richmond is the only non-employer-operated program in the Commonwealth currently listed as seeking ASHP accreditation. Everett College in Chesapeake is applying.

Additionally, Virginia Board of Pharmacy Regulations require pharmacies employing pharmacy technicians to maintain site-specific training programs and manuals for training pharmacy technicians to work at the pharmacy. The training should include site-specific competencies that are relevant to the technologies, duties, and services in effect at the pharmacy.

b. What are the minimal competencies (knowledge, skills, and abilities) required for entry into the pharmacy technician workforce? As determined by whom?
Virginia Board of Pharmacy Regulations state “the curriculum of a training program for pharmacy technicians shall include instruction in applicable, current laws and regulations and in the tasks that may be performed by a pharmacy technician.” Pharmacy technicians enrolled in a Virginia board-approved training program will complete the aforementioned criteria. Technicians registered through prior certification by PTCB have been tested on content domains outlined elsewhere in this publication and have passed PTCB’s examination, the Pharmacy Technician Certification Examination (PTCE).

In 2009, the Council on Credentialing in Pharmacy (CCP) released the Pharmacy Technician Credentialing Framework, which recommended “that the profession establish national standards of quality for education, training, certification and regulation of pharmacy technicians in all practice settings.” CCP further recommends that the national standards include programmatic accreditation of training and education programs. CCP members include: the American Association of Colleges of Pharmacy (AACP), the American College of Apothecaries (ACA), the American College of Clinical Pharmacy (ACCP), ACPE, the Academy of Managed Care Pharmacy (AMCP), APHA, American Society of Consultant Pharmacists (ASCP), ASHP, the Board of Pharmacy Specialties (BPS), the Commission for Certification in Geriatric Pharmacy (CCGP), the Institute for the Certification of Pharmacy Technicians (ICPT), and PTEC.

The National Association of Boards of Pharmacy (NABP) commissioned two task forces focused on pharmacy technicians, one in 2008 and the other in 2009. Recommendations focused on training and education from these task forces were to encourage states to:

- Require pharmacy technician education that meets standardized guidelines
- By 2015, require pharmacy technicians to have completed an accredited education and training program as a condition of certification.

In addition to the CCP framework and the NABP recommendations above, at least twelve national pharmacy organizations have policies or policy statements on their books regarding pharmacy technicians. Select current policy examples from national organizations can be found in the following table:

<table>
<thead>
<tr>
<th>National Pharmacy Organization</th>
<th>Policies applicable to pharmacy technicians</th>
</tr>
</thead>
</table>
| ASHP\(^{19}\)                  | \(1203\) Qualifications of Pharmacy Technicians in Advanced Roles  
Source: Council on Education and Workforce Development  
To recognize that highly trained and skilled pharmacy technicians working in advanced roles regularly perform complex and critical medication-use procedures, and that a safe and effective medication-use process depends significantly on the skills, knowledge, and competency of those pharmacy technicians to perform those tasks; further,  
To reaffirm that all pharmacy technicians should complete an ASHP-accredited training program, be certified by the Pharmacy Technician Certification Board, and be licensed by state boards of pharmacy; further,  
To advocate that beyond those requirements pharmacy technicians working in advanced roles should have additional training and should demonstrate ongoing competencies specific to the tasks to be performed; further, |

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To advocate that expansion of pharmacy technician duties into advanced roles should include consideration of potential risk to patients and that ongoing quality assurance metrics should be established to assure patient safety.

1216

PHARMACY TECHNICIANS

Source: Council on Public Policy

To advocate that pharmacy move toward the following model with respect to the evolving pharmacy technician workforce as the optimal approach to protecting public health and safety: (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians, (2) mandatory completion of an ASHP-accredited program of education and training as a prerequisite to pharmacy technician certification, (3) mandatory certification by the Pharmacy Technician Certification Board as a prerequisite to licensure by the state board of pharmacy, and (4) licensure of pharmacy technicians by state boards of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state; further,

To advocate, with respect to certification, as an interim measure until the optimal model is fully implemented, that individuals be required either (1) to have completed an ASHP-accredited program of education and training or (2) to have at least one year of full-time equivalent experience as pharmacy technicians before they are eligible to become certified; further,

To advocate that all pharmacy functions be performed under the general supervision of a licensed pharmacist and that licensed pharmacists and technicians be held accountable for the quality of pharmacy services provided.

(Note: Licensure is the process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected. Certification is the process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.)

APhA®

2008 Pharmacy Technician Education and Training

1. APhA reaffirms the 2005/2001/1996 Control of Distribution System policy which states that APhA supports pharmacists’ authority to control the distribution process and personnel involved and the responsibility for all completed medication orders, regardless of practice setting.

2. APhA supports nationally recognized standards and guidelines for the accreditation of pharmacy technician education and training programs.

3. APhA supports the continued growth of accredited education and training programs that develop qualified pharmacy technicians who will support pharmacists in ensuring patient safety and enhancing patient care.

4. APhA supports the following minimum requirements for all new pharmacy technicians by the year 2015:

a. Successful completion of an accredited education and training program
b. Certification by the Pharmacy Technician Certification Board (PTCB).

5. APhA supports state board of pharmacy regulation that requires pharmacy technicians to meet minimum standards of education, training, and certification. APhA also encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians.

(JoPhA N54R(4):470 July/August 2008)

2004 Technician Licensure and Registration

1996 APhA recognizes, the following definitions with regards to technician licensure and registration:
c. Which examinations are used to assess entry-level competency?

i. Who develops and administers the examination?

The Commonwealth of Virginia utilizes the PTCB certification program, which includes the PTCE as its examination, as one of the ways to obtain registration.\(^1\)\(^2\) The other board-approved examination options in Virginia are required in combination with a board-approved training program to satisfy registration requirements. The two board-approved examinations are the ExCPT and the Virginia Pharmacy Technician Exam.\(^1\)\(^2\)

Unlike the case with the national standard examination for pharmacists (the North American Pharmacist Licensure Examination-NAPLEX), there currently is no single examination for the pharmacy technician occupation that is universally recognized by all 50 state boards of pharmacy. For pharmacy technicians, some states administer a state law examination.\(^3\) Some states consider a series of questions asked by employers to be an examination, while many states recognize one or both of two national pharmacy technician certification examinations.\(^4\) Still other states require a combination of one of the national examinations plus a state law exam. The two national examinations are the PTCE administered by PTCB or the ExCPT Pharmacy Technician Certification Exam administered by the National Healthcareer Association (NHA).\(^22\)\(^21\) Since 1995, more than 440,000 pharmacy technicians have been certified by PTCB.\(^22\) And as of 2009 (the last date for which data were available) 5,100 technicians have been certified by NHA.\(^24\)

Similar to CCP’s recommendation about the need for a national standard for education and training, CCP also recommends a national standard for pharmacy technician certification.\(^15\) The
NABP technician task forces also encourage states to accept PTCB certification.\textsuperscript{16,17} Nineteen states require technicians to have passed an examination, ranging from a state law examination, to one of the national examinations.\textsuperscript{9} Eight states require certification which in most cases is achieved by successful completion of one of the national certification examinations and maintenance of such certification through continuing education.\textsuperscript{9}

ii. What content domains are tested?
Content domains for the PTCE and the DHP Virginia Pharmacy Technician examination can be found below. Content domains for the ExCPT were not available online at the NHA website. However, they are available in the 2013 version of the ExCPT Candidate Handbook (April 2014) http://www.nhanow.com/Libraries/pdf/ExCPT_CPhT_Test_Plan.sflb.ashx

<table>
<thead>
<tr>
<th>PTCE Content Domain Description\textsuperscript{21}</th>
<th>% of Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacology for Technicians</td>
<td>13.75</td>
</tr>
<tr>
<td>Pharmacy Law and Regulations</td>
<td>12.50</td>
</tr>
<tr>
<td>Sterile and Non-sterile Compounding</td>
<td>8.75</td>
</tr>
<tr>
<td>Medication Safety</td>
<td>12.50</td>
</tr>
<tr>
<td>Pharmacy Quality Assurance</td>
<td>7.50</td>
</tr>
<tr>
<td>Medication Order Entry and Fill Process</td>
<td>17.50</td>
</tr>
<tr>
<td>Pharmacy Inventory Management</td>
<td>8.75</td>
</tr>
<tr>
<td>Pharmacy Billing and Reimbursement</td>
<td>8.75</td>
</tr>
<tr>
<td>Pharmacy Information Systems Usage and Application</td>
<td>10.00</td>
</tr>
</tbody>
</table>

DHP Virginia Pharmacy Technician Content Outline\textsuperscript{26}

Domain I: General Pharmacy Laws (12% or 5 – 6 items)
- Legal agencies
- Legal Restrictions
- Maintenance of Pharmacy Technician Registration

Domain II: Drug Identification (24% or 10 – 11 items)
- Understand the various types of dosage forms
- Understand the information on a manufacturer’s drug package
- Drug schedules
- Identify the generic and trade names of the drugs as listed in Appendix B

Domain III: Dispensing Process (34% or 15 – 16 items)
- Understand the requirements for prescriptions (e.g., required information, allowable conditions)
- Processing Refill Request
- Identify the professions that may prescribe medications as listed in Appendix C and any prescribing limitations
- Translate prescription abbreviations and symbols
- Calculations
- Understand the use of therapeutically-equivalent drug products
• Recognize elements of a prescription label
• Prescription containers and closures
• Compounding
• Recognize third-party insurance (e.g., government programs, worker’s compensation, HMO, PPO)

Domain IV: Other Regulated Sales and Record Keeping (10% or 4 – 5 items)
• Understand correct procedures regarding other regulated sales
• Understand file maintenance (e.g., chronological order, length of storage)

Domain V: Alternate Drug Delivery Systems (10% or 4 – 5 items)
• Unit dose
• Repackaging
• Understand automated devices for dispensing

Domain VI: Drug Storage and Inventory Management (10% or 4 – 5 items)
• Drug Storage
• Inventory Management

iii. Are the examinations psychometrically sound-in keeping with The Standards for Educational and Psychological Testing?

