



California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



LICENSING COMMITTEE REPORT

Pharmacy Technician Summit

April 19, 2022

Debbie Veale, Licensee Member, Chairperson
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

- I. Call to Order and Establishment of Quorum**
- II. Public Comment for Items Not on the Agenda, Matters for Future Meetings**

*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a).)

- III. Approval of the January 19, 2021, Licensing Committee Meeting Minutes**

Attachment 1 includes the draft minutes from the January 19, 2022, meeting.

- IV. Presentation, Discussion and Consideration of National Perspective on the Role and Responsibilities of Pharmacy Technicians**

For Committee Consideration and Discussion

Bill Cover, Associate Executive Director, National Association of Boards of Pharmacy, will provide a presentation on the national perspective on the role and responsibilities of pharmacy technicians.

- V. Discussion and Consideration of Requirements for Licensure of Pharmacy Technicians, Include Presentations of Examinations and Training Programs.**

Relevant Law

[Business and Professions Code \(BPC\) Section 4202](#) establishes the requirements for licensure as a pharmacy technician, including various pathways to license. More specifically, an individual seeking licensure as a pharmacy technician must be a high school graduate or equivalent and meet one of the following:

- Associate degree in pharmacy technology
- Completion of a training course specified by the Board.
- Graduate from a school of pharmacy
- Pharmacy technician certification

[Title 16, California Code of Regulations \(CCR\) Section 1793.6](#) establishes the provisions for a course of training specified by the Board including any of the following:

- Completion of a training program accredited by the American Society of Health- System Pharmacists
- Pharmacy technician training program provided by a branch of the federal armed services
- Any other course that provides a training period of at least 240 hours of instruction covering specified areas.

For Committee Consideration and Discussion

During the meeting members will receive presentations from representatives from the Pharmacy Technician Certification Board, National Healthcareer Association and American Society of Health-System Pharmacists.

VI. Discussion and Consideration of Current Authorized Duties for Pharmacy Technicians and Possible Changes, including Discussion of Summary Information Received During Licensing Sessions and Surveys

Relevant Law

[BPC 4038](#) provides the definition of a pharmacy technician as an individual who assists a pharmacy in a pharmacy in the performance of his or her pharmacy related duties.

[BPC 4115](#) specifies that a pharmacy technician may perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist. Further, this section provides authority for a pharmacy technician working in a licensed health care facility may also package emergency supplies; seal emergency containers; perform monthly checks of drug supplies stored throughout the facility.

[Title 16, CCR section 1793.2](#) identifies specific duties that may be performed by a pharmacy technician. Duties include:

- Removing the drug from stock
- Counting, pouring, or mixing pharmaceuticals
- Placing the product into a container
- Affixing labels to the container
- Packaging and repackaging

[BPC Section 4118.5](#) provides authority for a pharmacy technician to perform the task of obtaining an accurate medication profile or list for a high-risk patient under specified conditions.

[Title 16, CCR Section 1793.8](#) establishes the provisions for a general acute care hospital to establish program allowing a pharmacy technician to check the work on another pharmacy technician with the filling of floor and ward stock and unit dose distribution systems under specified conditions.

Background

In preparation for the Summit, the Committee requested listening sessions to solicit feedback from pharmacists and pharmacy technicians on several items related to potential changes to authorized functions. In addition to the sessions, online surveys were also created to provide another means for pharmacists and pharmacy technicians to provide feedback.

Twelve listening sessions were convened over a five-week period including a combination of morning and evening sessions on various days of the week, including weekends. Chairperson Veale moderated the meetings.

Questions posed during both the listening sessions and surveys were seeking the same information, while framed for the intended audience. Topics covered included the following:

1. Possible duties for pharmacy technicians beyond those currently authorized.
2. Possible functions that would allow for supervision by another technician (e.g., tech check tech).
3. If there is appropriate oversight provided by a pharmacist.
4. If pharmacy technicians are appropriately trained.
5. Should training requirements vary based on the types of duties performed?
6. What are the biggest challenges experienced by pharmacy technicians?
7. Does the worksite currently allow for remote work? If so, describe the benefits and challenges.

The listening session required registration. Regrettably, many licensees that registered did not attend the sessions. Also, participation at the sessions was limited in that many individuals listened versus providing input. Throughout sessions, Chairperson Veale encouraged licensees to provide feedback via the survey if individuals did not feel comfortable providing live feedback as

part of the sessions. Individuals were also encouraged to attend the Summit and to continue to be involved in the process. The response rate to the survey was good. The Board received 974 responses by pharmacists and 707 responses by pharmacy technicians.

Possible Duties

Although some respondents (pharmacist and pharmacy technicians alike) responded that no changes in duties are appropriate, many other licensees provided significant feedback on possible duties that may be appropriate for pharmacy technicians to perform. Some of the most commonly identified new tasks include:

- Permanent and expanded authority for pharmacy technicians to administer vaccines.
- Authority to receive verbal prescriptions, involvement with refill authorizations and prescription transfers.
- Authority to screen for patient consultation or for the pharmacy technician to accept the patient's declination of patient consultation as well as pharmacy technicians providing consultation on over-the-counter products.
- Creating medication history lists.
- Final product verification.

