



**PHARMACY RULES COMMITTEE
of the
PHARMACY EXAMINING BOARD**

**Room 121A, 1400 East Washington Avenue, Madison, WI 53703
Contact: Dan Williams (608) 266-2112
December 14, 2016**

*Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. A **quorum of the Board may be present during any committee meetings.***

AGENDA

8:45 A.M.

OPEN SESSION – CALL TO ORDER

A. Approval of Agenda (1)

B. Legislation and Rule Matters – Discussion and Consideration (13-20)

- 1) Phar 7 Relating to Practice of Pharmacy
 - a) Pharmacy Technicians
 - b) Patient Counseling
 - c) Delivery
 - d) Managing Pharmacist
 - e) Operation of Remote Dispensing Sites
 - f) Telepharmacy
 - g) Procurement, Storage and Recall
 - h) Out of Date Drugs or Devices
 - i) Prepackaging Drugs
 - j) Prescription Records; Patient Records
- 2) Update on Legislation and Pending or Possible Rulemaking Projects

C. Public Comments

ADJOURNMENT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 9 December 2016 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Rules Committee			
4) Meeting Date: 14 December 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? A. Approval of Agenda B. Phar 7 Relating to Practice of Pharmacy 1. Pharmacy Technicians 2. Patient Counseling 3. Delivery 4. Managing Pharmacist 5. Operation of Remote Dispensing Sites 6. Telepharmacy 7. Procurement, Storage and Recall 8. Out of Date Drugs or Devices 9. Prepackaging Drugs 10. Prescription Records; Patient Records C. Update on Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: <div style="height: 80px;"></div>			
11) Authorization			
<div style="font-size: 1.5em; font-family: cursive;"><i>Sharon Henes</i></div>		<div style="font-size: 1.5em; font-family: cursive;"><i>9 December 2016</i></div>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Technicians

Phar 7.015 Pharmacy technicians. (1) As used in this section, "pharmacy technician" means a non-pharmacist or non-pharmacist intern who, under the general supervision of a pharmacist who regularly coordinates, directs and inspects the activities of the pharmacy technician, assists the pharmacist in the technical and nonjudgmental functions related to the practice of pharmacy in the processing of prescription orders and inventory management. "Pharmacy technician" does not include ancillary persons which include, clerks, secretaries, cashiers or delivery persons, who may be present in the pharmacy.

(2) A pharmacist may delegate technical dispensing functions to a pharmacy technician, but only under the general supervision of the pharmacist where the delegated functions are performed. Technical dispensing functions include:

(a) Accepting written or electronic prescription orders of the prescribing practitioner or from the prescribing practitioner's agent.

(b) Accepting original oral prescription orders from the prescribing practitioner or prescribing practitioner's agent, if the conversation is recorded and listened to and verified by the pharmacist prior to dispensing.

(c) Requesting authorization for a refill from the prescribing practitioner.

(d) Accepting oral authorization for a refill from the prescribing practitioner or prescribing practitioner's agent, provided there are no changes to the original prescription order.

(e) Accepting a request from a patient to refill a prescription.

(f) Obtaining and entering patient or prescription data into the patient information system.

(g) Preparing a prescription label.

(h) Retrieving medication from stock, counting or measuring medication, and placing the medication in its final container.

(i) Reconstituting prefabricated dosage forms.

(j) Compounding pharmaceuticals pursuant to written policies and procedures.

(k) Affixing a prescription label to its final container.

(L) Placing ancillary information on the prescription label.

(m) Prepackaging and labeling drugs for dispensing by a pharmacist.

(n) Preparing unit dose carts for final review by a pharmacist.

(o) Retrieving and transporting stock medication to and from pharmacist approved areas.

(p) Other technical functions that do not require the professional judgment of a pharmacist.

(q) Transferring the prescription to the patient or agent of the patient, provided that the pharmacist has first provided a patient consultation.

(3) A pharmacy technician may not do any of the following:

(a) Provide the final verification for the accuracy, validity, completeness, or appropriateness of a filled prescription or medication order.