Virginia Regulations state the following:
18VAC110-20-103. Examination 27
A. The board shall approve one or more examinations to test entry-level competency for pharmacy technicians. In order to be approved, a competency examination shall be developed in accordance with and meet the recognized acceptable test measurement standards of the Joint Technical Standards for Education and Psychological Testing (American Psychological Association, current edition), and shall be administered by an independent third party.
B. The board may contract with an examination service for the development and administration of a competency examination.
C. The board shall determine the minimum passing standard on the competency examination.

PTCB and NHA are both accredited for their national technician examination programs, PTCE and ExCPT, respectively by the National Commission for Certifying Agencies (NCCA). NCCA requires a sound psychometric basis in order for the certification programs of the organizations doing the certifying to be deemed accredited. 22, 23 The Virginia Pharmacy Technician Examination is developed and administered by SMT which employs a psychometrician. This state technician examination is considered psychometrically sound. 28

2. Are pharmacy technicians required to maintain continuing education? Does it differ in other states?
ACPE defines continuing pharmacy education (CPE) as a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence.²⁹ ACPE specifies two categories of CPE: education for pharmacists (P) and education for technicians (T). Eighteen states require CPE for pharmacy technicians, there is no national standard amount or type of continuing education required. The state requirements range from 3 hours annually to 20 hours every 2 years, and the CPE may or may not be required to be delivered by an ACPE-accredited provider.³

Virginia regulations require registered pharmacy technicians to complete a minimum of 5 contact hours of board-approved CPE for each annual renewal of registration.³⁰ CPE courses for pharmacy technicians must be either (a) “ACPE-approved” and be focused on pharmacy, pharmacology, or drug therapy or (b) a CPE program approved by the board.³¹

Additionally, pharmacy technicians certified by PTCB or NHA are required to obtain 20 hours of CPE every 2 years to maintain certification, with 2 hours required to be in pharmacy law.²²,²³ For maintenance of certification by each of the national certification programs, CPE can be obtained through (a) state board-approved CPE programs, (b) employer-approved training programs, (c) in-the-work-pace CPE (maximum 10 hours), (d) ACPE-approved CPE for either pharmacists or pharmacy technicians, or (e) a final grade of not less than C in relevant college courses (maximum 15 hours every 2 years).³²,³³ Currently, neither PTCB nor NHA require ACPE-approved CPE to satisfy the continuing education requirements for their respective exams.

3. What is the pharmacy technician scope of practice in Virginia? How does it differ from other states?

The current scope of pharmacy technician practice in Virginia and elsewhere encompasses functions that serve to assist the pharmacist in the medication delivery process. Traditionally pharmacy technicians across the country have worked under the direct supervision of a pharmacist who is legally accountable through licensure. No state allows pharmacy technicians to practice independently.

According to the Code of Virginia, registered pharmacy technicians in Virginia may perform the following tasks¹:

1. Entry of prescription information and drug history into a data or recordkeeping system
2. Preparation of prescription labels or patient information
3. Removal of drug from inventory prior to dispensing
4. Counting, measuring, and compounding of drugs to be dispensed
5. Packaging and labeling of preparations to be dispensed and repackaging of these medications
6. Stocking or loading of automated dispensing devices or other devices used in the dispensing process
7. Acceptance of refill authorization from prescribers so long as there is no change to the original prescription

8. Any other task restricted to pharmacy technicians by the Virginia board of pharmacy.

More specific examples of the tasks listed above include, but are not limited to, the following tasks and roles currently being fulfilled by registered pharmacy technicians in Virginia:

- Participation in the medication reconciliation process
- Provision of support to clinical services by obtaining information such as laboratory data, refill histories, insurance information, ancillary services reports, immunization status, and discharge summaries
- Provision of assistance in obtaining patient enrollment in patient assistance programs in an effort to secure high cost medications from drug companies or other sources
- Inventory management or drug shortages management
- Information technology specialists and optimization experts allowing for proper utilization of technologies and implementation of best practices
- Provision of services that assist with adherence to state and federal regulatory agencies. Examples include assistance with USP Chapter <797> compliance, data management for medication errors and adverse drug reactions.
- Telepharmacy
- MTM logistics support

Pharmacy technicians in other states, in most cases, are allowed to perform similar tasks. Most states allow technicians to enter prescriptions into a pharmacy computer system, compound medications, and call prescribers for refill authorizations among other functions. The only state that does not allow pharmacy technicians to compound is New York. The National Association of Boards of Pharmacy 2012 and 2013 Survey of Pharmacy Law further delineates pharmacy technician duties by hospital/institutional or community pharmacy settings.

The professional literature is abundant with respect to the already current advanced roles of pharmacy technicians, roles that extend well beyond the traditional role of assisting in prescription filling. Practices allowed by some states other than Virginia include the following: transferring prescription orders, acceptance of called-in prescriptions from prescriber offices, and checking the work of other pharmacy technicians.

**Transferring of Prescription Orders**

Ten states allow pharmacy technicians to transfer prescription orders in a hospital or institutional setting, while 11 states allow for this process in the community setting. Caveats exist in some states, including requirements for direct supervision by pharmacists, exclusion of controlled substance prescriptions, and in some state requirements for technicians to be certified in order to perform this task.

**Acceptance of Called-in Prescriptions from Prescriber Offices**

Eleven states allow pharmacy technicians in the hospital/institutional setting to accept called-in prescriptions from prescriber offices. Similarly, eleven states allow pharmacy technicians in the community setting to accept called-in prescriptions from prescriber office. Different states
are represented in each setting category with some overlap in both categories. Most of the states require pharmacists to supervise this activity or review the orders. North Carolina and Tennessee, among others, allow these activities in both settings if technicians are nationally certified.

**Checking the Work of Other Pharmacy Technicians (Tech-check-tech)**

Eleven states allow tech-check-tech in the hospital setting. This practice has long been a standard of practice in the Department of Defense medication delivery model. Most states allowing tech-check-tech have specific regulations that apply to this practice. North Carolina allows tech-check-tech in the hospital setting in non-patient-specific distributive functions. An example of this is refilling automated dispensing cabinets (ADCs). South Carolina allows tech-check-tech for repackaging of medications from bulk to unit of use or for refills of medications if the medication is to be administered by a licensed health care professional in an institutional setting. Many of the states require pharmacists to check a percentage of the technician’s fill as a mechanism for quality assurance. Most states allowing tech-check-tech have additional training, education, and/or certification requirements for pharmacy technicians participating in these duties. North Carolina regulations require both certification and an associate’s degree in pharmacy technology to participate in validating other pharmacy technicians’ work.

Five states allow tech-check-tech in the community setting. They are Colorado, Indiana, Iowa, Michigan, North Dakota, and South Carolina. Tasks permitted in South Carolina are the same as those in the institutional setting.

Tech-check-tech accuracy has been documented in the literature. In a 2011 meta-analysis in institutional settings, 11 studies were evaluated. The analysis showed accuracy rates of pharmacy technicians at final check for refilling ADCs to be comparable to those of pharmacists.

**Risk of Harm to the Consumer**

1. **What are the typical functions performed and services provided by pharmacy technicians in Virginia and elsewhere?**

   Typical functions and services provided by pharmacy technicians have been described previously in this document.

2. **Is there evidence of harm from pharmacy technicians with expanded scopes of practice relative to that in Virginia?**

   Evidence exists that patient harm occurs from medication errors in which pharmacy technicians are sometimes involved, even within their current scope of practice. We are not aware of evidence that expanding the scopes of practice of pharmacy technicians leads to patient harm in Virginia or elsewhere.

   There is strong evidence that pharmacists’ clinical services, lead to a reduction in errors, improved therapeutic outcomes, and secondarily to a reduction in patient care costs. But there is a barrier to maximizing pharmacists’ clinical services in Virginia: a lack of enough highly qualified and highly credentialed pharmacy technicians to whom some traditional medication
preparation and distribution activities (as well as some clinical support activities) can be handed off.

The pharmacy technicians must have the appropriate qualifications and the permitted scopes of practice to enable the expansion of pharmacists’ clinical services.

a. If any, to what can it be attributed (lack of knowledge, skills, characteristics of the patients, etc.)?
b. How is the evidence documented (Board discipline, malpractice cases, criminal cases, other administrative disciplinary actions)?
c. Characterize the type of harm (physical, emotional, mental, social, or financial).
d. How does this compare with other, similar health professions, generally?

3. Is the public seeking greater accountability of this group?

There is no indication that the public at large of Virginia are seeking greater accountability of pharmacy technicians. In large part it is unlikely that the public is aware of the regulatory requirements of pharmacy technicians. A nationwide consumer survey conducted by PTCB in 2007 found that 58% of consumers believed that only licensed pharmacists are involved with dispensing prescriptions. Similarly, 45% of those surveyed believed that individuals without formalized training or certification were not allowed to be involved in the prescription dispensing process.

In situations where a pharmacy technician was identified as being part of the root cause of a fatal medication error, the public has sought greater accountability. One such example occurred in Ohio, with the death of toddler Emily Jerry. A pharmacy technician erroneously compounded a bag of saline which delivered 23.4% saline to this patient vs. the prescribed 0.9% saline dose. The family, upon learning that pharmacy technicians in Ohio were not registered by the state board of pharmacy and had no regulatory oversight in terms of training, education, or certification requirements, started the Emily Jerry Foundation. This family and the foundation were instrumental in having Emily’s Law passed into law in Ohio thus regulating pharmacy technicians in that state.

