Everett B. McAllister, MPA, RPh, Colonel, USAF (ret)
Peter H. Vlasses, PharmD, DSc(Hon), BCPS, FCCP
Janet Silvester, PharmD, MBA, FASHP
POST-PTSCC DISCUSSION WITH JCPP

• Why?

• What?

• What now?
HISTORICAL ASPECTS OF U.S. PHARMACY EDUCATION

- **1905 Scoville Survey**
  - Graduate in Pharmacy – 3 months, 1 year, 2 years, 3 years
  - Doctor of Pharmacy – 2 years, 3 years, 4 years
  - Master of Pharmacy – 1 year, 2 years, 3 years, 4 years
  - Bachelor of Pharmacy – 2 years, 3 years
  - Bachelor of Science – 1 year, 4 years
  - Master of Science – 5 years

- **1927 Charters, Lemon, Monell, Fischelis book**
  - At this time, 11 different degree options to practice pharmacy in the U.S.
  - Called for 4 year curriculum

- **1932 – American Council on Pharmaceutical Education (ACPE) founded**
  - by AACP, APhA and NABP
  - Now - Accreditation Council for Pharmacy Education
  - Established 4 year Baccalaureate accreditation standard
HISTORICAL ASPECTS OF U.S. PHARMACY EDUCATION

1946 – Elliot’s Pharmaceutical Survey
- Drug therapy is getting very complicated
- Society needs a medication expert
- Proposed expanded curriculum leading to the six year Doctor of Pharmacy (Pharm D)
- 2 years general studies, 4 professional years
- Transition would take time

Pharmacy’s response
- Some schools offered the BS only, some the Pharm.D. only, and some offered the BS with track-in Pharm.D. or post-BS Pharm.D. options
- There was confusion about the two entry level programs within and outside the profession
- RACPE recognized both a Baccalaureate in Pharmacy Curriculum (5 academic years) and the Doctor of Pharmacy Curriculum (6 academic years)

1984 - Weaver’s Report of the Task Force on Pharmacy Education (APhA)
- Called for one entry level degree
- The 6 year PharmD (min. 2 pre-professional years and 4 professional years)
ACPE ACCREDITED ENTRY LEVEL PHARMACY DEGREES

Source: AACP Profile of Pharmacy Students

* 2004/05 - 2007/08 projections based on fall 2004 enrollments by expected graduation year

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WHY NOW?

There are no national uniform standards

- Roles are evolving & scope of practice is expanding
  - Technicians play integral roles in supporting pharmacists in all practice settings
  - Provider status doesn’t work without technicians
  - Complexity + Complications = Collaborative Healthcare
- Greater expectations from technicians
  - Not just technical but patient focus
- Regulations vary governing the entry & practice
- Elevate standards within the profession to meet the demands of the growing healthcare system
- “2020” catalyst for collaboration and way forward
HISTORY OF CONSENSUS

• 1988 Technician Personnel in Pharmacy Conference
  – Conducted by the Univ of Maryland Center on Drugs & Public Policy, sponsored by the ASHP Research & Education Foundation
  – 70 pharmacists and technicians from various settings

• 2002 Sesquicentennial Stepping Stone Summit
  – Convened by CCP, NACDS and NCPA
  – 34 experts and stakeholders

• 2010 ASHP Pharmacy Practice Model Initiative Summit

• 2011 C.R.E.S.T. Summit
  – Survey with 12,000 respondents + conference

• 2015 PTCB Stakeholder Conference
STEERING COMMITTEE

- Everett B. McAllister, MPA, RPh
  CEO & Executive Director
  Pharmacy Technician Certification Board

- Janet Silvester, PharmD, MBA, FASHP
  Vice President, Accreditation Services
  Accreditation Services Office
  American Society of Health System Pharmacists

- Peter H. Vlasses, PharmD, DSc(Hon), BCPS, FCCP
  Executive Director
  Accreditation Council for Pharmacy Education

- William Zellmer
  Conference Planning Consultant
ADVISORY COMMITTEE

- Jason Ausili, PharmD
  Director, Pharmacy Affairs
  National Association of Chain Drug Stores (NACDS)
- Malcolm Broussard, RPh
  Executive Director
  Louisiana Board of Pharmacy
- Al Carter, PharmD, MS
  Senior Director, Pharmacy Regulatory Affairs
  CVS Health
- Charles E. Daniels, BS Pharm, PhD
  Pharmacist-In-Chief & Associate Dean
  University of California San Diego
- Kenneth Mark Ey, RPh
  Vice President of Operations
  CARE Pharmacies Cooperative Inc.
- Diane Halvorson, RPhTech, CPhT
  Lead Pharmacy Technician
  Vibra Hospital Fargo
  Pharmacy Technician Member, North Dakota State Board of Pharmacy
- Tim Koch, RPh, PD,CHC
  Sr Director, Pharmacy Practice Compliance
  Walmart Corporate Office
- Janet M. Liles, MS, CPHT
  Executive Director
  Pharmacy Technician Educators Council
- Scott A. Meyers, RPh, MS, FASHP
  Executive Vice President
  Illinois Council of Health-System Pharmacists
ADVISORY COMMITTEE