(b) Perform any of the following tasks:

1. Participate in final drug utilization reviews.

2. Make independent therapeutic alternate drug selections.

3. Participate in final drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse.

4. Perform any act necessary to be a managing pharmacist.

5. Administer any prescribed drug products, devices or vaccines.

(c) Provide patient counseling, consultation, or patient specific judgment, such as interpreting or applying information, including advice relating to therapeutic values, potential hazards and uses.

(4) The pharmacist shall provide the final verification for the accuracy, validity, completeness, and appropriateness of the patient's prescription prior to the delivery of the prescription to the patient or the patient's representative.

Phar 7.095 **Operation of remote dispensing sites.** (7) REQUIREMENTS FOR PHARMACY TECHNICIANS AND INTERNS. Pharmacy technicians and interns employed at a remote dispensing site shall satisfy all of the following requirements:

(a) Be 18 years of age or older.

(b) Be a high school graduate or have equivalent education.

(c) Have completed 1500 hours of work as a technician within the 3 years prior to the date of employment at the remote dispensing site or completed a training program approved by the board.

Patient Counseling

Phar 7.01 **Minimum procedures for compounding and dispensing.** (1) Except as provided in sub. (4), a pharmacist or pharmacist-intern who compounds or dispenses according to a prescription order shall follow the procedures described in this rule and other applicable procedures. The pharmacist or pharmacist-intern as directed and supervised by a pharmacist shall:

(e) Give the patient or agent appropriate consultation relative to the prescription except that prescriptions may be delivered by an agent of the pharmacist to a location of the patient's choice if the delivery is accompanied by appropriate directions and an indication that consultation is available by contacting the pharmacist. The consultation requirement applies to original and renewal prescription orders and, except when prescriptions are delivered to a location of the patient's choice, is not satisfied by only offering to provide consultation.

NABP Model Rule

(b) Patient Counseling¹

- (1) Upon receipt of a Prescription Drug Order and following a review of the patient's record, a Pharmacist shall personally initiate discussion of matters which will enhance or optimize Drug therapy with each patient or caregiver of such patient. Such discussion shall be in Person, whenever practicable, or by telephone and shall include appropriate elements of Patient Counseling. Such elements may include the following:
 - (i) the name and description of the Drug;
 - (ii) the dosage form, dose, route of Administration, and duration of Drug therapy;
 - (iii) intended use of the Drug and expected action;
 - (iv) special directions and precautions for preparation, Administration, and use by the patient;
 - (v) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
 - (vi) techniques for self-monitoring Drug therapy;
 - (vii) proper storage and appropriate disposal method(s) of unwanted or unused medication;
 - (viii) prescription refill information;
 - (ix) action to be taken in the event of a missed dose; and
 - (x) Pharmacist comments relevant to the individual's Drug therapy, including any other information peculiar to the specific patient or Drug.

¹ The intent of this Section is to require that the Pharmacist personally initiate counseling for all new Prescriptions and to exercise his or her professional judgment for refills. Situations may arise, however, where the prescriber specifically indicates that a patient should not be counseled. In such circumstances, it is the responsibility of the Pharmacist to provide the best patient care through appropriate communication with the prescriber and to document the reason(s) for not providing counseling to the patient.

- (2) Alternative forms of patient information shall be used to supplement Patient Counseling when appropriate. Examples include written information leaflets, pictogram labels, video programs, etc.
- (3) Patient Counseling, as described above and defined in this Act, shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to Administer the Drug(s).
- (4) A Pharmacist shall not be required to counsel a patient or caregiver when the patient or caregiver refuses such consultation.

Delivery

Phar 7.01(1) (e) Give the patient or agent appropriate consultation relative to the prescription except that prescriptions may be delivered by an agent of the pharmacist to a location of the patient's choice if the delivery is accompanied by appropriate directions and an indication that consultation is available by contacting the pharmacist. The consultation requirement applies to original and renewal prescription orders and, except when prescriptions are delivered to a location of the patient's choice, is not satisfied by only offering to provide consultation.