Specialized Skills and Training

1. Are there currently recognized or emerging specialties/levels within this profession?

A practice concept utilized by many employers, and adopted in concept by some state boards of pharmacy is that of a tiered structure. In states where this is done already, pharmacy technicians meeting minimum requirements work at the entry tier and are allowed the least amount of responsibility and are assigned to the least complex and least hazardous (to patients and themselves) activities. Moving to the next tier or rung on the ladder requires additional training,
education, documentation of competency, and certification beyond what is considered a minimum standard. For instance, some states and employers reserve more complex functions (such as compounding of parenteral nutrition fluids, preparation of Antineoplastic medications, and checking the work of other pharmacy technicians) to technicians who have obtained certification or have advanced training with documented competency. Many advanced activities are documented in the scientific and professional literature.24, 56-37

PTCB recently conducted a practice analysis of the work of pharmacy technicians and subsequently launched changes in the PTCE test content based on input from over 25,000 pharmacy technicians across the country.25 Some new areas are being added to the examination, and some are being modified or decreased in weight. The analysis provided a valuable cross section of the current roles and responsibilities of pharmacy technicians as well as the competencies needed by the modern pharmacy technician workforce. A detailed crosswalk of the changes is available at33:

http://www.ptcb.org/AM/Template.cfm?Section=About_the_Exam&Template=/CM/ContentDisp lay.cfm&ContentID=4817

The practice analysis updates previous analysis conducted in 2005.25

ASHP has posted an updated draft of its standards for accrediting pharmacy technician training programs. The anticipated changes in the standards also provide insight into the current and expected roles and responsibilities for pharmacy technicians. Areas proposed for addition to the standards include the following46:

- Critical thinking
- Health care occupations
- Wellness
- Infection control
- Prescriptions and medication orders requiring special handling (for example for drug products with REMS requirements)
- Automation
- Emergency situations (including CPR)
- Medication reconciliation
- New trends and issues in the pharmacy profession
- Non-traditional roles
- Emerging therapies (for example, biologics and gene therapy)

a. If so, what are they? How are they recognized? By whom and through what mechanism?

Certificate Programs
NPTA, Critical Point, others offer IV sterile compounding certificate training programs.45, 46

Autonomous Practice

Section § 54.1-3300 of the Pharmacy Act and Drug Control Act of Virginia specifically outlines two key definitions specific to pharmacy technician oversight.1
"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the pharmacist's supervision.¹

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.¹

The duties restricted to a technician or a pharmacy intern have been outlined previously in this document. To fully outline current pharmacy technician roles in Virginia it is best to also include those duties that are NOT allowed by the Code of Virginia to be completed by a pharmacy technician and are restricted to a pharmacist.

The Code of Virginia specifies in §54.1-3320 those acts and functions that are restricted to and must be performed by a pharmacist.⁴⁷

They include:

1. The review of a prescription, in conformance with the chapter and Chapter 34 (§ 54.1-3400 et seq.) of this title and with current practices in pharmacy, for its completeness, validity, safety, and drug-therapy appropriateness, including, but not limited to, interactions, contraindications, adverse effects, incorrect dosage or duration of treatment, clinical misuse or abuse, and noncompliance and duplication of therapy;

2. The receipt of an oral prescription from a practitioner or his authorized agent;

3. The conduct of a prospective drug review and counseling as required by § 54.1-3319 prior to the dispensing or refilling of any prescription;

4. The provision of information to the public or to a practitioner concerning the therapeutic value and use of drugs in the treatment and prevention of disease;

5. The communication with the prescriber, or the prescriber’s agent, involving any modification other than refill authorization of a prescription or of any drug therapy, resolution of any drug therapy problem, or the substitution of any drug prescribed;

6. The verification of the accuracy of a completed prescription prior to dispensing the prescription;

7. The supervision of pharmacy interns and pharmacy technicians; and

8. Any other activity required by regulation to be performed by a pharmacist.

Furthermore, Virginia Pharmacy Regulations allows the pharmacist to determine the number of pharmacy interns, pharmacy technicians, and pharmacy technician trainees he or she can safely and competently supervise at one time as long as no more than four pharmacy technicians are supervised at one time by a single pharmacist.⁴⁸ This outlines the technician-to-pharmacist ratio as 4:1.
In terms of liability, technicians do not provide the final check of prescriptions in Virginia and are generally thought to be practicing “under the license of” a pharmacist who is legally responsible for prescriptions dispensed.

A-Do pharmacy technicians typically supervise others? Describe the nature of this supervision.

In some aspects they do, however most often in the form of logistical or personnel support not otherwise required to be completed by a pharmacist by the Virginia Code. Technician roles vary and may be related to interviewing and hiring, orienting, scheduling, and performance evaluation of other pharmacy technicians. They may schedule pharmacy tasks to be performed and oversee record keeping related to the pharmacy work performed. With appropriate education and credentials, in some states technicians are permitted to supervise the quality of pharmacy work performed, including checking the accuracy of the work of other pharmacy technicians. These specific instances have been well documented elsewhere in this document in terms of tech-check-tech.

Are patients/clients referred to pharmacy technicians for care or other services? By whom? Describe a typical referral mechanism.

Since pharmacy technicians do not work as independent practitioners, typically patients are not referred to pharmacy technicians for their care. Situations where pharmacy technicians may be the point of contact for a patient include purchase or rental of durable medical equipment (DME) or general billing considerations of a pharmacy.

A unique area of pharmacy where patients may be referred to pharmacy technicians is in the situation of a formalized patient assistance program (PAP) service. In this situation, a patient has been given a prescription which has been verified by the pharmacist and is often a high cost medication. For a variety of reasons the patient may not be able to afford the medication which is available through a drug manufacturer PAP program or a privately funded PAP program. In many cases the paperwork required to acquire assistance from a drug company is labor intensive and many patients benefit from having someone assist them in navigating the system. No clinical decisions are involved, the pharmacy technician simply is acting to assist the patient in filling out and submitting the necessary documentation to prove that they meet the criteria to obtain medications through a PAP. This valuable service impacts patient adherence to medication regimens, decreases out of pocket cost to patients and others, and improves quality of care.

Economic Costs

1. What are the range and average incomes of pharmacy technicians in the Commonwealth?
   In adjoining states? Nationally?

Average annual incomes and ranges for pharmacy technicians nationally are listed below and are according to May 2010 data from the Bureau of Labor Statistics. The range reported represents the 10th to 90th percentile incomes.
<table>
<thead>
<tr>
<th>State or Region</th>
<th>Average Annual Income</th>
<th>Annual Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>$29,250</td>
<td>$20,540 - $39,240</td>
</tr>
<tr>
<td>North Carolina</td>
<td>$27,390</td>
<td>$17,880 - $38,140</td>
</tr>
<tr>
<td>West Virginia</td>
<td>$24,830</td>
<td>$17,480 - $35,390</td>
</tr>
<tr>
<td>Tennessee</td>
<td>$28,140</td>
<td>$20,170 - $37,650</td>
</tr>
<tr>
<td>Maryland</td>
<td>$31,190</td>
<td>$21,080 - $44,600</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>$38,200</td>
<td>$23,110 - $59,390</td>
</tr>
<tr>
<td>National</td>
<td>$28,400</td>
<td>$19,840 - $40,710</td>
</tr>
</tbody>
</table>

A report from the University Hospital Consortium (UHC) provided detailed salaries for several advanced or expanded technician roles. The report outlines the salaries minimum job requirements of technicians at the Cleveland Clinic.

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Minimum Education</th>
<th>Experience and Training</th>
<th>Certification</th>
<th>Salary Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decentralized Technician</td>
<td>High School</td>
<td>Formal customer service training, provided by the organization</td>
<td>Yes</td>
<td>$14-$18/hour</td>
</tr>
<tr>
<td>Research Technician</td>
<td>High School</td>
<td>Previous experience as a pharmacy technician</td>
<td>Yes</td>
<td>$18-$23/hr</td>
</tr>
<tr>
<td>Billing Technician</td>
<td>High School</td>
<td>On-site billing training, previous experience as an ambulatory technician</td>
<td>No</td>
<td>$14-$20/hr</td>
</tr>
<tr>
<td>Supply Chain Buyer</td>
<td>High School</td>
<td>Previous experience as a pharmacy technician</td>
<td>No</td>
<td>$42-$53K/year</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>---------------------------------------------</td>
<td>----</td>
<td>---------------</td>
</tr>
<tr>
<td>Medication Safety Analyst</td>
<td>Bachelor's Degree (BSPS)</td>
<td>Previous experience as a pharmacy technician plus</td>
<td>No</td>
<td>$40K-$58K/year</td>
</tr>
<tr>
<td>Automation Technician</td>
<td>High School</td>
<td>Previous technician experience, on-site training and aptitude in automation systems</td>
<td>Yes</td>
<td>$16-$20/hour</td>
</tr>
</tbody>
</table>

5. Are third-party payors in Virginia currently reimbursing services provided by pharmacy technicians?

No

References


2. Virginia Board of Pharmacy Regulations. Requirements for Pharmacy Technician Registration 18VAC110-20-101.


4. American Society of Health-System Pharmacists. ASHP House of Delegates Approves Professional Policies. Available at:


7. Virginia Board of Pharmacy Regulations. Criteria for approval for training programs. 18VAC110-20-102.


14. Virginia Board of Pharmacy Regulations. Pharmacy Technicians. 18VAC110-20-111.


27. Virginia Board of Pharmacy Regulations. Examination. 18VAC 110-20-103.


30. Virginia Board of Pharmacy Regulations. Requirements for continued competency. 18VAC110-20-106.


44. ASHP Presentation to CCP. Presentation courtesy Janet Teeters personal communication, June 2012.


48. Virginia Board of Pharmacy Regulations. Dispensing of prescriptions; acts restricted to pharmacists; certification of completed prescriptions. 18VAC110-20-270.


Virginia’s Registration, Workforce-Related, and Relevant Disciplinary Statistics

The U.S. Bureau of Labor Statistics estimated in May 2010 that there were 334,400 Pharmacy Technician jobs nationally. It anticipates a 32% increase between 2010 and 2020 and is considered “much faster than average” job growth.4

In Virginia, Department of Health Professions’ records reveal that over 12,400 persons held a Virginia Pharmacy Technician registration on June 30, 2012 (end of the 2012 Biennium).5 The table below shows the relative overall growth trend for Pharmacy Technicians and Pharmacists in the Commonwealth since 2004. The overall number of registered Pharmacy Technicians surpassed licensed Pharmacists during the last two biennia.

<table>
<thead>
<tr>
<th>Year</th>
<th>Pharmacists</th>
<th>Technicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>8754</td>
<td>6292</td>
</tr>
<tr>
<td>2006</td>
<td>9142</td>
<td>7771</td>
</tr>
<tr>
<td>2008</td>
<td>9627</td>
<td>9423</td>
</tr>
<tr>
<td>2010</td>
<td>10770</td>
<td>11290</td>
</tr>
<tr>
<td>2012</td>
<td>11732</td>
<td>12413</td>
</tr>
</tbody>
</table>

From the Department’s biennial reporting, it is determined that the overall number of health professions that are regulated through the Department increased by 8.1% from the end of 2010 to end of 2012. During the same time period, Pharmacy Technicians increased 9.9% and Pharmacists 9.1%.