Pharmacists also responded with frequency about the need to increase the pharmacist to technician ratio. This will be discussed further under the following agenda item.

Related research includes:

- Comparing medication histories obtained by pharmacy technicians and nursing staff in the emergency department, published in *Research in Social and Administrative Pharmacy*.
- Use of pharmacy technicians in elements of medication therapy management delivery: A systematic review, published in *Research in Social and Administrative Pharmacy*.
- Evaluating advanced pharmacy technician roles in the provision of point-of-care testing, published in the *Journal of the American Pharmacists Association*.
- The Optimizing Care Model: A novel community pharmacy approach to enhance patient care delivery by leveraging the technician workforce through technician product verifications, published in the *Journal of the American Pharmacists Association*.

- Pharmacy technician-administered vaccines in Idaho (Letter), as published in the AJHP
- NACDS Enhance Access to patient Care: Optimize Use of Pharmacy Technicians for Technical and Administrative Tasks

Possible functions that would allow for supervision by another technician

Responses on provisions for “technician check technician” were mixed. Some licensees indicated it would be appropriate to expand authority while others appeared opposed to such provisions.

Related research includes:

- The Iowa new practice model: Advancing technician roles to increase pharmacists' time to provide patient care services, published in the Journal of American Pharmacists Association.
- Evaluation of community pharmacy tech-check-tech as a strategy for practice advancement, published in the Journal of the American Pharmacists Association
- Tech-Check-Tech in Community Pharmacy Practice Settings, published in the Journal of Pharmacy Technology

Oversight

There was also a mix in response related to oversight by pharmacists, with a significant number of pharmacists reporting they did not have adequate time to supervise pharmacy technicians. Pharmacy technicians however, responded with the majority appearing to believe they had sufficient oversight.

Training

Many pharmacy technicians reported they are appropriately trained; however, with some suggesting more academic training would be helpful. Many pharmacists noted that additional training may be appropriate with some suggesting an increase in educational requirements (e.g., completion of an AA degree), a requirement for certification, increased compounding training, calculations, and HIPAA, while some suggested continuing education would be appropriate.

There was broad agreement among pharmacists and pharmacy technicians that training should be based on duties.

Related research includes:

Further insight into how pharmacists ascribe value to technician certification and how that value might be further enhanced, as published in Research in Social and Administrative Pharmacy.

Biggest Challenges

Many of the biggest challenges experienced by pharmacy technicians appear to be related to workload and staffing challenges. Others reported customer service issues as their biggest challenge or working with insurance.

Related research includes:

Systemization of a pharmacy technician career ladder in a multi-hospital system, as published in Exploratory Research in Clinical and Social Pharmacy.

Remote Work

Most pharmacy technicians reported that they do not work remote; however, many respondents spoke in support of authority to do so, including in response to the question related to the possible expansion of duties. Benefits to working remote included personal wellness, cost savings, and better work-life balance. There did not appear to be a consistent theme regarding challenges with working remotely. This could be in part because it appears many pharmacy technicians are not working remote.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to discuss the questions and survey results and hear from stakeholders on the various questions.

Attachment 2 includes a compilation of the survey responses and listening session responses. This attachment also includes research referenced above provided by stakeholders in response to prior requests for information from stakeholders and a comparison of Pharmacy Technician Requirements Across the States provided by NACDS.

VII. Discussion and Consideration of Current Pharmacist to Pharmacy Technician Ratio and Possible Changes

Relevant Law

[BPC Section 4115](#) establishes the general conditions under which a pharmacy may use a pharmacy technician. Unless otherwise indicated, the ratio of pharmacists to pharmacy technicians is generally 1:1 for the first pharmacist in community pharmacy, with the ratio of each additional pharmacist becomes 1:2.

[Title 16, CCR Section 1793.7](#) further establishes a ratio of not less than one pharmacist on duty for a total of two pharmacy technicians on duty while performing specified functions in specified licensed health facilities.

Background

During its July 2017 Committee meeting and as part of its larger discussion on pharmacy technicians, the committee considered if the current ratio was appropriate. During the discussion at that time the Committee generally agreed that an increase the pharmacist to pharmacy technician ratio to 1:2 appeared appropriate but determined it appropriate to continue its evaluation as part of the larger discussion.

In response to the COVID-19 pandemic, the DCA Director issued DCA Waiver [DCA-21-142 Order Waiving Staffing Ratio of Pharmacists to Pharmacy Technicians Relating to Administering COVID-19 Vaccines](#). Under the provisions of this waiver, the ratio increased to one pharmacist to two pharmacy technicians if the pharmacists engaged exclusively in initiating and administering COVID-19 vaccines, and pharmacy technicians engaged exclusively in administering COVID-19 vaccines under the direct supervision and control of a pharmacist.

As part of its July 2021, the Committee agendaized discussion to consider if a change to the current ratio is appropriate. The Committee deferred the discussion until the Summit.

As part of the survey responses discussed under the prior agenda item, it was common for pharmacists to indicate that an increase in the pharmacist to pharmacy technician ratio should be increased.

VIII. Discussion and Consideration of Next Steps

For Committee Consideration and Discussion

During the meeting, it may be appropriate for members to provide direction to staff on next steps including what information may be useful to the Committee moving forward.

