

KENTUCKY BOARD OF PHARMACY

Pharmacy Technician Committee

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Meeting ID: 848 9796 4420

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Agenda

August 13, 2020

9:00 a.m.

I. Call to Order

II. Introduction

EXCERPT FROM MAY 27, 2020 BOARD MEETING “Mr. Hadley requested the Board consider establishing an ad hoc Pharmacy Technician Committee consisting of seven members to include representatives from KPhA, KSHP, KIPA, inspection staff, pharmacy technician representative, Sarah Lawrence and John Long. Peter Cohron moved to approve this request with the inclusion of an active college level pharmacy technician education instructor. ***The charge to the committee is to explore if Kentucky would like to consider specific pharmacy technician categories. If so, determine the job description, duties that may be performed and education requirements for each category.*** Jill Rhodes seconded, and the motion passed unanimously.”

III. Election of Officers

IV. Discussion

V. Next meeting date

VI. Adjournment

PHARMACY TECHNICIAN COMMITTEE

KENTUCKY BOARD OF PHARMACY

125 HOLMES STREET, STE 300

FRANKFORT KY 40601

August 13, 2020, 9:00 AM

MINUTES

Sarah Lawrence, Chair called the meeting to order at 9:02 a.m. Members present: Hope Maniyar, Martika Martin, John Long, David Figg, Jill Rhodes, Peter Cohron and Katie Busroe. Guests present: Larry Hadley, Ron Poole and Anthony Gray. Member Sarah Lisenby was absent. Each member and guest introduced themselves providing their background in pharmacy and representation.

Ron Poole, President of the Kentucky Board of Pharmacy provided the committee with the charge given to them at the July 29, 2020 Board meeting. The committee should examine the expansion of the role of a pharmacy technician in all work environments in assisting the pharmacist with patient care. The following items should be reviewed:

1. What roles need to be expanded [if any] to free up pharmacist time in order for them to perform clinical interventions?
2. What levels of pharmacy technicians does the work command?
3. What training/education/certification is required for the expanded roles?

Anthony Gray, General Counsel provided KRS 315.135 as the statutory reference for pharmacy technicians and 201 KAR 2:045, the regulatory reference for pharmacy technicians.

Sarah Lawrence suggested the committee begin by looking at pharmacy technician practice in Kentucky. The difference of the role of the technician is dependent upon their certification. Kentucky recognizes national certification from the Pharmacy Technician Certification Board and the National Health Career Association. A non-certified pharmacy technician works under the direct supervision of a pharmacist. A certified pharmacy technician works under the general supervision of a pharmacist. In an institutional setting, a tech v tech is allowed for the filling of automated devices.

While the approach varies from state to state, John Long stated that there were two paths that may be taken. The first path is the delegation model. Pharmacists are allowed to delegate their duties excluding patient counseling and therapeutic decision making to a pharmacy technician based on the technician's training and education. This path was used in Illinois. The second path is task model. Specified tasks are provided for the pharmacy technician based on their certification or non-certification. Only those specified tasks can be performed by the technician. This path was used in Ohio.

Katie Busroe suggested that the committee look at pharmacy technician roles and pharmacist roles together to determine how the expanded pharmacy technician duties can help the pharmacist improve patient care. Ms. Busroe also stated the committee should look at the definition of the practice of pharmacy to better evaluate what pharmacist duties may be delegated to a technician.

Sarah Lawrence suggested providing the following to pharmacists concerning enhanced pharmacy technician roles:

- (a) What can and can't the technician do;
- (b) What benefit it has to the workflow and the pharmacist; and
- (c) How it can enhance patient care.

Martika Martin requested the committee look at what is allowed in a physician's office and other healthcare settings by office personnel. Should pharmacy technician roles mirror those in that setting?

Jill Rhodes suggested the committee explore what they want to propose to the Board. For example:

1. Pharmacy technician duties and requirements
2. What tasks would facilitate patient care?
3. What can be delegated per statute? IE – administration of medication. Does this extend beyond immunizations?

She also expressed interest in the double check system for pharmacy technicians.

Peter Cohron agreed with Ms. Busroe's suggestion regarding the definition of the practice of pharmacy. If it is a professional judgment issue it should remain as a role of the pharmacist.

David Figg suggested beginning with a list of pharmacist tasks then determining if a technician may perform those tasks. Once the list of pharmacy technician tasks is established, the various levels of pharmacy technician certification/training/education can be determined.

List of pharmacist duties:

- MTM
- Immunizations
- Clia waived testing
- Prescription monitoring program maintenance
- Verbal orders
- Tech check tech
- Final verification
- Transfer of prescriptions

- Medication reconciliation
- Medication counseling
- Administration of medication
- Controlled substance inventory/oversight
- Inventory
- OTC recommendations
- RX clarifications

Peter Cohron stated that a statutory change would be required for the administering of medications. Katie Busroe stated when pharmacists went to the legislature to get the authority to administer immunizations, the definition of the word 'responsibility' in regards to the responsibility for dispensing prescription drug orders; was more broadly viewed. The pharmacist is responsible – they can ask for help and assistance but they are responsible for the immunization. Whereas with the administration of medication – it was not viewed as a responsibility but rather the practice of pharmacy is the administration of medication. Larry Hadley stated that if a statutory change is required the committee should only identify the change and inform the Board.

Jill Rhodes suggested that the list be distributed to pharmacists and pharmacy technicians for their input for additions or deletions.

Sarah Lawrence suggested the committee look at the advanced certifications for pharmacy technician through the Pharmacy Technician Certification Board. Advanced certification is available for:

- Compounded Sterile Preparation
- Medication History
- Product Verification
- Hazardous Drug Management
- Billing and Reimbursement
- Controlled Substances Diversion Prevention [coming soon]
- Immunization [coming soon]

Candidates for the advanced pharmacy technician certification must hold an active PTCB CPhT Certification and have completed at least 3 years of work experience as a pharmacy technician within the last 8 years, and at least four certificate programs (must include TPV and/or Medication History), or three certificate programs (must include TPV and/or Medication History) and the Compounded Sterile Preparation Technician® (CSPT®) Certification.

Katie Busroe suggested the committee look at the Canadian pharmacy technician program. Sarah Lawrence suggested looking at the role of pharmacy technicians in the military

pharmacies. Ms. Lawrence also suggested obtaining the insight from Deeb Eid. John Long suggested contacting Diana Halvorson from North Dakota.

Peter Cohron moved to approve the following:

1. Survey of pharmacists and pharmacy technicians for suggestions to the list of pharmacist duties.
2. Board to collect information from the Canadian and military pharmacy technician programs.
3. Sarah Lawrence will contact Deeb Eid for consultation at the next meeting.
4. John Long will contact Diana Halvorson for consultation at the next meeting.
5. Board will send regulation and statutes to committee members.

Jill Rhodes seconded, and the motion passed unanimously.

A doodle poll will be sent for availability for the next meeting to be scheduled for the third week of September.

Jill Rhodes moved to adjourn. Peter Cohron seconded, and the meeting was adjourned at 10:18 a.m.