Holding registration, alone, does not necessarily imply that an individual is working as a Pharmacy Technician in Virginia. To provide better insight into the Pharmacy Technicians workforce, the following information is presented with permission from the Department’s Healthcare Workforce Data Center (HWDC). HWDC has been surveying Pharmacy Technicians and Pharmacists since 2011 through the online licensure/registration renewal process. At the time of this writing, the Virginia Pharmacy Technician Workforce: 2011 report6,7 provides the latest, most comprehensive workforce-related information available on Virginia’s registered Pharmacy Technicians.

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7 The 2012 report is anticipated in the later fall of 2013.
The following information addresses factors of relevance to education level, certifications, work settings (establishment types), work roles, factors related to wage level, and hours worked.

**Level of Education in Virginia’s Pharmacy Technician Workforce**

The *Virginia Pharmacy Technician Workforce: 2011* findings indicate over 35% of working registrants had earned a post-secondary degree, including 20% who had earned a baccalaureate degree or higher. The remaining 62% listed a high school diploma or GED as their highest level of education.

**Certification Exams Passed by Virginia’s Pharmacy Technician Workforce**

*Virginia Pharmacy Technician Workforce: 2011* reports that over 8,300 of Virginia’s registered Pharmacy Technicians were certified, including over 570 who had two certifications. The greater majority of these (7,687) held a certification from the Pharmacy Technician Certification Board (PTCB), while 1,264 held a certification through the Exam for Certification of Pharmacy Technicians (ExCPT®).

Almost 42% of Pharmacy Technicians who reported working in Virginia indicated they were required by their employers to hold a certification. Over a third of certified technicians reported that they received a raise upon attaining certification.

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8 The PTCB website is available at: [www.ptcb.org](http://www.ptcb.org).
9 The ExCPT® website is available at: [www.nationaltechexam.org](http://www.nationaltechexam.org).
**Work Setting Establishment Types**

Approximately 70% of survey respondents indicated that they worked at only one location; however, 15% worked at two or more locations. The setting or establishment type where the *most hours were worked* was referred to in the report as the “Primary Work Location.” “Secondary Work Location” refers to work settings where the remaining work hours of those with additional jobs were spent.

For Primary Work Locations reported, large chain community pharmacies (defined as 11 or more stores) were the most frequently cited at 40.1%, followed by independent community pharmacies (defined as 1 to 4 stores) at 12.7%. Almost 10% worked in supermarket pharmacies, almost 5% in long-term care, and nearly 4% in mass merchandiser based pharmacies.

For Secondary Work Locations, large chain community pharmacies predominated at 35%, followed by non-government hospital and health system inpatient pharmacies at 11.5% and supermarket pharmacies at 10.5%, with independent community pharmacies at 7.1%. All other establishment types accounted for less than 5% each. Non-profit organizations and academic institutions were more prominent at Secondary Work Locations than Primary.

**Work Roles**

![Pharmacy Technician Time, Primary Location](chart)

*Virginia Pharmacy Technician Workforce: 2011* survey asked respondents to report the percentage of time spent working in each of six roles at their primary work location, as well as an “other” category. Valid responses came from 3,711 technicians.

Medication dispensing was performed by 93% of responding Pharmacy Technicians. This includes 44% who spent “Almost all, or all (80-100%)” of their time on this duty. Most
pharmacy technicians spent at least a little time on customer service and supervising. However, among these tasks, pharmacy technicians tended to spend more time on customer service than on supervising. About half of pharmacy technicians also spent some time on billing. Only 5% spent any time on education or training, and 80% of those who did spent only “A little (<20%)” of their working time on education or training.

Wage Factors

In 2011, excluding volunteers, almost 50% of Virginia’s Pharmacy Technicians who responded to the survey reported earning between $9.00 and $13.00 per hour. Another 30% earned between $13.01 and $17.00 per hour, while approximately 16% earned more.

Certified Pharmacy Technicians received higher wages than those with no certification. However, this effect was statistically significant only for PTCB certification holders solely. Pharmacy technicians with a bachelor’s degree tend to receive higher wages, with a median hourly wage of $13.01 to $15.00 per hour. Wages were also influenced by the type of employer.

Those working for hospitals tended to receive the highest wages. Those working in large chains (more than 10 stores) or supermarket or “big box” retailer pharmacies tended to receive the lowest wages.

<table>
<thead>
<tr>
<th>Hourly Compensation</th>
<th>Hospital</th>
<th>Supermarket/Big Box</th>
<th>Small Chain/Independent Pharmacy</th>
<th>Large Chain Pharmacy</th>
<th>Nursing Home/Home Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7.25-$9.00/hr</td>
<td>0.3%</td>
<td>5.5%</td>
<td>7.1%</td>
<td>7.6%</td>
<td>1.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>$9.01-$11.00/hr</td>
<td>4.9%</td>
<td>33.5%</td>
<td>22.5%</td>
<td>32.4%</td>
<td>15.9%</td>
<td>10.7%</td>
</tr>
<tr>
<td>$11.01-$13.00/hr</td>
<td>15.7%</td>
<td>26.0%</td>
<td>25.1%</td>
<td>27.0%</td>
<td>23.8%</td>
<td>10.1%</td>
</tr>
<tr>
<td>$13.01-$15.00/hr</td>
<td>20.8%</td>
<td>13.7%</td>
<td>20.2%</td>
<td>16.8%</td>
<td>26.7%</td>
<td>18.2%</td>
</tr>
<tr>
<td>$15.01-$17.00/hr</td>
<td>19.2%</td>
<td>13.6%</td>
<td>12.3%</td>
<td>10.0%</td>
<td>15.5%</td>
<td>18.3%</td>
</tr>
<tr>
<td>$17.01-$19.00/hr</td>
<td>16.3%</td>
<td>5.1%</td>
<td>6.3%</td>
<td>8.6%</td>
<td>7.3%</td>
<td>17.1%</td>
</tr>
<tr>
<td>$19.01-$21.00/hr</td>
<td>13.9%</td>
<td>1.5%</td>
<td>3.7%</td>
<td>1.6%</td>
<td>4.9%</td>
<td>12.1%</td>
</tr>
<tr>
<td>&gt;$21.00/hr</td>
<td>8.8%</td>
<td>1.1%</td>
<td>2.8%</td>
<td>0.5%</td>
<td>4.4%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Median</td>
<td>$15.01-</td>
<td>$11.01-</td>
<td>$11.01-</td>
<td>$11.01-</td>
<td>$13.01-</td>
<td>$15.01-</td>
</tr>
<tr>
<td></td>
<td>$17.00/hr</td>
<td>$13.00/hr</td>
<td>$13.00/hr</td>
<td>$13.00/hr</td>
<td>$15.00/hr</td>
<td>$17.00/hr</td>
</tr>
</tbody>
</table>

Geographic location also tended to influence the wages of Pharmacy Technicians in Virginia, with those working in Northern and Central Virginia pharmacies tending to receive the highest wages and those in the Southwestern portion of the state, the lowest. Additionally, those working in metropolitan areas with a population of 1 million or more (median range = $13.05 - $15.00) also tend to earn more than other areas (median range = $11.01 - $13.01).

Total Hours Worked

For the purposes of the survey, “full-time equivalency” or “FTE” equates to 2,000 hours per year work time, or generally 40 hours per week for 50 weeks (two weeks for vacation). Based upon the hours reported in Primary and Secondary Work Locations, it is estimated that over
9,800 Pharmacy Technicians who worked in Virginia in 2011 provided over 8,613 FTEs or .88 FTE per technician on average.

The above Full-Time Equivalency heat maps show the distribution of working Pharmacy Technicians throughout the Commonwealth. The top figure reflects the raw number of Pharmacy Technicians who work at least 2,000 hours per year. The bottom map reflects ratios of working Pharmacy Technicians 100,000 persons in the area.

**Disciplinary Statistics**

To assist in the evaluation of relative risk of harm to any expansion of scope of practice, it is important to consider the existing level of discipline. The following series of charts provide information relating to complaints and findings of violation against Pharmacy Technicians resolved by the Board of Pharmacy over the past several years. Although Pharmacists received more complaints per 1,000 licensees, the overall rate has dropped for Pharmacists while rising for Pharmacy Technicians. Further, founded violation rates for Pharmacy Technicians surpassed those for Pharmacists in the last two years.
The following information explores the types of Pharmacy Technician cases in which findings of a violation occurred from 2008 until April 2013. The findings below are from a separate, concurrent BHP study assessing the effectiveness of the Sanctioning Reference Points for the Board of Pharmacy. Sanctioning Reference Points are akin to sentencing guidelines which were developed for the criminal justice system. They provide a tool for individual licensing boards to assist in making sanctioning decisions based upon factors that the board deems of relevance and importance and provides a means for unbiased sanctioning decisions.10

The following findings concerning the types of founded infractions were drawn from a presentation by BHP contractor, Visual Research, Inc., to the Board of Pharmacy on June 18, 2013. The chart below provides the percentage of violation cases with the indicated primary case category. The case categories are determined using the Department of Health Professions’ Case Category Coding system (see Appendix 4).

<table>
<thead>
<tr>
<th>Case Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to Safely Practice</td>
<td>51%</td>
</tr>
<tr>
<td>Drug Related – Patient Care</td>
<td>21%</td>
</tr>
<tr>
<td>Unlicensed Activity</td>
<td>15%</td>
</tr>
<tr>
<td>SOC – Medication/Prescription</td>
<td>8%</td>
</tr>
<tr>
<td>SOC – Exceeding Scope</td>
<td>1%</td>
</tr>
<tr>
<td>Criminal Activity</td>
<td>1%</td>
</tr>
<tr>
<td>Fraud – Non-Patient Care</td>
<td>1%</td>
</tr>
<tr>
<td>Drug Related – Security</td>
<td>1%</td>
</tr>
<tr>
<td>Confidentiality Breach</td>
<td>1%</td>
</tr>
</tbody>
</table>

The vast majority of problems involved patient care issues, with 51% related to the Pharmacy Technician’s Inability to Safely Practice. Although not all factors may have been involved in any or all of these cases, it is important to understand that this category applies in cases involving the use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions. Drug Related-Patient Care issues also applied to 21% of technician cases. This category involves dispensing in violation of the Drug Control Act. Unlicensed Activity occurred in 15% of cases. This is practicing without holding a valid registration. Eight percent of cases related to SOC-Medication/Prescription; these types of cases relate primarily to labeling, dispensing, administrative errors and/or other medication/prescription related issues.