NABP Model Rules

- (b) Records of Dispensing/Delivery
- (1) Records of receipt, Dispensing, Delivery, Distribution, or other disposition of all Drugs or Devices are to be made and kept by Pharmacies for five years² and shall include, but not be limited to:
 - (i) quantity Dispensed for original and refills, if different from original;
 - (ii) date of receipt, Dispensing, Delivery, Distribution, or other disposition;
 - (iii) serial number (or equivalent if an institution);
 - (iv) the identification of the Pharmacist responsible for Dispensing;
 - (v) name and Manufacturer of Drug Dispensed if Drug Product selection occurs;
and
 - (vi) records of refills to date.
 - (2) Pharmacies that ship medications by mail, common carrier, or other type of Delivery service shall implement a mechanism to verify that a patient or caregiver has actually received the Delivered medication.³

² States should check federal laws and ensure that the number of years the state requires Dispensing records to be maintained are at least as many as federal requirements.

³ States that require pharmacies that ship medication by mail, common carrier, or other type of Delivery service to implement a mechanism to verify that the patient or caregiver has actually received the Delivered medication may want to consider allowing the mechanism to include a waiver provision that allows the patient or caregiver to request Delivery without Verification and advises the patient or caregiver of the possible consequences of receiving Delivery without Verification.

Managing Pharmacist

450.09 Pharmacy practice. (1) MANAGING PHARMACIST. (a) Every pharmacy shall be under the control of the managing pharmacist who signed the pharmacy license application, the most recent license renewal application or the most recent amended schedule of operations. The managing pharmacist shall be responsible for the professional operations of the pharmacy. A Pharmacist may be the managing pharmacist of not more than one community and one institutional pharmacy at any time and shall be engaged in the practice of pharmacy at each location he or she supervises. The board shall by rule define community pharmacy and institutional pharmacy for the purposes of this section.

(b) If the managing pharmacist anticipates being continuously absent for a period of more than 30 days from a pharmacy he or she supervises, the managing pharmacist shall delegate the supervisory responsibility to another pharmacist for the duration of the absence by written power of attorney which shall be kept on file in the pharmacy to which the power of attorney applies. The pharmacist designated to assume the supervisory responsibility for the pharmacy during the managing pharmacist's absence shall be engaged in the practice of pharmacy at the pharmacy to which the power of attorney applies.

NABP Model Rules

(a) Duties and Responsibilities of the Pharmacist-in-Charge

- (1) No Person shall operate a Pharmacy without a Pharmacist-in-Charge. The Pharmacist-in-Charge of a Pharmacy shall be designated in the application of the Pharmacy for license, and in each renewal thereof. A Pharmacist may not serve as Pharmacist-in-Charge unless he or she is physically present in the Pharmacy a sufficient amount of time to provide supervision and control. A Pharmacist may not serve as Pharmacist-in-Charge for more than one Pharmacy at any one time except upon obtaining written permission from the Board.
- (2) The Pharmacist-in-Charge has the following responsibilities:
 - (i) Developing or adopting, implementing, and maintaining:⁴
 - (A) Policies and procedures addressing the following:
 - (-a-) the provision of Pharmacy services;⁵
 - (-b-) the procurement, storage, security, and disposition of Drugs and Devices, particularly controlled substances and drugs of concern;
 - (-c-) computerized recordkeeping systems;
 - (-d-) Automated Pharmacy Systems;
 - (-e-) preventing the illegal use or disclosure of Protected Health Information, or verifying the existence thereof and ensuring that all

⁴ The owner and/or pharmacy permit holder, along with the Pharmacist-in-Charge, are responsible for these policies and procedures.