IX. Future Committee Meeting Dates

- July 18, 2022
- October 18, 2022

X. Adjournment

Attachment 1



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**California State Board of Pharmacy
Department of Consumer Affairs
DRAFT Licensing Committee Meeting Minutes**

Date: January 19, 2022

Location: Teleconference Public Licensing Committee
Meeting Note: Pursuant to the provisions
Government Code section 11133, neither a public
location nor teleconference locations are
provided.

Board Members

Present: Debbie Veale, Licensee Member, Chair
Seung Oh, Licensee Member, Vice-Chairperson
Lavanza Butler, Licensee Member
Jignesh Patel, Licensee Member
Jason Weisz, Public Member

Staff Present: Anne Sodergren, Executive Officer
Eileen Smiley, DCA Staff Counsel

I. Call to Order, Establishment of Quorum, and General Announcements

The meeting was called to order at approximately 9:02 a.m. As part of the opening announcements, Chairperson Veale reminded everyone that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Further, the meeting was being conducted consistent with the provisions of Government Code section 11133.

Provisions for providing public comment throughout the meeting were reviewed.

Roll call was taken. Members present: Seung Oh, Lavanza Butler, Jason Weisz, Jignesh Patel, and Debbie Veale. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided with an opportunity to provide public comment.

Steven Gray commented that as part of the Enforcement and Compounding Committee meeting, FAQs regarding outsourcing facilities were reviewed. The commenter indicated that during the Chair of Enforcement Committee that some items remained outstanding and should be considered by the Licensing Committee.

DCA Counsel clarified the action taken by the Enforcement Committee and that no action was recommended to be taken by the Licensing Committee.

III. Approval of the October 20, 2021, Licensing Committee Meeting Minutes

Members were provided the opportunity to provide comments on the draft minutes; however, none were provided.

Motion: Approve the October 20, 2021, Licensing Committee meeting minutes.

M/S: Oh/Patel

Members of the public were provided the opportunity to provide public comments; however, none were provided.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

IV. Discussion and Consideration of Business and Professions Code section 4071.1, Board's Waiver to Facilitate Provisions for Remote Processing and Consideration of Possible Changes to Statute or Regulation to Establish Authority Under Specified Conditions

Chairperson Veale reminded members that the item for discussion is a continuation of the prior discussion and assessment of remote processing

by the committee. Chairperson Veale noted that the committee did not answer the larger question if changes are appropriate to make permanent and or expand upon the temporary authorities established in the remote processing waiver for pharmacists, pharmacist interns and pharmacy technicians.

Chairperson Veale indicated that during the committee's last discussion, some stakeholder comments suggested that no changes to the law are required to make permanent the remote processing provisions established in the waiver. Since that time counsel has confirmed that statutory changes are required to expand remote processing provisions beyond those duties established in BPC 4071.1.

Chairperson Veale noted urgency in action and discussed the process the committee would be using to move forward its discussion. Chairperson Veale reviewed the general provisions for remote processing related to pharmacies and pharmacists. Specifically, the Board expanded the authority for pharmacists to perform remote processes, which are generally detailed in the second of the waiver and displayed on the meeting slide. Chairperson Veale indicated that the waiver provisions for pharmacies and pharmacists appear appropriate.

Member Patel provided information on how the provisions of the waiver are currently working in practice and noted that it is working well, especially with increased workload at pharmacies and pharmacy staff required to isolate or quarantine. The committee discussed the benefits of the remote processing waiver and how it will allow pharmacists at a brick-and-mortar pharmacy to provide more clinical services.

Member Oh noted general agreement and that the committee should move forward while ensuring the legislative intent includes recordkeeping requirements.

Member Butler spoke in support of the discussion and the need for guardrails in a permanent solution.

Having reached unanimous consensus to make permanent remote processing for pharmacies and pharmacists, the committee continued its discussion on the necessary guardrails. Considerations included if the provisions should be limited to California licensed pharmacies and California licensed pharmacists.

Further, such pharmacies must have policies and procedures in place that include methods to protect confidentiality and expressly prohibit storage of health information on a device that is outside of the licensed pharmacy.

Chairperson Veale reminded members that the waiver also requires training on the policies related to medication orders and prescription processing and that the pharmacists performing remote functions must have secure access to the pharmacy's patient information systems and other electronic systems that an on-site pharmacist would have access to when the pharmacy is open.

Each remote entry must comply with all recordkeeping requirements, including capturing the positive identification of the pharmacist involved in the remote review and verification of a medication order.

The pharmacy utilizing remote processing is responsible for maintaining the records of all medication orders and prescriptions entered into the pharmacy's information system.

Chairperson Veale indicated that the waiver includes appropriate conditions for use and reviewed and surveyed feedback from members for agreement. Member Oh indicated that the waiver provides good guardrails and questioned if there should be a minimum threshold for in-person supervision of staff otherwise working remotely. Further Dr. Oh suggested requiring a minimum threshold for reviewing the electronic records to ensure appropriateness.

The committee considered if biometrics or something similar would be necessary to confirm identity of pharmacists working remotely.