The majority of cases (53%) were related to personal use, 16% involved giving drugs to another party, and 15% concerned selling drugs to another party. The distribution of controlled substance schedules and drug categories concerned are provided in the two charts on the next page.

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Military Credentialing

*NOTE:* The Department is currently conducting a separate review on Military Credentialing in coordination with the Department of Defense. Additional Information concerning the Military’s Credentialing of Pharmacy Technicians and how this relates to Virginia’s registration will be addressed in the next draft of this report.
Appendix 1

VIRGINIA BOARD OF HEALTH PROFESSIONS
VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

STUDY WORKPLAN

Review of Potential Pharmacy Technician Scope of Practice Barriers to the Development of Effective Team Approaches to Healthcare Delivery in Virginia

Approved May 14, 2013

Background and Authority

At the February 15, 2011 meeting of the Virginia Board of Health Professions, the Secretary of Health and Human Resources requested the Board’s assistance in addressing Virginia’s health reform issues. The Secretary’s request followed the publication in December 2010 of the Virginia Health Reform Initiative Advisory Council’s (VHRI) findings and recommendations.

Led by Secretary Hazel and commissioned in August of 2010 by Governor Robert F. McDonnell, VHRI’s charge is to develop recommendations for implementing health reform in Virginia and to search for innovative solutions to meet Virginia’s needs in 2011 and beyond. To date, six VHRI task forces have been formed to address the following key interrelated issues: Medicaid Reform, Service Delivery and Payment Reform, Technology, Insurance Reform, Purchaser Perspectives, and, of greatest relevance to the Department and Board, Capacity.

The Capacity Task Force noted in the December VHRI report that health workforce capacity must be increased to ensure all Virginian’s have access to affordable and high quality care. Even now before increased coverage from federal health reform takes effect, there are many medical, dental, and mental health underserved areas throughout across the state. And, looming shortages are predicted for most health service providers due to increases in Virginia’s population size and age, alone. With increased coverage slated to go into effect in 2014, the gap between supply and demand can be expected to only worsen without help.

The Capacity Task Force viewed that effective capacity could be reached with increases in health professional supply, expanded use of technology to reach underserved areas, optimizing efforts to re-organize health care delivery through teams that effectively deploy non-physicians, and permitting health professionals to practice up to the evidence-based limits of their education and training in ways not currently possible with existing scope of practice and supervisory restrictions. To inform these approaches, the Task Force further recommended multi-dimensional studies which include reviews of promising team practice approaches and examination of how current scope of practice limits may needlessly restrict Virginia’s ability to take full advantage of best practice team models of care delivery.

The Board of Health Professions is authorized by the General Assembly with a variety of powers and duties specified in §§54.1-2500 et seq., 54.1-2409.2, 54.1-2410 et seq., 54.1-2729 and 54.1-2730 et seq. of the Code of Virginia. Of greatest relevance here is §54.1-2510 (1), (7), and (12) enable the Board to evaluate the need for coordination among health regulatory boards, to advise on matters relating to the regulation or deregulation of health care professions and occupations, and to examine scope of practice conflicts involving professions and advise on the nature and degree of such conflicts.

Thus, the Board determined at its May 3, 2010 meeting that it can most effectively assist VHRI and the Capacity Task Force by objectively examining the aforementioned current scope of practice limits in light of the latest evidence-based policy research and available data related to safety and effectiveness. With the assistance of member Boards and invited input from experts and public and private stakeholders, this review will aim to identify barriers to safe healthcare access and effective team practice that may exist due to current scope of practice limits and will determine the changes, if any, that should be made to scope of practice and regulatory policies to best enable effective team approaches for the care of Virginia’s patients. The goal is not to replace physicians with non-physicians but to lessen unnecessary restrictions to ease the burden on practitioners and better ensure access to healthcare through strengthened health professional teams.

The Board referred the project to the Regulatory Research Committee and directed that the first review address workforce issues in Virginia relating to Nurse Practitioners and following reviews to focus on Pharmacists and Pharmacy Technicians. Legislation has since been enacted Nurse Practitioners and Pharmacists to expand practice authority in collaboration with physicians. All reviews are to consider scope of practice issues in the perspective of their potential role in team health care delivery models that have evidence of effectiveness in helping to address workforce shortage. The current review focuses on the existing regulation of Pharmacy Technicians, including their education and training, and the evolution of the profession nationally. Subsequently, the Committee will determine future professions to be highlighted based upon the evolving evidence related to effective team models and the workforce research findings for professions under review by the DHP Healthcare Workforce Data Center and Virginia Health Workforce Development Authority.

Methods

Throughout the review, it is understood that the Board will strive to work in concert with the efforts of its member Boards, the VHRI Capacity Task Force, the Department’s Healthcare Workforce Data Center, the Health Care Workforce Development Authority, and others working to assist the Secretary in these matters.

In keeping with constitutional principles, Virginia statutes, and nationally recognized research standards, the Board has developed a standard methodology to address key issues of relevance in gauging the need for regulation of individual health professions. The specifics are fully described in the Board’s Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, available
Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupation or Professions, revised February 1998.  (Hereinafter this is referred to as “the Policies and Procedures”).  The Policies and Procedures will be employed in this study and modified as deemed appropriate by the Committee.  It is understood that the Policies and Procedures’ seven evaluative criteria apply most directly to determining whether a profession should be regulated and to what degree.  But, they also provide a standard conceptual framework with prescribed questions and research methods that have been employed for over two decades to successfully address key policy issues related to health professional regulation.  The seven Criteria typically used in sunrise review studies are as follows:

1.  Risk of Harm to the Consumer  
2.  Specialized Skills and Training  
3.  Autonomous Practice  
4.  Scope of Practice  
5.  Economic Costs  
6.  Alternatives to Regulation  
7.  Least Restrictive Regulation  

Since Pharmacy Technicians are already registered in Virginia, the first five Criteria will chiefly guide the study.  This study will provide background information on the qualifications and scopes of practice of Pharmacy Technicians in Virginia and elsewhere and on major existing and described emerging health delivery models.

The following provide the chief questions recommended to be addressed:

Background

1.  What are the current qualifications that Virginia’s Pharmacists and Pharmacy Technicians must demonstrate to become licensed?  Do they differ from other states?  
   a.  What are the educational or training requirements for entry into each profession?  (sample curricula) Which programs are acceptable?  How are these programs accredited?  By whom?  
   b.  What are the minimal competencies (knowledge, skills, and abilities) required for entry into the profession?  As determined by whom?  
   c.  Which examinations are used to assess entry-level competency?  
      i.  Who develops and administers the examination?  
      ii.  What content domains are tested?  
      iii.  Are the examinations psychometrically sound – in keeping with The Standards for Educational and Psychological Testing?  

2.  How do Pharmacists and Pharmacy Technicians maintain continuing competency?  Does it differ in other states?  

3.  What is the Scope of Practice in Virginia for Pharmacists?  For Pharmacy Technicians?  How does it differ from other states?  

4.  Describe existing team delivery models of care that utilize Pharmacists and Pharmacy Technicians in Virginia and elsewhere.  

5.  Based upon the emerging literature, describe existing and anticipated team delivery models that may evolve as a result of the federal health reform and the potential role(s) for Pharmacists and Pharmacy Technicians in those models.  

Risk of Harm to the Consumer

1.  What are the typical functions performed and services provided by Pharmacists and Pharmacy Technicians in Virginia and elsewhere?  

2.  Is there evidence of harm from either Pharmacists or Pharmacy Technicians with expanded scopes of practice relative to that in Virginia?  If any,  
   a.  To what can it be attributed (lack of knowledge, skills, characteristics of the patients, etc)?  
   b.  How is the evidence documented (Board discipline, malpractice cases, criminal cases, other administrative disciplinary actions)?  
   c.  Characterize the type of harm (physical, emotional, mental, social, or financial)  
   d.  How does this compare with other, similar health professions, generally?  

3.  Does a potential for fraud exist because of the inability of the public to make informed choice in selecting a competent practitioner?  

4.  Does a potential for fraud exist because of the inability for third party payors to determine competency?  

5.  Is the public seeking greater accountability of this group?  

Specialized Skills and Training

NOTE:  The following are in addition to the qualification-related questions previously posed for the “Background” section of the evaluation.
1. Are there currently recognized or emerging specialties/levels within this profession?
   a. If so what are they? How are they recognized? By whom and through what mechanism?
   b. Are they categorized according to function? Services performed? Characteristics of clients/patients? Combination? Other?
   c. How can the public differentiate among these specialties or levels?

**Autonomous Practice**

1. What is the nature of the judgments and decisions that Pharmacy Technicians currently entitled to make in practice in Virginia? Does this differ in states with more expanded scope of practice? If so, how?
2. Which functions, if any, are typically performed by Pharmacy Technicians in Virginia are unsupervised (i.e., neither directly monitored nor routinely checked)?
   a. What proportion of the practitioner’s time is spent in unsupervised activity?
   b. Who is legally accountable or civilly liable for acts performed with no supervision?
3. Which functions are performed only under supervision in Virginia?
   a. Is the supervision direct (i.e., the supervisor is on the premises and responsible) or general (i.e., the supervisor is responsible but not necessarily on the premises)?
   b. How frequently is supervision provided? Where? And for what purpose?
   c. Who is legally accountable or civilly liable for acts performed under supervision?
4. Describe the nature of supervision.
5. Describe the typical work settings, including supervisory arrangements and interactions of the practitioner with other regulated and unregulated occupations and professions.

**Scope of Practice**

1. Which existing functions of this profession in Virginia are similar to those performed by other professions? Which profession(s)?
2. What additional functions, if any, are performed by these professions in other states?
3. Which functions of this profession are distinct from other similar health professions in Virginia? Which profession(s)? In other states?

**Economic Costs**

1. What are the range and average incomes of members of each of these professions in the Commonwealth? In adjoining states? Nationally?
2. If the data are available, what are the typical fees for service provided by these professions in Virginia? In adjoining states? Nationally?
3. Is there evidence that expanding the scope of practice would
   a. Increase the cost for services?
   b. Increase salaries for those employed by health delivery organizations?
   c. Restrict other professions in providing care?
   d. Other deleterious economic effects?
4. Address issues related to supply and demand and distribution of resources including discussion of insurance reimbursement.