⁵ The Pharmacist-in-Charge, as part of the responsibilities to manage as effectively as possible a patient's therapy to avoid a harmful interruption of therapy because of a shortage or limited Distribution of medications, can proactively improve Pharmacy operations by developing a systematic approach to address such circumstances. References such as the American Society of Health-System Pharmacists (ASHP) Guidelines in Managing Drug Product Shortages could be used as resources for developing policies and procedures if appropriate. Additionally, Food and Drug Administration maintains a list of current and resolved drug shortages, as well as discontinued drugs on the agency's Drug Shortages Web page at www.fda.gov/cder/drug/shortages.

- employees of the Pharmacy read, sign, and comply with such established policies and procedures;
- (-f-) operation of the Pharmacy in the event of a fire, flood, pandemic, or other natural or man-made disaster or emergency, to the extent that the Pharmacy can be safely and effectively operated and the Drugs contained therein can be safely stored and Dispensed. Such policies and procedures shall include reporting to the Board the occurrence of any fire, flood, or other natural or man-made disaster or emergency within 10 days of such occurrence⁶;
 - (-g-) the proper management of Drug recalls which may include, where appropriate, contacting patients to whom the recalled Drug Product(s) have been Dispensed;
 - (-h-) the duties to be performed by Certified Pharmacy Technicians and Certified Pharmacy Technician Candidates. The duties and responsibilities of these personnel shall be consistent with their training and experience and shall address the method and level of necessary supervision specific to the practice site. These policies and procedures shall, at a minimum, specify that Certified Pharmacy Technicians and Certified Pharmacy Technician Candidates are not assigned duties that may be performed only by a Pharmacist. Such policies and procedures shall also specify that Certified Pharmacy Technician Candidates shall not be assigned duties that may be performed only by Certified Pharmacy Technicians.
 - (-i-) actions to be taken to prevent and react to pharmacy robberies and thefts, including but not limited to coordinating with law enforcement, training, mitigation of harm, and protecting the crime scene.
 - (-j-) the PIC shall have policies and procedures in place that restrict and monitor control over and access to the locks, barriers, and systems used to secure the pharmacy and pharmacy systems in accordance with state laws and regulations.
- (B) Policies and procedures that address the following activities related to prescription medication shipment by mail or common carrier:
- (-a-) properly transferring prescription information to an alternative Pharmacy of the patient's choice in situations where the medication is not Delivered or Deliverable;
 - (-b-) verifying that common carriers have in place security provisions, such as criminal background checks and random drug screens on its employees who have access to prescription medications;
 - (-c-) tracking all shipments; and
 - (-d-) ensuring that Drugs do not become adulterated in transit
- (C) Quality assurance programs addressing the following:

⁶ States should recognize that hospitals, in order to prepare for a disaster or emergency, may be stocking emergency supplies of medications in areas outside the licensed pharmacy. Hospitals should be encouraged to expand the space allotted to the licensed pharmacy area to accommodate the need to store emergency supplies.

- (-a-) Pharmacy services. The quality assurance program should be designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems;
 - (-b-) Automated Pharmacy Systems. The quality assurance program should monitor the performance of the Automated Pharmacy System, ensure the Automated Pharmacy System is in good working order and accurately Dispenses the correct strength, dosage form, and quantity of the Drug prescribed, while maintaining appropriate record keeping and security safeguards; and;
 - (-c-) The prevention and detection of Drug diversion.⁷
- (ii) Ensuring that:
- (A) all Pharmacists and Pharmacy Interns employed at the Pharmacy are currently licensed and that all Certified Pharmacy Technicians and Certified Pharmacy Technician Candidates employed at the Pharmacy are currently registered with the Board of Pharmacy.
- (iii) Notifying the Board of Pharmacy, immediately and in writing, of any of the following⁸ changes:
- (A) change of employment or responsibility as the Pharmacist-in-Charge;
 - (B) the separation of employment of any Pharmacist, Pharmacy Intern, Certified Pharmacy Technician Candidate, or Certified Pharmacy Technician for any confirmed Drug-related reason, including but not limited to, Adulteration, abuse, theft, or diversion, and shall include in the notice the reason for the termination: if it is the employment of the Pharmacist-in-Charge that is terminated, the owner and/or pharmacy permit holder shall notify the Board of Pharmacy;
 - (C) change of ownership of the Pharmacy;
 - (D) change of address of the Pharmacy;
 - (E) permanent closing of the Pharmacy;
 - (F) Significant Quality-Related Events;
 - (G) the installation or removal of Automated Pharmacy Systems. Such notice must include, but is not limited to:

⁷ As part of a quality assurance program designed to prevent and detect drug diversion., the Pharmacist-in-Charge, if the practice setting warrants, may also consider implementing diversion prevention and detection policies and procedures that address the following: periodic reviews of employee access to any secure controlled substance storage areas, which may include:

- alarm codes and lock combinations;
- passwords; and
- keys and access badges.

⁸ If states require the Pharmacist-in-Charge or other Person in charge of the Pharmacy to submit information regarding the separation of employment of licensees, especially in circumstances of suspected or confirmed abuse, theft, or diversion of Drugs, states should also be aware of confidentiality and employment laws that may restrict the release of information and be cautioned that the release of such information may create a liability for the reporting Pharmacy.

In instances where the Pharmacist-in-Charge and the owner and/or pharmacy permit holder are the same person and that person is no longer employed or designated as the Person in charge, then the Board must take action to cease operation of the Pharmacy.

- (-a-) the name and address of the Pharmacy;
 - (-b-) the location of the Automated Pharmacy System; and
 - (-c-) the identification of the responsible Pharmacist.
 - (-d-) Such notice must be must occur prior to the installation or removal of the system.
- (iv) Making or filing any reports required by state or federal laws and rules.
 - (v) Reporting any theft, suspected theft, diversion, or other Significant Loss of any Prescription Drug within one business day of discovery to the Board of Pharmacy and as required by Drug Enforcement Administration (DEA) or other State or federal agencies for Prescription Drugs and controlled substances.
 - (vi) Responding to the Board of Pharmacy regarding any minor violations brought to his or her attention.
- (3) The Pharmacist-in-Charge shall be assisted by a sufficient number of Pharmacists, Certified Pharmacy Technicians, and Certified Pharmacy Technician Candidates as may be required to competently and safely provide Pharmacy services.
- (i) The Pharmacist-in-Charge shall maintain and file with the Board of Pharmacy, on a form provided by the Board, a current list of all Certified Pharmacy Technicians and Certified Pharmacy Technician Candidates assisting in the provision of Pharmacy services.
 - (ii) The Pharmacist-in-Charge shall develop or adopt, implement, and maintain written policies and procedures to specify the duties to be performed by Certified Pharmacy Technicians and Certified Pharmacy Technician Candidates. The duties and responsibilities of these personnel shall be consistent with their training and experience and shall address the method and level of necessary supervision specific to the practice site. These policies and procedures shall, at a minimum, specify that Certified Pharmacy Technicians and Certified Pharmacy Technician Candidates are not assigned duties that may be performed only by a Pharmacist. Such policies and procedures shall also specify that Certified Pharmacy Technician Candidates shall not be assigned duties that may be performed only by Certified Pharmacy Technicians.
 - (iii) The Pharmacist-in-charge shall develop or adopt, implement, and maintain a Certified Pharmacy Technician training program that is site-specific to the practice setting of which he or she is in charge for all individuals employed by the Pharmacy who will assist in the Practice of Pharmacy. The Pharmacist-in-Charge shall utilize a Certified Pharmacy Technician training manual as part of the training program. The Pharmacist-in-Charge shall be responsible for maintaining a record of all Certified Pharmacy Technicians and Certified Pharmacy Technician Candidates successfully completing a site-specific training program and an objective assessment mechanism. The Pharmacist-in-Charge shall attest to the Board of Pharmacy, in a timely manner, those persons who, from time to time, have met the training requirements necessary for registration with the Board.⁹

⁹All training programs should be subject to approval by the Board of Pharmacy.

