

# An Information Paper on the Role of the Pharmacy Technician

*Task Force to Review the Relationship with Pharmacy Technicians  
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This Information Paper was developed to help define the potential roles that pharmacy technicians might play to facilitate the maximization of pharmacists' participation in direct patient care. The document was approved as an official CSHP publication by CSHP Council in August 2001 and is a companion to the CSHP Position Statement on the Role of the Pharmacy Technician, approved in March 2001.

## INTRODUCTION

CSHP endorses the concept of the direct patient care role of the pharmacist.<sup>1,2</sup> One of the challenges to realizing this vision is providing pharmacists with the time to focus on direct patient care activities. An element required to achieve this is the increased utilization of pharmacy technicians in activities traditionally performed by pharmacists and/or in activities that directly support pharmacists providing direct patient care services.

In some areas of Canada, a shortage of pharmacists has also sparked a review of expanded responsibility and authority for pharmacy technicians.

## CURRENT STATE OF TECHNICIAN ROLES

In Canada there is a wide variation in functions performed by pharmacy technicians depending upon practice site. The spectrum runs from environments in which technicians have been given significantly increased responsibilities to those where pharmacy technicians are not formally recognized. This presents a challenge to developing guidelines for technician roles that can be universally applied.

Utilization of pharmacy technicians may be determined by pharmacist-to-technician ratios and whether a facility is teaching vs. non-teaching, small rural vs. large urban. Additional factors may include variation

of training, experience, or qualifications among technicians, views of pharmacists with regard to how technicians should be employed, and variation in regulations set by pharmacy licensing bodies.

Functions that are currently commonly assigned to technicians include purchasing/inventory control, compounding, pre-packaging medication, sterile IV and chemotherapy admixture, ward stock and narcotic distribution, filling prescriptions, unit dose cart filling, preparation of drug kits or trays, and computer order entry with variable levels of control or authorization.

## POTENTIAL ROLES FOR TECHNICIANS

Since utilization of technicians varies, it is difficult to define a baseline from which one can outline an expansion of responsibilities. A prime example of this is the entry of medication orders into computerized databases. The degree of responsibility ranges from pharmacist-only entry of orders to "unverified" entry by technicians (requiring verification by a pharmacist) to "verified" entry by technicians (no check by a pharmacist).

There are numerous examples of expanded technician roles that have already been implemented in some practice sites (e.g., personal communication, Janet Hutchinson, Operations Manager, Rockyview General Hospital Site, Calgary Regional Health Authority, June 20,

2000) and that have been described in the literature or advocated by pharmacy practitioners.<sup>3-12</sup> Common examples are technician checking of functions performed by other technicians (e.g., sterile or non-sterile compounding, unit dose cart filling, pre-packaging items), computer order entry without verification, supervision/management of drug distribution functions, handling of study/investigational medications, and direct support of pharmacists in clinical operations (e.g., data collection).

The licensing of pharmacists is intended to ensure the safety of the public. Pharmacy technicians are not licensed in any jurisdictions in Canada. Standards of practice in some provinces and those recently adopted by the National Association of Pharmacy Regulatory Authorities (NAPRA) indicate that supervisory pharmacists or pharmacy managers are responsible for determining which functions may be delegated to support personnel.<sup>13</sup> They would also be responsible for ensuring that such personnel are appropriately trained and qualified.

Pharmacists, therefore, maintain the accountability for work performed by pharmacy technicians under their supervision. This principle has also been endorsed by the American Society of Health-System Pharmacists (ASHP) and the American Pharmaceutical Association (APhA).<sup>14</sup> Ultimate accountability is still held by the pharmacy manager, who is responsible for processes being maintained according to accepted standards in order to ensure appropriate information, product production and dispensing, and, ultimately, patient safety.

Advancements in technology relating to pharmacy distribution services have had an impact on the role of the pharmacy technician. Increased technology may provide an opportunity for technicians to participate in activities that have normally been performed by the pharmacist. In addition, the evaluation, installation, and maintenance of distribution technology would be appropriate roles for technicians to assume.

## LIMITATIONS / BARRIERS

### Legislation

In some cases, regulations, as laid out by legislative and regulatory bodies, may limit the activities that may be performed by pharmacy technicians or may not recognize pharmacy technicians as a distinct group with specific training. Pharmacy managers may be reluctant to utilize technicians in a manner that would appear to contravene these regulations.

## Liability

Some pharmacists welcome the concept of relinquishing select traditional functions to pharmacy technicians. Others may be reluctant, either because they do not feel technicians can properly perform the functions, or because they are concerned about their own role when such a transfer of functions is made. In settings where the pharmacist's involvement in direct patient care is not encouraged or where resources do not allow it, pharmacists may obviously be apprehensive and reluctant to give up their traditional roles.

Some technicians may also be apprehensive about accepting additional responsibility. They may feel that they do not have adequate training, and they may have concerns regarding the liability they would now have if they are deemed accountable. A change in technician and pharmacist job descriptions must be made with the involvement of both staff and Human Resources Department guidance. In the case of unionized personnel, the union must also be asked for guidance. An ad hoc change in staff roles may result in litigation on the part of staff who have been forced into roles which they are not prepared or competent to fulfill.