The following steps are recommended for this review

1. Conduct a comprehensive review of the pertinent policy and professional literature.
2. Review and summarize available relevant empirical data as may be available from pertinent research studies, malpractice insurance carriers, and other sources.
3. Review relevant federal and state laws, regulations and governmental policies.
4. Review other states’ relevant experiences with scope and practice expansion and team approaches to care delivery.
5. Develop a report of research findings, to date, and solicit public comment on reports and other insights through hearing and written comment period.
6. Publish second draft of the report with summary of public comments.
7. Develop final report with recommendations, including proposed legislative language as deemed appropriate by the Committee.
8. Present final report and recommendations to the full Board for review and approval.
9. Forward to the Director for review and comment.
10. Upon approval from the Director forward to the Secretary for final review and comment.
11. Prepare the final report for publication and electronic posting and dissemination to interested parties.

Timetable and Resources
This study will be conducted with existing staff and within the budget for the remainder of FY2013 and half of FY2014 and according to the following timetable:

- **July 1, 2013**: 1st Draft Report E-Mailed to Committee Members & Posted to the Website
- **July 30, 2013**: Public Hearing/Committee Meeting
- **August 30, 2013**: 2nd Draft Report E-Mailed to Committee Members & Posted to the Website
- **October 15, 2013**: Committee Meeting/Recommendations
- **November 7, 2013**: Committee Report to the Full Board/Final Recommendations
### Appendix 2 - List of Approved Virginia Pharmacy Technician Programs June 30, 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrial Training Center</td>
<td>8513 Oakview Avenue Henrico VA 23228</td>
</tr>
<tr>
<td>Ace Tech Institute</td>
<td>5036 Greenhouse Terr Centreville VA 20120</td>
</tr>
<tr>
<td>America School of Nursing &amp; Allied Health</td>
<td>Pharmacy Technician 14910 Jefferson Davis Hwy Woodbridge VA 22191</td>
</tr>
<tr>
<td>Augusta Medical Center</td>
<td>Augusta Medical Center Technician Course 78 Medical Center Drive Fishersville VA 22939</td>
</tr>
<tr>
<td>Blue Ridge Community College</td>
<td>Pharmacy Tech Certification Prep Course for Virginia Exam P.O. Box 80 Weyers Cave VA 24486</td>
</tr>
<tr>
<td>Blue Ridge Medical Center</td>
<td>Neil F. Rothemich 4038 Thomas Nelson Hwy. Arrington VA 22922</td>
</tr>
<tr>
<td>Boston Reed College</td>
<td>Diane Schweizer 2799 Napa Valley Corporate Dr. Napa CA 94558</td>
</tr>
<tr>
<td>Breomo Pharmacy Technician Preparatory Course</td>
<td>Bremo Pharmacy Technician Preparatory Course 2002 Staples Mill Road Richmond VA 23230</td>
</tr>
<tr>
<td>Buchanan County Public Schools</td>
<td>Pharmacy Technician P.O. Box 833 Grundy VA 24614</td>
</tr>
<tr>
<td>Buchanan General Hospital</td>
<td>Pharmacy Technician Training Program Route 5, Box 20 Grundy VA 24614</td>
</tr>
<tr>
<td>Career Step Pharmacy Technician Program</td>
<td>4692 North 300 West, Suite 150 Provo UT 84604</td>
</tr>
<tr>
<td>Career Training Solutions</td>
<td>10304 Spotsylvania Avenue, Suite 400 Fredericksburg VA 22408</td>
</tr>
<tr>
<td>Central Virginia Community College</td>
<td>Pharmacy Technology 3506 Wards Road Lynchburg VA 24502</td>
</tr>
<tr>
<td>Charlottesville Albemarle Technical Edu. Center</td>
<td>Pharmacy Technician Training Program 1000 E. Rio Road Charlottesville VA 22901</td>
</tr>
<tr>
<td>CVS/pharmacy</td>
<td>CVS Pharmacy Support Staff Development &amp; Training Program 1 CVS DRIVE Woonsocket RI 02895</td>
</tr>
<tr>
<td>Danville Community College</td>
<td>Pharmacy Technician Program 1008 South Main Street Danville VA 24541</td>
</tr>
<tr>
<td>ECPI University - Pharmacy Technician Certification Program</td>
<td>5501 Greenwich Road Virginia Beach VA 23462</td>
</tr>
<tr>
<td>Everest College</td>
<td>Pharmacy Technology 14555 Potomac Mills Road Woodbridge VA 22192</td>
</tr>
<tr>
<td>Institution</td>
<td>Address</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Everest College-Chesapeake Pharmacy Technician                            | Melinda Adlawan  
825 Greenbrier Circle  
Chesapeake VA 23320                                               |
| Fairfax County Public Schools                                            | Pharmacy Technician Course  
3877 Fairfax Ridge Road  
Fairfax VA 22030                                                      |
| Fast Track Health Care Education                                         | P.O. Box 185  
Salem VA 24153                                                        |
| Fortis College Pharmacy Technology Program                               | 2000 Westmoreland Street, Suite A  
Richmond VA 23230                                                     |
| Gray's Pharmacy                                                           | Gray's Pharmacy Technician Certification Program  
4712 Hampton Blvd.  
Norfolk VA 23508                                                      |
| Halifax County Public Schools                                           | P.O. Box 310  
Attn: Laura Cranford Edwards  
South Boston VA 24592                                                 |
| Hamilton Pharmacy                                                        | Pharmacy Technician Training Program  
16610 Russell Street  
Saint Paul VA 24283                                                   |
| Hancock Lambert Pharmacy Technician Training Program                     | P.O. Box 146  
Clintwood VA 24228                                                   |
| Hanover County Public Schools                                           | Hanover High School  
Pharmacy Technician Program-Attn: Veronica  
Washington Mechanicsville VA 23116                                 |
| Harris Teeter's Technician Training Program                              | Lamar Hardman  
701 Crestdale Road  
Matthews NC 28105                                                     |
| Heart to Heart CPR                                                       | Heart to Heart CPR  
312 Waller Mill Rd, Suite 112  
Williamsburg VA 23185                                                |
| Henrico County Public Schools                                           | Highland Springs Tech Center  
100 Tech Drive  
Highland Springs VA 23075                                              |
| Henrico County Public Schools / Adult Education                          | Adult Education/Pharmacy Tech. Training/Lori Barnes  
201 E. Nine Mile Roda  
Highland Springs VA 23075                                             |
| J. Sargeant Reynolds Community College                                   | Warren Yeager/Pharmacy Tech. Training Program  
700 East Jackson Street  
Richmond VA 23219                                                     |
| J.T. Pharmacy Technician Training Program                                | 9507-B Woodman Road  
Henrico VA 23228                                                      |
| Lord Fairfax Community College                                          | Pharmacy Technician Certification Exam Prep Course & Introduction to Pharmacy Techs  
Middletown VA 22645                                                   |
| Medical Solutions Academy                                                | DaWawn Farmer  
Pharmacy Tech Program  
Danville VA 24540                                                     |
| Medical Training of Virginia, LLC                                       | P.O. Box 1147  
Suffolk VA 23439                                                      |
| Metropolitan Institute of Health and Technology                         | 8170 C Silverbrook Road  
Lorton VA 22079                                                        |
<p>| Mountain Empire Community College                                        | Pharmacy Aide                                                          |</p>
<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Address</th>
</tr>
</thead>
</table>
| Mountain Empire Community College                           | 3441 Mountail Empire Rd.  
Big Stone Gap VA 24219                                                   |
| M RxI Professional Pharmacy Technician Program              | P.O. Drawer 700  
Big Stone Gap VA 24219                                                   |
| National College                                            | 1001 Ogden Avenue, Suite 201  
Downers Grove IL 60515                                                   |
| National College                                            | 1813 E. Main Street  
Salem VA 24153                                                            |
| National College                                            | 336 Old Riverside Drive  
Danville VA 24541                                                         |
| National College                                            | 104 Candlewood Court  
Lynchburg VA 24502                                                        |
| National College                                            | 1515 Country Club Road  
Harrisonburg VA 22802                                                     |
| National College                                            | 905 North Memorial Blvd.  
Martinsville VA 24112                                                      |
| National College                                            | Pharmacy Technician Diploma Program  
3926 Seminole Trail  
Charlottesville VA 22911                                                   |
| National College of Business and Technology                 | 1328 Hwy 11 West  
Bristol TN 37620                                                           |
| National College of Business and Technology                 | 420 Hilltop Drive  
Princeton WV 24740                                                         |
| National Pharmacy Technician Training Program               | 11161 Overbrook Road  
Leawood KS 66211                                                           |
Tiffany Britt  
Portsmouth VA 23701                                                       |
| NeighborCare Professional Pharmacies                        | 1800 Washington Blvd. Suite 420  
Baltimore MD 21230                                                         |
| New Horizons Regional Education Center                      | 13400 Woodside Lane  
Newport News VA 23608                                                      |
| New River Community College                                 | Pharmacy Technician Certification Preparation  
5251 College Drive  
Dublin VA 24084                                                           |
| Norfolk Public Schools                                      | Norfolk Technical Center/Pharmacy Tech Training  
1330 N. Military Highway  
Norfolk VA 23502                                                          |
| Norfolk State Univ. @Va. Beach Higher Edu Ctr               | Pharmacy Technician Certification  
Attn: Lisa Evans  
Virginia Beach VA 23453                                                    |
| Northern Virginia Community College                         | Medical Education Campus  
6699 Springfield Center Dr.  
Springfield VA 22150                                                      |
<p>| NPTA'S Online Pharmacy Technician Training Program          | Josh Cano                                                               |</p>
<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Dominion Job Corp Center</td>
<td>Attn: Reginald Walker 1073 Father Judge Road Monroe VA 24574</td>
</tr>
<tr>
<td>Pass PTCB.com</td>
<td>Michael A. Parker 213 Jackson Avenue North Tonawanda NY 14120</td>
</tr>
<tr>
<td>Patrick Henry Community College</td>
<td>Pharmacy Technician Training Program 645 Patriot Avenue Martinsville VA 24112</td>
</tr>
<tr>
<td>Paul D. Camp Community College</td>
<td>100 N. College Drive Franklin VA 23851</td>
</tr>
<tr>
<td>PCI Pharmacy Technician Training Diploma Program</td>
<td>Ryan Eaker Professional Career Institute Richmond VA 23236</td>
</tr>
<tr>
<td>Pharmacy Careers Institute</td>
<td>1103 Victoria Blvd. Hampton VA 23661</td>
</tr>
<tr>
<td>Pharmacy Technicians University</td>
<td>3120 W. March Lane Stockton CA 95219</td>
</tr>
<tr>
<td>Premiere Medical Career Educators</td>
<td>Lisa Irvine/Program Director 1506 Staples Mill Rd. Richmond VA 23230</td>
</tr>
<tr>
<td>Richmond Technical Center</td>
<td>Richmond Technical Center Margie Farmer Richmond VA 23230</td>
</tr>
<tr>
<td>Rite Aid Corporation</td>
<td>Rite Aid Technician Training Program 30 Hunter Lane Camp Hill PA 17011</td>
</tr>
<tr>
<td>RSHT TRAINING CENTER</td>
<td>Audrey Crenshaw-Valentine/Phar.Tech.Training 751 West Hundred Road Chester VA 23836</td>
</tr>
<tr>
<td>Salvation Academy</td>
<td>4613 Pinecrest Office Dr. Alexandria VA 22312</td>
</tr>
<tr>
<td>Southwest Virginia Community College</td>
<td>Career Studies In Pharmacy Technician P.O. Box SVCC Richlands VA 24641</td>
</tr>
<tr>
<td>Stratford University</td>
<td>Asmait T. Mebrahtu Pharmacy Technician Assoc. Program Falls Church VA 22043</td>
</tr>
<tr>
<td>Stratford University Woodbridge Campus</td>
<td>14349 Gideon Drive Woodbridge VA 22192</td>
</tr>
<tr>
<td>Supervalu Pharmacies - Technician Development Program I</td>
<td>Nikki Price 3030 Cullerton Dr. Franklin Park IL 60131</td>
</tr>
<tr>
<td>Target Corporation</td>
<td>Target Pharmacy Technician Training Program 1000 Nicollet Mall, TPS-1799 Minneapolis MN 55431</td>
</tr>
<tr>
<td>The Kroger Company</td>
<td>Kroger Pharmacy Technician Training Program 3631 Peters Creek Road Roanoke VA 24019</td>
</tr>
<tr>
<td>The Technician Trainer</td>
<td>7166 Club Road Richmond VA 23228</td>
</tr>
<tr>
<td>Thomas Nelson Community College</td>
<td>Office of Workforce Training &amp; Continued Education</td>
</tr>
<tr>
<td>Institution</td>
<td>Address</td>
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<tr>
<td>-------------</td>
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</tr>
</tbody>
</table>
| Tidewater Community College | 99 Thomas Nelson Drive  
Hampton VA 23666 |
| Tru Pharmacy Technician Training Program | 3001 North Beauregard Street  
Alexandria VA 22311-5097 |
| University of Florida Online Pharmacy Technician Training Program | Arthur Wharton  
Univ. of Florida College of Pharmacy  
Gainesville Fl 32609 |
| Valley Vocational Technical Center | 49 Hornet Road  
Fishersville VA 22939 |
| VCU School of Pharmacy | Sean L. Bates  
Pharmacy Tech Training Program  
Richmond VA 23298 |
| Virginia Beach Adult Learning Center | Virginia Beach Pharmacy Technician Program  
4160 Virginia Beach Blvd.  
Virginia Beach VA 23452 |
| Virginia College in Richmond | The Pharmacy Technician Program  
7200 Midlothian Turnpike  
Richmond VA 23225 |
| Virginia Highlands Community College | Pharmacy Technician Certification Preparation  
P.O. Box 828  
Abingdon VA 24210 |
| Virginia Western Community College | 3093 Colonial Avenue  
Roanoke VA 24015 |
| Walgreen Company | Walgreen’s Tech Builder  
200 Wilhot Road- MS #2194  
Deerfield IL 60015 |
| Washington County Public Schools | 225 Stanley Street  
Abingdon VA 24210 |
| Westwood Pharmacy | Westwood Pharmacy Technician Training Program  
5823 Patterson Avenue  
Richmond VA 23226 |
| Wilkes Community College | Pharmacy Technician Training  
1328 S. Collegiate Drive  
Wilkesboro NC 28697 |
| Wytheville Community College | Career Studies in Pharmacy Technician  
1000 E. Main Street  
Wytheville VA 24382 |