Members Patel, Butler, and Weisz noted agreement with the guardrails included in the waiver.

Chairperson Veale reviewed some of the consensus items reached during the prior discussion, including that a PIC should be delegated authority to make the decision about the use of the remote processing. Chairperson Veale noted that the remote provisions must be limited to California licensed pharmacies and that the California licensed staff must perform the remote processing within California and that notification of a HIPAA breach is to be reported to the Board. Members Butler, Oh, and Weisz stated agreement with the provisions. Member Patel stated disagreement about requiring the remote processing to be performed within California.

Members considered if remote processing should be limited to when a pharmacy is open and determined that potential issues could be resolved by addressing the issue in the policies and procedures. Members indicated general agreement for allowing functions to be performed even when the pharmacy is closed noting benefits to consumers and employees. Members also agreed with the use of biometrics or another form of assurance that the individual performing the work is used to ensure a robust system to confirm the identity of the remote pharmacist.

Motion: The committee recommends to the Board pursuit of a statutory proposal including directing staff and the President to draft a statutory proposal consistent with the provisions of the waiver and the additional items determined appropriate by the committee:

1. The pharmacy must use biometrics or something similar to ensure the identity of the pharmacist working remotely.
2. The PIC should be delegated with the authority to determine the use of remote processing.
3. The provisions are limited to California licensed pharmacies within California and that pharmacists performing remote functions must do so in California.
4. The Board will be notified of HIPAA breaches.
5. Remote processing functions may be performed even when the pharmacy is closed.

M/S: Oh/Patel

Members of the public were provided the opportunity to provide comments.

Public comment suggested reconsideration of a limitation to the provisions of remote processing to only occur during business hours of the pharmacy as well as flexibility for different work settings and to remove restrictions limiting provisions to only resident pharmacies.

Public comment also suggested that the committee consider the potential impact to call centers, that current prohibitions on controlled drugs should be removed, and provisions for offsite storage of records is necessary (i.e., file servers in an offsite location.)

Support: 4 Oppose: 0 Abstain: 1 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Abstain

Members took a break from 10:36 a.m. to 10:50 a.m. Roll call taken. Members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, and Debbie Veale.

Chairperson Veale shared some information about authorities for pharmacy technicians performing remote processing. In 2020, NABP surveyed states regarding remote processing. At that time 20 states indicated there were provisions either permanent or temporary to allow technicians to perform some remote functions. Idaho has a remote data entry rule that allows a pharmacy located in Idaho to employ a certified technician to perform data entry in remote practice sites under specified conditions.

Chairperson Veale also reviewed the current provisions of the existing waiver related to pharmacist interns and pharmacy technicians. Under the conditions of the waiver a pharmacist intern or pharmacy technician is authorized to conduct nondiscretionary tasks remotely under specified conditions including that they are entering medication orders or prescriptions from a remote location for a California licensed pharmacy.

The pharmacy has policies and procedures in place as specified and that all pharmacy interns and technicians performing such functions have been trained on the policies and procedures including provisions for remote supervision via technology. The technology must, at a minimum ensure that a pharmacist is readily available to answer questions and verify the work being performed.

The pharmacy must also ensure that any intern or technician performing the remote functions have secure electronic access to the pharmacy's patient information system and other systems to which on-site staff have access.

Current provisions also provide that each remote entry record must comply with all record keeping requirements for pharmacies and the pharmacy is responsible for maintaining all records.

Chairperson Veale surveyed members to determine if provisions of the waiver should be made permanent for pharmacist interns and pharmacy technicians. Member Oh suggested that this discussion may be appropriate to be incorporated into the pharmacy technician summit. Member Butler noted agreement with the comments for Member Oh.

Member Patel noted support for making the provisions permanent noting the benefits to the pharmacy and pharmacist noting that pharmacist interns and pharmacy technicians performing remote processing support pharmacist remote processing. Further provisions for remote work address challenges that staff experience including challenges with childcare, lack of transportation, etc. Pharmacy technician work would be done in a queue and would require review by a pharmacist.

Member Weisz spoke in support of incorporating this information into the technician summit.

Motion: Recommend to Board that the issue related to remote processing by pharmacy technicians be considered as part of the Technician Summit.

M/S: Oh/Butler

Members of the public were provided the opportunity to provide public comment. Commenters spoke in support of moving forward to make the waiver provisions for pharmacist interns and pharmacy technicians permanent.

Comments heard also included the issue of ratios needed to be considered and the extent to which remote supervision by a pharmacist working remotely would be allowed. Members were advised that 19 states have permanent allowances for pharmacy technicians with 45 states allowing temporary authority.

Comments also suggested support for remote work by unlicensed individuals.

Support: 3 Oppose: 2 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Oppose
Veale	Oppose
Weisz	Support

V. Discussion and Consideration of Requirements to Serve as a Pharmacist-in-Charge

Chairperson Veale provided background on the issue including consideration if the Board should have minimum requirements for an individual to serve as a pharmacist-in-charge. Chairperson Veale reminded members of the outcome of the discussion including an attestation and development of a training program for proposed PICs as well as require an attestation by a proposed PIC.

Ms. Veale referenced the draft attestation which was included in the meeting materials and displayed on the meeting slide.