- (b) Professional Performance Evaluation
Each Pharmacist who performs any of the acts described within the definition of “Practice of Pharmacy” is responsible for ensuring that he or she is the subject of a Professional Performance Evaluation at least once each year. Each Pharmacy is responsible for ensuring that every Pharmacist who practices at the Pharmacy for more than 40 hours during any twelve (12)-month period and who performs any of the acts described within the definition of “Practice of Pharmacy” is the subject of a Professional Performance Evaluation at least once each year.
- (c) If any action of the Pharmacy is deemed to contribute to or cause a violation of any provision of this section, the Board may hold the owner and/or Pharmacy permit holder responsible and/or absolve the Pharmacist-in-Charge from the responsibility of that action.

*[PLEASE NOTE: Materials on the additional topics
will be available on the screen at them meeting]*

**Chapter Phar 7 – Pharmacy Practice Revisions:
Technician Roles**

Prepared by:
PSW

Disclosure:
Recommendations and/or points for consideration that are outlined below are meant for the purposes of generating discussion only. They are not final positions of the Pharmacy Society of Wisconsin or its members.

Background & Methods:
In 2012, PSW formed a Taskforce for Advancing Pharmacy Technician Practice to discuss matters relating to pharmacy technicians and their roles in the pharmacy. Taskforce members were surveyed on topics related to technicians and a summary of those survey results from 10 people is provided below.

Survey Question	Survey Responses (n=10)
On a scale of 1 - 10 (10 being very satisfied), how satisfied are you with the roles pharmacy technicians are able to assume at your practice site.	Average rating: 7
As the taskforce considers possible expansion of pharmacy technician roles, some Wisconsin pharmacy statutes/rules may need to be updated. Are there specific statutes/rules related to the practice of pharmacy technicians that you would like to see addressed by the taskforce?	Yes: 7 No: 1 Blank: 2
Which statutes/rules? (if any)	<ul style="list-style-type: none"> ▪ Technician/pharmacist ratios, work that needs to be verified by a pharmacist, simple compounding ▪ RPh/tech ratio ▪ Allowing techs to dispense refills (not new prescriptions) to patients similar to other states. ▪ Ability for a technician to give a transfers ▪ Not sure the statutes but the proximity of the tech/RPh and also the ratio ▪ Tech ratio, tech-check-tech ▪ 7.015 identifying the role of the pharmacy technician, Credentialing requirements ▪ Like to see added responsibilities to allow technicians to be the "final check; for certain dispensing functions if an organization utilizes barcode dispensing.
Some members of PSW have suggested that certain pharmacy technician practice regulations impede their practice. On a scale of 1 - 5 (5 being very important), how important are these issues to your practice site?	<ol style="list-style-type: none"> 1. Consider a change to the pharmacist/technician ratio <ol style="list-style-type: none"> a. Average: 3.7 2. Consider creating rules for expansion of "Tech-Check-Tech" <ol style="list-style-type: none"> a. Average: 3.8

	<p>3. Expand pharmacy technician roles to be more independently involved in the medication reconciliation process</p> <p>a. Average: 4.3</p>
<p>Are there roles within your pharmacy practice that you would like to delegate to a pharmacy technician (if legally allowed)?</p>	<p>Yes: 8 No: 1 Blank: 1</p>
<p>Do you believe that additional credentialing (training, certification, licensure, etc.) of pharmacy technicians should be required in Wisconsin?</p>	<p>Yes: 9 No: 1</p>
<p>Please explain response to previous question</p>	<ul style="list-style-type: none"> ▪ I support formalized education and training, as well as licensure, which will allow techs to perform at a higher level. This will also ensure that pharmacy technicians view their positions as more professional and more of a career. Additionally, pharmacists will be able to spend more time with patients if all technicians have a higher level of education and training. ▪ There would be a great deal of cost associated with this, incurred by techs or pharmacies. ▪ May need different level of credentialing based on roles, would like to see state registration ▪ I think it would be a good idea to create a registration/licensing system to safeguard against tech with problematic histories. ▪ It would improve the hiring process since you could tell level of education easier. ▪ This would depend on the specific duties delegated or able to be delegated. ▪ Requires more than just the certification exam. I would like to see a course of education that results in a certification or licensure. ▪ At a minimum I believe we need to start by registering technicians. In addition, some type of training/education or competency requirement seems necessary with an expansion of roles. ▪ The amount of responsibility placed on many technicians warrants implementation of credentialing ▪ Need some minimum standards in place to assure ALL technicians have a baseline knowledge/concept of the role and responsibilities that technicians can provide
<p>What concerns do you have about additional credentialing requirements for pharmacy technicians?</p>	<ul style="list-style-type: none"> ▪ Slow progress, I would like us to have a 5- year plan for progression ▪ The cost of doing this. Current "certified" techs I've had experience with do not seem to necessarily be better prepared to perform duties. Pharmacy sites should dictate