<table>
<thead>
<tr>
<th>ExCPT Certified Pharmacy Technician (CPhT) 2010 Test Specifications</th>
<th># scored items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Regulations and Pharmacy Duties</strong></td>
<td>35</td>
</tr>
<tr>
<td>A. Overview of technician duties and general information</td>
<td>14</td>
</tr>
<tr>
<td>1. Ensure all work performed by the technician is checked by the pharmacist.</td>
<td></td>
</tr>
<tr>
<td>2. Identify medication prescribing and/or use patterns requiring pharmacist intervention.</td>
<td></td>
</tr>
<tr>
<td>3. Differentiate between tasks that may be performed by a pharmacy technician and those that must be performed by a pharmacist.</td>
<td></td>
</tr>
<tr>
<td>4. Comply with rules and regulations when filling prescriptions.</td>
<td></td>
</tr>
<tr>
<td>5. Follow policies and procedures with regard to pharmacy workflow.</td>
<td></td>
</tr>
<tr>
<td>6. Maintain a clean work environment in the pharmacy and patient care areas.</td>
<td></td>
</tr>
<tr>
<td>7. Maintain pharmacy security by following proper procedures (e.g., alarms, personnel admitted, restricted areas).</td>
<td></td>
</tr>
<tr>
<td>8. Remove recalled, discontinued, and overstocked products from inventory.</td>
<td></td>
</tr>
<tr>
<td>9. Assist the pharmacist in managing inventory by placing, receiving, verifying, and stocking orders.</td>
<td></td>
</tr>
<tr>
<td>10. Communicate to staff, healthcare professionals, and patients any changes in product availability (e.g., new, discontinued, back-ordered, and recalled products).</td>
<td></td>
</tr>
<tr>
<td>11. Maintain proper supplies of prescription vials, caps, bottles, and other supplies.</td>
<td></td>
</tr>
<tr>
<td>12. Identify expired products in a pharmacy’s inventory.</td>
<td></td>
</tr>
<tr>
<td>13. Dispose of drugs using proper procedures.</td>
<td></td>
</tr>
<tr>
<td>B. Controlled substances</td>
<td>10</td>
</tr>
<tr>
<td>1. Properly file all classes of prescriptions.</td>
<td></td>
</tr>
<tr>
<td>2. Differentiate among the controlled substances schedules and the products within them.</td>
<td></td>
</tr>
<tr>
<td>3. Comply with rules and regulations when refilling prescriptions.</td>
<td></td>
</tr>
<tr>
<td>4. Follow the proper rules and regulations regarding the transfer of prescriptions between pharmacies.</td>
<td></td>
</tr>
<tr>
<td>5. Follow the proper rules and regulations for non-controlled substances when handling refills and/or partial filling of prescriptions.</td>
<td></td>
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</tr>
<tr>
<td><strong>6.</strong></td>
<td>Follow the correct procedures for handling requests for pseudoephedrine.</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Comply with laws that pertain to handling sales of Schedule V and regulated non-prescription products.</td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td>Follow laws and regulations of the Controlled Substance Act with regard to ordering, storage, inventory, and dispensing.</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Differentiate between legitimate versus illegitimate DEA numbers.</td>
</tr>
<tr>
<td><strong>C. Other laws and regulations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.</strong></td>
<td>Maintain HIPAA compliance while communicating with patients.</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Maintain HIPAA compliance while communicating with healthcare professionals.</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Comply with HIPAA requirements regarding collection, storage, and disclosure of patient information.</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Comply with laws and regulations regarding generic substitution.</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Identify the practitioners who are authorized to prescribe specific medications.</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Interpret prescriber identifier numbers (e.g., DEA, NPI, UPIN).</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Properly package prescription medications in child-resistant containers or other approved containers as required.</td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td>Comply with professional, state, and federal laws and regulations.</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Use information found on medication stock bottles, such as drug name and strength, expiration date, and lot number.</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>Inform patients of the different types of information they can find on an OTC package label.</td>
</tr>
</tbody>
</table>

### 2. Drugs and Drug Therapy

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Drug classification</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.</strong></td>
<td>Differentiate among different therapeutic classes of drugs.</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Differentiate among various dosage forms (e.g., tablets versus capsules, ointments versus creams, controlled-release versus immediate-release, parenteral versus oral).</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Match commonly used over-the-counter products with their most common indications.</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Interpret what is represented by each of the three components of an NDC number.</td>
</tr>
<tr>
<td><strong>B. Most frequently prescribed medications</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.</strong></td>
<td>Interpret basic medical terminology commonly used in the pharmacy in order to effectively assist the pharmacist.</td>
</tr>
</tbody>
</table>
2. Match brand and generic names of commonly used prescription drugs.

3. Contrast generic and brand-name medications with regard to cost and effectiveness.

4. Match commonly used prescription drugs with their most common indications.

5. Recognize common and serious adverse drug reactions, contraindications, and drug interactions.

6. Recognize physical interactions and incompatibilities in the preparation of compounded and parenteral medications.

### 3. Dispensing Process

#### A. Prescription Information

1. Analyze a prescription form for completeness and gather any information that is missing.

2. Properly process telephone, facsimile, and electronic prescription orders.

3. Obtain prescription refill authorization requests from prescribers.

4. Obtain information from patients pertaining to demographics, medication history, health conditions, allergies, and third-party payers.