I certify under penalty of perjury under the laws of the State of California that I understand and accept the responsibility for the above referenced pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy as required in Business and Professions Code section 4113(c). Further, I understand it is unlawful for any pharmacy owner to commit any act that would subvert or tend to subvert the efforts of me as the pharmacist-in-charge to comply with the laws governing the operation of the pharmacy as provided in Business and Professions Code section 4330(b).

Chairperson Veale spoke in support of the draft attestation and solicited feedback from members. Members Oh, Butler, Patel, and Weisz spoke in support of the attestation.

Chairperson Veale also reviewed recommended components of a training program noting agreement. Elements included:

1. Legal requirements for a PIC and the Sternberg decision.
2. Legal requirements and overview of the self-assessment process.
3. Information on how to prepare for an inspection.

4. Legal prohibition for a pharmacy owner to subvert or tend to subvert the efforts of a PIC to comply with the laws governing the operation of a pharmacy.
5. Top violations that result in the issuance of a citation and fine.

Chairperson Veale solicited feedback from members. Member Oh spoke in support of training components if approved by the Board. Member Butler spoke in support of the training program elements. Member Patel spoke in support of the training program elements and referral to additional information. Member Weisz also spoke in support of the training elements.

Members considered the proposed regulation language. The committee also considered if the training needs to be prior to each appointment.

Member Oh spoke in support of the training to be Board approved and noted that the attestation should be required every time. Additionally, training should happen at the time of appointment.

Member Butler supported board provided training, attestation should be each time prior to appointment, and training should be required unless the training was completed within the last 12 months.

Member Patel spoke in support of board provided training, but it only needs to be once.

Member Weisz spoke in support of attestation upon each appointment. Additionally, he is open to more flexibility as to when the training needs to be completed.

Chairperson Veale spoke in support of board provided training and noted consensus among members in various areas including an attestation every time, board provided training and a recommendation that the training, must be completed within two years of appointment.

Motion: Recommend initiation of a rulemaking to amend CCR section 1709.1 based on the policy discussions which includes modification to the language to require the training to be completed within two years of appointment. Authorize the chair and executive officer to further refine the language consistent with the policy discussions as may be required by control agencies (DCA or Agency). Additionally, authorize the executive

officer to make any non-substantive changes prior to initiation of the rulemaking. Further, if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at section 1709.1 as noticed for public comment.

Title 16. Board of Pharmacy Proposed Text

Proposed changes to current regulation text are indicated with ~~single strikethrough~~ for deletions and single underline for additions.

Amend Sections 1709.1 of Article 4 of Division 17 of Title 16 of the California Code of Regulations to read:

§ 1709.1. Designation of Pharmacist-In-Charge

(a) The pharmacist-in-charge of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy. Prior to approval of Board, a proposed pharmacist-in-charge shall complete an attestation confirming their understanding of the roles and responsibilities of a pharmacist-in-charge and the legal prohibitions of a pharmacy owner to subvert the efforts of a pharmacist-in-charge. The proposed pharmacist-in-charge shall also provide proof demonstrating completion of a Board provided training course on the role of a pharmacist-in-charge within the past two years.

(b) The pharmacy owner shall vest the pharmacist-in-charge with adequate authority to assure compliance with the laws governing the operation of a pharmacy.

(c) No pharmacist shall be the pharmacist-in-charge of more than two pharmacies. If a pharmacist serves as pharmacist-in-charge at two pharmacies, those pharmacies shall not be separated by a driving distance of more than 50 miles.

(d) No pharmacist shall be the pharmacist-in-charge of a pharmacy while concurrently serving as the designated representative-in-charge for a wholesaler or a veterinary food-animal drug retailer.

(e) Notwithstanding subdivision (a), a pharmacy may designate any pharmacist who is an employee, officer or administrator of the pharmacy or the entity which owns the pharmacy and who is actively involved in the management of the pharmacy on a daily basis as the pharmacist-in-charge for a period not to exceed 120 days. The pharmacy, or the entity which owns the pharmacy, shall be prepared during normal business hours to provide a representative of the board with documentation of the involvement of a pharmacist-in-charge designated pursuant to this subdivision with the pharmacy and efforts to obtain and designate a permanent pharmacist-in-charge.

(f) A pharmacist may refuse to act as a pharmacist-in-charge at a second pharmacy if the pharmacist determines, in the exercise of his or her professional judgment, that assuming responsibility for a second pharmacy would interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law. A pharmacist who refuses to become pharmacist-in-charge at a second pharmacy shall notify the pharmacy owner in writing of his or her determination, specifying the circumstances of concern that have led to that determination.

(g) A person employing a pharmacist may not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this section.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4081, 4113, 4305 and 4330, Business and Professions Code.

M/S: Oh/Patel

Members of the public were provided an opportunity to provide public comments. Comments included support of the motion but requested that the training be Board approved, not Board provided. Comments also suggested that the training should reflect the different practice settings.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

Members took a break from 11:53 a.m. to 12:00 p.m. A roll call was taken. Members present: Seung Oh, Lavanza Butler, Jignesh Patel, Jason Weisz, and Debbie Veale.