	<p>the expectations, training, and expertise needed to perform role within that site.</p> <ul style="list-style-type: none"> ▪ Additional salary costs, whether there will sufficient staff that meet the requirements to fill open positions. ▪ Extra barrier to employment. Cost to employee. ▪ Lack of available technicians, Would pay of technicians change?, Would the entire staff of a pharmacy need to be credentialed or just a single person? ▪ Time to fill open positions when necessary ▪ Increased cost to employers, decreased availability of qualified employees
<p>As the taskforce works to consider pharmacy technician roles and credentialing needed to take on those roles, what discussion questions would you like to see the group consider?</p>	<ul style="list-style-type: none"> ▪ Progression plan, plans for current pharmacy technicians ▪ Perhaps a new role should be created - e.g. Pharmacist assistant. Since there is such a wide variety of roles that "techs" currently perform, it seems that we need to differentiate more. If one's role is to count pills all day long we probably don't need to credential that person. We probably do want to credential someone who is going to be involved as more of a Pharmacist Assistant, who would allowed to perform higher level duties. ▪ Are there 2 levels of technicians? What responsibilities truly require pharmacists judgement and shouldn't be delegated? ▪ What level of requirement is best (registration, certification, etc)? How to keep the cost to employee reasonable? ▪ Who would oversee the training process for the tech schools (or others) involved., Would the state be involved or just use the national categories., How would the present technicians status changes (grandfathered in or other transition based on years of service) and if a test is involved what happens if the person fails? ▪ What are the comfort levels and limits that the RPh is willing to give up ▪ Is it possible for techs to take on additional roles without education and training? How will pharmacies pay for the increased wages of more highly skilled employees? ▪ What credentials should be required (registration/certification/licensure/combination)?, What type of increased roles might technicians take on and as a result are there additional education/training/credentialing requirements necessary. ▪ Criteria for registration vs. licensing? Example requirement of PTCB exam and/or completion of an accredited training program.