5. Correctly translate a prescriber’s directions for use into accurate and complete directions for the patient.

6. Interpret abbreviations used on prescriptions.

7. Avoid common misinterpretations of prescription abbreviations.

#### B. Preparing/dispensing prescriptions

1. Maintain and calibrate sterile compounding equipment.

2. Identify drugs that require special handling procedures.

3. Communicate appropriately and professionally with patients.

4. Communicate appropriately and professionally with healthcare professionals.

5. Follow proper record-keeping procedures pertaining to the pharmacy.

6. Follow the pharmacy’s quality assurance policies and procedures.

7. Follow proper procedures to avoid medication errors.

8. Take proper corrective action after detecting potential medication errors.


10. Follow proper procedures to assure delivery of the correct prescriptions to patients.
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<tr>
<td>11.</td>
<td>Properly use automated dispensing devices or other devices used in the dispensing process.</td>
</tr>
<tr>
<td>12.</td>
<td>Maintain, calibrate, and stock automated dispensing systems.</td>
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<tr>
<td>13.</td>
<td>Accurately enter prescription information into the computer.</td>
</tr>
<tr>
<td>15.</td>
<td>Prepare printed patient information leaflets.</td>
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<tr>
<td>16.</td>
<td>Use the proper DAW code when entering prescription data into the computer.</td>
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<tr>
<td>17.</td>
<td>Take proper action when receiving computerized messages, such as compliance alerts or interaction alerts, while entering data for a prescription.</td>
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<tr>
<td>18.</td>
<td>Use auxiliary labels properly.</td>
</tr>
<tr>
<td>19.</td>
<td>Properly label drug products packaged in approved containers or, when appropriate, in original packages.</td>
</tr>
<tr>
<td>20.</td>
<td>Properly enter, update, and maintain electronic patient profiles.</td>
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<tr>
<td>21.</td>
<td>Properly package and ship medications.</td>
</tr>
<tr>
<td>22.</td>
<td>Answer patients’ questions about their third-party prescription coverage.</td>
</tr>
<tr>
<td>23.</td>
<td>Interpret third-party payer identifier numbers (e.g., BIN, PCN).</td>
</tr>
<tr>
<td>24.</td>
<td>Complete claim forms properly.</td>
</tr>
<tr>
<td>25.</td>
<td>Properly process third-party prescriptions.</td>
</tr>
<tr>
<td>26.</td>
<td>Contact third-party payers and/or prescribers with regard to rejected claims.</td>
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C. Calculations

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<tbody>
<tr>
<td>1.</td>
<td>Convert within and between each of the systems of measurement.</td>
</tr>
<tr>
<td>2.</td>
<td>Calculate the quantity of prescription medications to be dispensed.</td>
</tr>
<tr>
<td>3.</td>
<td>Correctly calculate the days’ supply for prescriptions.</td>
</tr>
<tr>
<td>4.</td>
<td>Properly calculate individual and daily dosages.</td>
</tr>
<tr>
<td>5.</td>
<td>Correctly perform compounding calculations (e.g., ratio strength, w/w%, w/v%, v/v%, dilution/concentration, mg/kg).</td>
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<tr>
<td>6.</td>
<td>Perform basic pharmacy business calculations (e.g., pricing and inventory control).</td>
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D. Sterile products, unit dose and repackaging

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<tbody>
<tr>
<td>1.</td>
<td>Follow proper compounding procedures for non-sterile products.</td>
</tr>
<tr>
<td>2.</td>
<td>Properly label and dispense medications when using multi-dose vials, punch cards, or unit-dose packaging.</td>
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<tr>
<td>3.</td>
<td>Properly repack and label unit-of-use products.</td>
</tr>
<tr>
<td>4.</td>
<td>Properly calculate expiration dates for repackaged products.</td>
</tr>
<tr>
<td>5.</td>
<td>Help patients interpret available manufacturer information regarding the use of various compliance aids and devices.</td>
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<tr>
<td>6.</td>
<td>Differentiate among the various routes of administration for parenteral products.</td>
</tr>
<tr>
<td>7.</td>
<td>Differentiate among the various types of sterile products.</td>
</tr>
<tr>
<td>8.</td>
<td>Follow correct procedures for maintaining the environment for the sterile product compounding area.</td>
</tr>
<tr>
<td>9.</td>
<td>Compound and label sterile products accurately.</td>
</tr>
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</table>
Applying Case Category Codes in L2K

Every disciplinary case entered in L2K must be assigned a case category code. Although most cases will require the entry of only one code, many others will require the entry of several codes to accurately reflect all aspects of the case. Users entering case category codes should make use of as many as are needed.

How case category codes should be entered into the system:

- If any aspect of the case pertains to patient care, Case Category 1 should be a patient care case type.
- If a patient care case can be described with more than one code, the first case category entered must be the one appearing highest on the list below (1 is highest, number 14 is lowest).
- Non-patient care case types are entered only after all patient case types are entered.
- If a case has multiple non-patient care aspects, the case type appearing highest on the list is entered first (50 is highest, 64 is lowest).
- Only enter up to three case category codes.
- HICPDB code ($99) should only be used after selecting another patient or non-patient case code first.

This new system, combined with assigning priority levels (Priority A-D), gives DHP a clearer picture of both the elements and seriousness of the case. Examples of how to apply case-category codes in various scenarios are listed at the end of this document.

Patient Case

1. Inability to Safely Practice: Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions.
2. Drug Related – Patient Case: Dispensing in violation of DCA (to include dispensing for non-medical purposes, excessive prescribing, not in accordance with dosage, filling an invalid prescription, or dispensing without a relationship), prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use.
3. Abuse/Abandonment/Neglect: Any sexual assault, misattribution of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a healthcare environment, failure to do what a reasonable person would do in a similar situation.
5. Standard of Care – Diagnosis/Treatment: Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/misdiagnosis or other diagnosis/treatment issues.
6. Standard of Care – Medication/Prescription: Prescribing, labeling, dispensing, and administration errors. Also includes improper management of patient regimen and failure to provide counseling as well as other medication/prescription related issues.
7. Standard of Care – Malpractice Reports: A judgment or settlement as well as other malpractice-related issues. Must be used in combination with another patient care code describing the underlying offense.
9. Standard of Care – Other: Cases involving patient care that cannot fit adequately into any other standard of care case type. Must have supervisor’s approval before using this code.
10. Inappropriate Relationship: Dual, sexual, or other boundary issue.
11. Unlicensed Activity: Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsing, non-existent, or expired license, as well as aiding and abetting the practice of unlicensed activity.
13. Fraud – Patient Care: Performing unwarranted/unjust services or the falsification/alteration of patient records.
14. Action by Another Board – Patient Care: Disciplinary action by another state or jurisdiction when the underlying act is a patient care case as defined above. This code must be accompanied by another patient care case code that best describes the underlying offense.

Department of Health Professions (effective July 2009)
Non-Patient Care

50. Criminal Activity: Felony or misdemeanor arrest, charge pending, or conviction.
51. HPMP (previous HPNP): Dismissal, vacated stay and non-compliance.
52. Drug Related - Non-Patient Care: Theft or diversion of drugs when a patient is not involved (e.g., pharmacies, hospitals, or facilities).
53. Fraud - Non-Patient Care: Improper patient billing, mishandling of pre-need funds, fee splitting, and falsification of licensing/renewal documents.
54. Business Practice Issues: Advertising, default on guaranteed student loans, solicitation, records, inspections, audits, self-referral of patients, required report not filed, prescription blanks, or disclosure. Using a VA protected title such as MD, without a license, but not practicing in VA.
55. Drug Related - Security: Failure to maintain security of controlled substances.
56. Compliance: Violation of a board order term or probation violation.
57. Misappropriation of Property - Non-Patient Care: stealing or use of property that does not belong to a patient without authorization.
58. Confidentiality Breach: disclosing unauthorized client information without permission or necessity.
59. Continuing Competency Requirement Not Met: Failure to obtain or document CE requirements.
60. Dishonored Check: Check with insufficient funds submitted to agency.
62. Action by Another Board - Non-Patient Care: Disciplinary action by another state or jurisdiction when the underlying act is a non-patient care case. This code must be accompanied by another non-patient care case category code that best describes the underlying offense.
63. Reinstatement: An application or request for licensure, certificate, or facility reinstatement.
64. Eligibility: An application for initial licensure, certification or facility permitting.
65. HIPDB: Code used with another patient or non-patient care code to indicate case will be reported to the federal Health Integrity and Protection Data Bank.

Examples of Case Category Code Application:

1. Scenario: Confidentiality Breach, Unlicensed Activity, Standard of Care—Medication/Prescription
   Coding: Case Category 1: Standard of Care—Medication/Prescription, Case Category 2: Unlicensed Activity, Case Category 3: Confidentiality Breach
2. Scenario: HPMP, Impairment, Misappropriation of Patient Property
   Coding: Case Category 1: Impairment, Case Category 2: Misappropriation of Patient Property, Case Category 3: HPMP
3. Scenario: Drug Related—Non-Patient Care, Criminal Activity
   Coding: Case Category 1: Criminal Activity, Case Category 2: Drug Related—Non-Patient Care, Case Category 3: Blank
4. Scenario: Action by Another Board—Patient Care, Standard of Care—Surgery
   Coding: Case Category 1: Standard of Care—Surgery, Case Category 2: Action by Another Board—Patient Care, Case Category 3: Blank
5. Scenario: Inappropriate Relationship, Drug Related—Patient Care, Criminal Activity
   Coding: Case Category 1: Drug Related—Patient Care, Case Category 2: Inappropriate Relationship, Case Category 3: Criminal Activity
6. Scenario: Business Practice Issues, Compliance
   Coding: Case Category 1: Business Practice Issue, Case Category 2: Compliance, Case Category 3: Blank
7. Scenario: Standard of Care—Mispractice Reports, Standard of Care—Surgery, Business Practice Issues
   Coding: Case Category 1: Standard of Care—Surgery, Case Category 2: Standard of Care—Mispractice Reports, Case Category 3: Business Practice Issue
8. Scenario: Reinstatement, Criminal Activity, Inability to Safely Practice
   Coding: Case Category 1: Inability to Safely Practice, Case Category 2: Criminal Activity, Case Category 3: Reinstatement
9. Scenario: Compliance, Business Practice Issues
   Coding: Case Category 1: Business Practice Issue, Case Category 2: Compliance, Case Category 3: Blank
10. Scenario: Eligibility, Action by Another Board—Non-Patient Care, Fraud—Non-Patient Care
    Coding: Case Category 1: Fraud—Non-Patient Care, Case Category 2: Action by Another Board—Non-Patient Care, Case Category 3: Eligibility

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