VI. Discussion and Consideration of Renewal Requirements of Pharmacists and Possible Changes

Chairperson Veale provided background on the agenda item. As part of the Board's discussion on implementation of provisions of Assembly Bill 1533, it was recommended that the Licensing Committee consider updating the renewal requirements to consolidate the various CE requirements in one place.

Chairperson Veale referenced the proposed language included in the meeting materials and displayed on the meeting slide. Chairperson Veale solicited feedback from members. Members Oh, Butler, Patel and Weisz spoke in support of the draft language.

Motion: Recommend initiation of a rulemaking to amend CCR section 1732.5 as presented. Authorize the chair and executive officer to further refine the language consistent with the policy discussions as may be required by control agencies (DCA or Agency). Additionally, authorize the executive officer to make any non-substantive changes prior to initiation of the rulemaking. Further, if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at section 1732.5 as noticed for public comment.

**Title 16 Board
of Pharmacy
Proposed
Text**

Proposed changes to current regulation text are indicated with ~~single strikethrough~~ for deletions and single underline for additions.

Amend Section 1732.5 of Article 4 of Division 17 of Title 16 of the California Code of Regulations to read:

§1732.5 Renewal Requirements for Pharmacists

- (a) Except as provided in Section 4234 of the Business and Professions Code and Section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall submit proof satisfactory to the board, that the applicant has completed 30 hours of continuing education in the prior 24 months.
- (b) At least two (2) of the thirty (30) hours required for pharmacist license renewal shall be completed by participation in a Board provided CE course in Law and Ethics. ~~Pharmacists renewing their licenses which expire on or after July 1, 2019, shall be subject to the requirements of this subdivision.~~
- (c) If you are providing the following services you must also complete:
 - (1) At least one (1) hour of approved CE biennially, specific to smoking cessation therapy, as required by Section 4052.9 of the Business and Professions Code, if applicable.
 - (2) At least two (2) hours of approved CE biennially, specific to travel medication, as required by Section 1746.5, if applicable.

- (3) At least one (1) hour of approved CE biennially, specific to immunizations and vaccines, as required by Section 1746.4, if applicable.
- (4) At least one (1) hour of approved CE once every four (4) years, specific to the risks of addiction associated with the use of Schedule II drugs, as required by Section 4232.5 of the Business and Professions Code.
- (d) A pharmacist who provides emergency contraception shall complete at least one (1) hour of approved continuing education as required by Section 4052.3 of the Business and Professions Code.
- (e) All pharmacists shall retain their certificates of completion for four (4) years following completion of a continuing education course demonstrating compliance with the provisions of this section.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4052.3, 4052.8, 4052.9, 4231, and 4232, and 4232.5, Business and Professions Code.

M/S: Butler/Oh

Members of the public were provided with the opportunity to provide public comment; however, none was provided.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

VII. Discussion and Consideration of CCR Section 1730.1 Related to Application requirements for Advanced Practice Pharmacist Licensure Including Possible Amendments

Chairperson Veale provided background noting that Assembly Bill 1533 amended Section 4210 to alter the application requirements for advanced practice pharmacist recognition to allow for qualification under a single pathway, if that pathway includes completion of a second criterion. This clarifies the requirements and eliminates the current confusing language.

Chairperson Veale noted that it appears appropriate to make conforming changes to the regulation section to avoid conflicts between the statute and regulation and ensure clear implementation of the policy goal achieved in AB 1533. Chairperson Veale solicited feedback from members on the proposed language included in the meeting materials and displayed on the meeting slide. Members Oh, Butler, Patel and Weisz noted support for the proposed language.

Motion: Recommend initiation of a rulemaking to amend CCR section 1730.1 as presented. Authorize the chair and executive officer to further refine the language consistent with the policy discussions as may be required by control agencies (DCA or Agency). Additionally, authorize the executive officer to make any non-substantive changes prior to initiation of the rulemaking. Further, if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the executive officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at section 1730.1 as noticed for public comment.

**Title 16. Board of Pharmacy
Proposed Text**

Proposed changes to current regulation text are indicated with single strikethrough for deletions and single underline for additions.

Amend Section 1730.1 to Title 16 of the California Code of Regulations, to read as follows:

§ 1730.1. Application Requirements for Advanced Practice Pharmacist Licensure.

- (a) For purposes of Business and Professions Code section 4210, an applicant for advanced practice pharmacist licensure must satisfy two of the following subsections.
- (1) Demonstrate possession of a current certification as specified in Business and Professions Code section 4210, subdivision (a)(2)(A), by providing either:
 - (A) A copy of the certification award that includes the name of the applicant pharmacist, the area of specialty and date of completion, or
 - (B) A letter from the certification program confirming the award of the certification that includes the name of the applicant pharmacist, the area of specialty and the date of completion.
 - (2) Demonstrate completion of a postgraduate residency earned in the United States through an accredited postgraduate institution as specified in Business and Professions Code section 4210, subdivision (a)(2)(B), by providing either:

- (A) A copy of the residency certificate awarded by the postgraduate institution that includes the name of the applicant pharmacist, the area of specialty, and dates of participation and completion, or
 - (B) A letter of completion of a postgraduate residency, signed by the dean or residency program director of the postgraduate institution and sent directly to the board from the postgraduate institution, that lists the name of the applicant pharmacist, the area of specialty, and the dates of participation and completion. For an applicant who cannot satisfy this documentation requirement, the board may, for good cause shown, grant a waiver for this subsection.
- (3) Demonstrate that experience earned under a collaborative practice agreement or protocol, as required by Business and Professions Code section 4210, subdivision (a)(2)(C), has been earned within 10 years of the time of application for advanced practice pharmacist licensure. Additionally, the one year of experience must include no fewer than 1,500 hours of experience providing clinical services to patients. The experience earned under a collaborative practice agreement or protocol must include initiating, adjusting, modifying or discontinuing drug therapy of patients as authorized by law. An applicant shall demonstrate possession of experience by providing both of the following:
- (A) A written statement from the applicant attesting under penalty of perjury that he or she has:
 - (i) Earned the clinical experience within the required time frame; and
 - (ii) Completed the required number of hours of experience providing clinical services to patients, as specified in subsection (a)(3).
 - (I) The applicant shall provide a copy of the collaborative practice agreement or protocol.
 - (II) If a copy of the collaborative practice agreement or protocol is not available, the applicant shall provide a description of the collaborative practice agreement or protocol, including examples of the clinical services the applicant provided to patients.
 - (B) A written statement from the supervising practitioner, program director or health facility administrator attesting under penalty of perjury that the applicant has completed at least 1,500 hours of experience providing clinical services to patients. For an applicant who cannot satisfy this documentation requirement, the board may, for good cause shown, grant a waiver for this subsection.
- (b) The experience an applicant offers to demonstrate compliance with one of the three criteria in subsection (a) above may not also be used to satisfy another of the criteria. However, if, as a condition of completion of one of the required criteria, fulfillment of a second criterion is also required, that completion shall satisfy this section.

Note: Authority cited: Sections 4005 and 4210, Business and Professions Code.
 Reference: Sections 4052.1, 4052.2 and 4210, Business and Professions Code.

M/S: Patel/Oh

Members were provided with the opportunity to provide public comment; however, none were provided.

Support: 5 Oppose: 0 Abstain: 0 Not Present: 0

Board Member	Vote
Butler	Support
Oh	Support
Patel	Support
Veale	Support
Weisz	Support

VIII. Review and Discussion of Licensing Statistics

Chairperson Veale referenced the quarterly licensing statistics highlighting application statistics and processing times.

Members of the public were provided with an opportunity to provide public comments; however, none were provided.

IX. Future Committee Meeting Dates

Members were reminded of the upcoming Committee meeting schedule including the next meeting scheduled for April 19, 2022.

X. Adjournment

The meeting adjourned at 12:19 p.m.

Attachment 2

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
consulting patients under pharmacist direct supervision
Immunization, help pharmacists with medication therapy management.
Well trained techs can do the basic educational instruction of telling the pt how to take their meds. Basically just reading the label to the patient to ensure they understand how to take the meds. Then asking the patient if they have any questions. Super easy, little professional judgment needed there. That would save so much time for the RPh.
Nothing
None
Vaccine preparation
Intake authorizations from Dr. offices / New rx
Gather medication list from patients.
Doing any immunizations, not just Flu and Covid shots. And more freedom to educate patients alongside pharmacists if properly trained/have appropriate knowledge.
Rebills
Nothing more. Already do plenty . Especially when short staffed.
I'm not sure the extent past my experience.
Administer more vaccines not just covid
Technician product verification and Tech-check-tech in expanded settings (including retail), with the same level of requirements and structure as inpatient.
uncertain
None
Giving shots
I think our scope of practice is already a heavy workload. I would hate to see more responsibility put on our shoulders than there already is.
We already are loaded with lots of responsibilities, no extra work needed
Vaccinations.
Vaccines
none
None
All immunizations
The final check of a prescription in retail.
We already do enough
Tech check tech reviews- Data entry review- review hard copies for errors before they get to the Rph, will give Rph time to focus on DURs 2. OTC recommendations. Anyone can read a box and with proper training courses, techs could alleviate some weight of the rphs with certain OTC questions
Unless the current Pharmacist to Technician Ratio for the State of California changes, Technicians have enough duties now. How many more people are being prescribed medications today, than when this 1:1 ratio first went into effect? Not to mention all the medications we fill, but the patient doesn't pick up and becomes an un-necessary RTS.
Scope is already vastly ranged as-is!
clin ops pharm techs should be able to work from home. no drugs are handled
None
community health
Auxiliary vaccinations ie flu, COVID, zoster, and tdap
We already do more stuff than pharmacists
All vaccines if you've already been trained for COVID vaccine
I think that it is currently appropriate.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Giving shot
COUNT C2
Increase allowable verbiage
Call prescribers offices for clarification on scripts. If a pharmacist flags it, it is very basic to call and get a yes or no answer. If it requires further clarification, the e-script system should allow easy rewrites.
Transfers
Modification and clarification of prescriptions as directed by the prescriber.
I am a Senior Phar Tech with 22 years of experience. Here uis my input. Immunizations from Covid19 vaccines to Shingles and we ought to be able allowed to do Phaarmacy Interns roles.
None without a pay increase
Give simple consultations/reccomendations on limited over the counter medications
Take new rx over the phone from medical assistants
Pharmacy technicians
flu shots. consult decline
no
n/a
Reviewing Patient's history of medications.
I believe pharmacy technician are authorized to do a good amount of duties as is.
Pharmacy technicians can administer vaccines after having a Certiciation of APhA and BLS class certification.
Not sure.
Product verification, data entry verification, administration of all vaccines
I think we do enough
Pharmacy techs aren't paid enough.
None
I would like to continue immunizations that I began at the start of covidthis should include all types of immunizations. Also with RPh approval I should be allowed to suggest drink water, exercise your arm and take acetaminophen/Tylenol as needed after covid immunizations. The rph should specify the verbiage and be referred to for additional questions or concerns.
I can't think of any at the moment
Ordering c-2s, tech-check-tech
I think we're doing enough.
Yes
A PHARMACY TECHNICIAN CAN NOT DO ANY THINGS WITH FOLLOW THE RUL AND THE PROCEDURE OF THE PHARMACY
Pharmacy technician should perform the job under rule and State regulation's guideline, I believe
Vaccinations
Customer service. Helping customers get the right information about filling medications
Immunizations
Thats a trick question. The duty is the limit set by the board of pharmacy.
Taking New Perscriptions. Counseling.
We have alot of duties already . We dont need more to perform .
Override refunds
just those
Why would we want more duties?