PERSONNEL

	Illinois	Iowa	Minnesota	Michigan
Pharmacist-in-charge	<p>No pharmacy shall be granted a license without a pharmacist being designated as pharmacist-in-charge.</p> <p>A pharmacist may be the pharmacist-in-charge for more than one pharmacy; however the person must work an average of at least 8 hours per week at each location where the person is the pharmacist-in-charge.</p> <p>The pharmacist-in-charge's responsibilities include supervision of all activities of all employees as they relate to the practice of pharmacy; establishment and supervision of the method and manner for storage and safekeeping of pharmaceuticals; establishment and supervision of the record keeping system for the purchase, sale, delivery, possession, storage and safekeeping of drugs.</p> <p>The operations of the pharmacy and the security provisions are the dual responsibility of the pharmacist-in-charge and the owner of the pharmacy.</p>	<p>One professionally competent, legally qualified pharmacist in each pharmacy shall be responsible for ensuring the quality of pharmaceutical services; employs an adequate number of qualified personnel; ensures the availability of any equipment and references necessary; ensures that a pharmacist performs prospective drug use review; Dispensing drugs to patients; Delivering drugs; Ensuring that patient medication records are maintained; training pharmacy technicians and pharmacy support persons; procuring and storing prescription drugs and devices; distributing and disposing of drugs from the pharmacy; maintain records of all transactions to maintain accurate control over and accountability for all drugs; establish and maintain effective controls against the theft or diversion of prescription drugs and records; establish and implement policies and procedures for all operations of the pharmacy; ensure the legal operation of the pharmacy; and ensure that there is adequate space within the prescription department.</p>	<p>No person may conduct a pharmacy without a pharmacist in charge.</p> <p>No pharmacist shall be designated pharmacist in charge of more than one pharmacy (this may be waived in the case of a pharmacist serving a hospital pharmacy on a part time basis).</p> <p>It is the pharmacist in charge's duty and responsibility: to establish policies and procedures for the employees of the pharmacy for procurement, storage, compounding and dispensing of drugs and the communication of information to the public in relation to drug therapy; to supervise all of the professional employees of the pharmacy; to assure that all persons participating in an internship, residency or fellowship program are appropriately licensed or registered with the board; to supervise all of the nonprofessional employees as far as their duties relate to the procurement, sale and/or storage of drugs; to develop appropriate detailed written procedures directing activities of pharmacy technicians and to ensure all persons working as</p>	

			<p>pharmacy technicians are registered with the board; to establish and supervise the method and manner for the storing and safekeeping of drugs; to establish and supervise the record keeping system; to respond to deficiency reports and to ensure that staffing and operational quality assurance policies are developed, implemented and followed.</p>	
Pharmacy Technician	Registered Pharmacy Technician or Certified Pharmacy Technician.	<p>Certified Pharmacy Technician or Pharmacy technician Trainee. May delegate technical dispensing functions to an appropriately trained and registered pharmacy technician only if the pharmacist is on site and available to supervise. Except in an approved tech-check-tech program, the technician may not do the final verification. A pharmacist may delegate</p>	<p>Pharmacy Technicians must be registered with the Board. Pharmacy technicians may perform pharmacy tasks not specifically reserved to a licensed pharmacist or pharmacist-intern and that do not involve the use of professional judgment. The basic ratio of pharmacy technicians to pharmacists on duty is two technicians to one pharmacist. Specific functions</p>	<p>Recent legislation requiring pharmacy technician's to be licensed. Gives rule-making authority to promulgate rules regarding licensure.</p>

		nontechnical functions to a pharmacy technician or a pharmacy support person.	are excepted from the basic ratio as follows: Intravenous admixture preparation is 3:1; setting up or preparing patient specific prescriptions in unit dose or modified unit dose packaging is 3:1; prepackaging is 3:1 and compounding is 3:1	
Pharmacy Intern		Every intern shall register with the Board. A preceptor shall be a licensed pharmacist in good standing and may supervise no more than 2 pharmacist interns concurrently.	Every person who is doing an internship in Minnesota must be registered with the Board. Every person participating in a pharmacy residency or fellowship shall either register as an intern or be licensed as a pharmacist.	Interns are required to be licensed.

Pharmacy Support Person		<p>Pharmacy support person shall register with the Board.</p> <p>A pharmacy Support person may perform nontechnical tasks: Perform the duties of a pharmacy clerk including placing a prescription container into a bag for delivery to the patient as part of the sales transaction after the verification by pharmacist; Process wholesale drug orders, including the submission of orders, the receipt and processing of drug deliveries, reconciling products and affixing inventory or price stickers; Perform routine clerical duties, such as filing processed, hard-copy prescriptions and other pharmacy records; Update or change patient demographic information; Receive from a patient a request for a prescription refill excluding the processing of the refill request; perform pharmacy drug inventory control duties including checking pharmacy stock shelves for outdate drugs and assisting with annual inventory counts; Deliver drugs; Perform any routine clerical or pharmacy support function not prohibited in rule; In nuclear pharmacy practice, perform nonjudgmental tasks under direct supervision of a nuclear pharmacist.</p>		
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