• **Matt Osterhaus**  
  American Pharmacists Association (APhA) I President 2014  
  Osterhaus Pharmacy

• **Jon Roth, CAE**  
  Chief Executive Officer  
  California Pharmacists Association

• **Steve Rough, MS, RPh, FASHP**  
  Director of Pharmacy  
  UW Health

• **Rafael Saenz, PharmD, MS, FASHP**  
  Administrator, Pharmacy Services, University of Virginia Health System  
  Assistant Dean, VCU School of Pharmacy - UVA Division
ABOUT THE CONFERENCE

• Sponsored by the Pharmacy Technician Certification Board
• Held February 14 – 16, 2017 in Irving, Texas
• 89 invited participants
• 350 individuals participated remotely in the plenary sessions
• Attendees included the public, pharmacists and technicians from various types of practice and education settings
The aim of the conference was to explore consensus on:

1. The necessity of public confidence in pharmacy’s process for ensuring the competency of pharmacy technicians.

2. An optimal level of basic ("generalist") knowledge, skills, and abilities that pharmacy technicians should have regardless of practice site.

3. An optimal definition of entry-level ("generalist") pharmacy technician practice with respect to (a) legally recognized scope of practice; (b) educational requirements; (c) training requirements; (d) certification requirements; and (e) state board of pharmacy registration or licensure.

4. The desirability and feasibility of developing a process for recognizing competencies of pharmacy technicians beyond entry-level practice.

5. The desirability and feasibility of minimizing variability among the states in the definition and regulation of pharmacy technicians.

6. The entities that potentially could take responsibility for any changes in pharmacy’s process for ensuring the competency of pharmacy technicians.
ABOUT THE CONFERENCE

- Preconference survey
- 5 plenary sessions
- 3 work group sessions
- Final session for polling attendees
SAMPLE OF SESSIONS

• Snapshots of the Pharmacy Technician Work Force
• Optimal Requirements for Entry-level Practice
• Advanced Pharmacy Technician Practice
• Models for Moving Forward
• Broad agreement on fundamental precepts
• Solid foundation for moving forward
• “We aren’t that far off. We are close”
STRONG SUPPORT FOR UNIFORMITY IN STATE REQUIREMENTS

- Item 5.1: 99% agreement

  - The variability of state regulations regarding pharmacy technicians should be minimized, while maintaining the required standards to ensure patient safety.
STRONG SUPPORT FOR STANDARDIZED EDUCATION

– Item 2.1: 95% agreement
  • The profession of pharmacy should move urgently towards the development and adoption of national standards for pharmacy technician education and training.

– Item 2.4 (accreditation): 97% agreement
  • Technician education and training programs should be accredited and based on defensible standards developed using stakeholder input, taking into account diversity of practice environments.
SUPPORT FOR AN EDUCATIONAL REQUIREMENT BEFORE CERTIFICATION

– Item 4.2: 84% “inferred” agreement (84% D or SD)

• Entry-level pharmacy technicians should be required to complete a national pharmacy technician certification program, without a specified education requirement.
SUPPORT FOR CERTIFICATION BEFORE REGISTRATION OR LICENSURE

– Item 4.1: 89% agreement

• State boards of pharmacy should require new pharmacy technicians to obtain national certification for registration or licensure.
KEY HIGHLIGHTS

UNDERSTAND COMMUNITY-SECTOR PERSPECTIVES

– Minimum requirements for dispensing role

– No mandatory limit on ratio
  • Item 7.3: 77% agreement
  • State boards of pharmacy should require new pharmacy technicians to obtain national certification for registration or licensure.

– Interest in advanced technician roles
  • Necessity of public assurance
KEY HIGHLIGHTS

COMMUNICATE THE PROFESSION’S STRATEGIC VISION

– Item 7.2: 99% agreement

– The profession of pharmacy should develop a communications plan to disseminate its vision for pharmacy technicians and achieve buy-in from all stakeholders (e.g., pharmacists, pharmacy technicians, legislative and regulatory bodies, employers, payers, public, etc.).

– JCPP vision
  
  • Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare

– Provider status
ORGANIZE COALITION TO PURSUE CHANGE

– Item 7.5: 100% agreement

• The conference planners should establish a coalition with broad representation to take forth the recommendations from the Pharmacy Technician Stakeholder Consensus Conference.

– Item 7.6: 88% agreement

• The Joint Commission of Pharmacy Practitioners should take responsibility for ensuring appropriate priority and accountability in follow-up of conference recommendations, possibly collaborating with organizations such as the Council on Credentialing in Pharmacy, the Institute for Safe Medication Practices, and the National Conference of State Legislators.
DEVIL IN THE DETAILS

• Specific core Knowledge Skills & Abilities
• Compounding
• Length of education
NEXT STEPS

• Engage the Steering Committee and the Advisory Group to develop a pathway forward

• Pharmacy Technician Accreditation Commission to review recent task analysis and revise accreditation standards for education and training

• Gain coalition for action on recommendations from the PTSCC
WHAT IS NEEDED FROM JCPP?

• Acknowledgement of the need for change based on the consensus recommendations from the PTSCC (No more N.A.T.O.)
• Individual organization responses
• Consensus responses
  – Discuss opportunities
• LEADERSHIP