## Resources

The expenditure of resources such as time, personnel, and money, in order to implement programs and facilitate changes, may be seen as obstacles. In many settings, pharmacy technician time may already be fully utilized with what we understand as traditional roles. If the desire to reassign responsibilities exists, decisions must be made as to how to maintain current workload or how to change current procedures to incorporate the changed responsibilities of all staff. Increased responsibilities will inevitably be accompanied by an expectation of increased remuneration. Particularly in unionized environments, the delineation of responsibilities vs. wage levels could be an additional challenge.

Since there currently exists no universal standard for technician training programs, and because functions delegated to technicians vary widely depending upon practice site, some technicians may be more prepared than others to take on additional roles. This presents a challenge for implementing programs that include all technicians in a given work area to perform certain tasks.



## REQUIREMENTS TO OVERCOME BARRIERS

### Regulatory Issues

Pharmacy organizations at all levels need to work with legislative and regulatory bodies to discuss how the objectives for fulfilling the role of the pharmacist may be achieved by expanding the role of the pharmacy technician.

Recently, some jurisdictions have amended their policies on pharmacist to technician ratios or on delegation of functions to technicians. These serve to reflect the concept of the authority of the pharmacy manager to determine staffing levels and roles of the technician. Other regulatory agencies are considering reviews of their policies relating to functions that may be performed by pharmacy technicians.

### Resource Issues

As considerations are given to changing responsibilities, adequate training of both pharmacy technicians and pharmacists is essential.

For pharmacy technicians, appropriate training and quality assurance programs must be in place to ensure that the technician feels comfortable assuming a new level of responsibility and that the pharmacy manager meets the requirements for maintenance of public safety.

For pharmacists, adequate training must be available to allow them to assume increased responsibility for patient-focused care. An environment where they feel comfortable ceding some of their traditional, more technical and non-direct patient care roles must be present.

Prior to giving additional responsibility to pharmacy technicians, adequate staffing must be in place or reorganization of departmental functions must be undertaken. Neglect of this may result in a simple “off-loading” of work from pharmacists to pharmacy technicians with excessive demands being placed on technicians. This could result in a failure of the desired goal and staff and departmental stress.

Increased responsibility of pharmacy technicians may be accompanied by an expectation of increased pay. Pharmacy managers need to be prepared to assess the change in workload. If the responsibilities and workload changes warrant higher remuneration, managers will be forced to demonstrate the patient care benefits resulting from the change.

## Training / Skill Requirements

### Certification

There appears to be consensus that some form of “certification” of pharmacy technicians is desirable. The objective of such certification is to identify required basic qualifications for practice that would give pharmacy managers assurance that a pharmacy technician meets a specific educational standard.

There is currently no agreement on the definition of certification and what form it should take. A definition used by the American Society of Health-System Pharmacists (ASHP) probably best describes most expectations and indicates that certification is a process by which a non-governmental organization grants recognition to an individual who meets certain qualifications as set out by that organization.<sup>14</sup> It is not equivalent to licensing, which is governmental permission for an individual to engage in an occupation if minimum competency to ensure public safety is attained.

In the United States, a Pharmacy Technician Certification Board (PTCB) has been developed to oversee a national voluntary certification program. The Ontario College of Pharmacists has also developed a voluntary certification program.

On the other hand, the College of Pharmacists of British Columbia has recently explored the possibility of certification of pharmacy technician training programs. However, the government has indicated that it would not permit a regulated profession to control the activities of another group of workers. A proposal is currently being considered to explore the possibility for an agency such as the Canadian Council on Accreditation of Pharmacy Programs to undertake accreditation of pharmacy technician training programs.

Another type of certification is that of individual pharmacy departments developing formal programs through which technicians are certified to perform particular functions within that institution. Such quality assurance programs would generally involve training, testing, and regular re-testing or re-certification. A number of these types of programs have been developed at some Canadian sites. Some regulatory bodies have developed guidelines for such certification processes.<sup>15,16</sup>

### Accreditation

There is consensus within the hospital pharmacy community on the need for some form of accreditation of pharmacy technician training programs. Across the



country, particularly in a few provinces with large populated centres, there are numerous technician training programs with wide variation in the scope and nature of curricula. Accreditation would encourage the standardization and quality of these programs across the country, or at least provincially. Pharmacy managers could then be assured of a standard of knowledge and training for pharmacy technicians graduating from these schools.

## CONCLUSION

It is evident that in order to optimize the role and functions of the pharmacist, the functions of the pharmacy technician must also be optimized. CSHP endorses an expanded role for pharmacy technicians. At this time there are variable needs across the country and inconsistency in technician training and utilization. It therefore currently remains each pharmacy manager's responsibility to determine and put into place the processes and activities for which their various levels of staff are responsible in order to provide an appropriate level of pharmaceutical care within their health care facility.

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