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Taking in verbal new rx's that are called in over the phone that are non-controlled substances. Administering vaccines other than just covid-19 vaccine. Verifying rx's with doctors office. Taking verbal transfers for rx's
Tell patients what medications are for, because they usually ask us all the time and we feel dumb not to be able to tell them what they are for even though we know
Depending on the technicians position there is really no fine line on what he/she is required to do aside from Laws put in place but even then some RPH interpret laws differently which can add or remove work load from technicians , Financing , clinical , Providers service coordinator are some positions that many Pharmacy technicians are filling in for. Helping patients apply for Patient assistance Processing Prior authorization for clinic visits , coordination of medication deliveries for patient visits, There is too big of a gap from Technicians to RPH's Given the opportunity CPhT's can and will show strengths that will help the health care industry just as Medical assistants , Licensed vocational nurses and Registered nurse continue to do Today to help out NP, PA's and Doctors.
Schedule 2 and such
Nothing
Vaccination, Testing
Take phone orders
N-a
Take refill requests from drs
Taking phone orders
N/A
No comment at this time
Any and all other duties requested Pharmacy Management in charge.
We're already doing enough
Product verification
I think we do too much already, especially with lack of staff.
We basically already do everything in the pharmacy (retail wise) except checking off our work. With that being said, because we already do almost everything the pay should be a little more.
Telling side effects
Restock
Vaccines,
- Recommendations for OTC products - Working for BOP as inspector - Being able to be a pharmacy manager
should be able to give other vaccination beside covid vaccines.
transfer rx's, give vaccinations
I believe that Tech Check Tech could be implemented in CA. Current regulations of 1.5 Techs/Pharmacist isn't practical and can hamper an already overworked/understaffed industry. 1.5 isn't a truism in real life applications - how do you implement 1/2 a human?
Reconstitution, compounding
Vaccinations
Taking new prescriptions over the phone
Override counseling on refills
Take care of patient safety
Vaccinations
Consults on non lethal meds. (Schedule 4 & 5)
No more! Might as well be a pharmacist
Management
A pharmacy technician can do all the required data entry and calls working from home.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
All immunizations
Consult patients that have questions on otc items
None. But maybe you can pay us a little bit better.
Given proper training and proof of knowledge (along with potential go-ahead from pharmacist) consultation of otc med to purchase for minor illness such as colds, rashes, aches, and allergies. Reason being to free up pharmacists from having to answer and lose time on other duties for questions easily answered with some basic knowledge of otc meds.
Inknown
None. The current pay is not adequate for the duties already being performed.
None. Let's at least *try* to avoid job creep, where employers make us do more without paying us more. Because we all know that's how that would turn out, don't we.
Learning new materials to understand the mechanisms of actions of different drugs so they can benefit the patients better.
Immunizations Refill check off Minor consultation Opening and closing of pharmacies
Sig changes
Most immunizations and if certified by taking classes they can consult for otc products such as vitamins or cold medicine
none
I believe that Pharmacy Technicians are able to do any work directed to be done by the Pharmacist, as long as the skill set, educational requirements, and functional understanding needs are met.
None
None
Work at home Processing faster without distractions
None we have enough responsibility and not compensated for it. Working conditions are stressful and dangerous due to lack of staffing and to much multi tasking required by retail employees to meet their ridiculous company goals
Refill authorizations for non controlled medications
Not sure.
thoroughly studying indications of more drugs
Receive call in RXs on non controls.
Accepting a decline of consult on pick up. I want to see an advanced practice pharmacy technician role with tech check tech on refills like in some other states
Properly trained, a schooled PT could council patients
All injections
I believe we should be able to open up the pharmacy and start filling prescriptions
I think there's more than enough, but if pay were to increase substantially maybe transfers and simple consults.
Telecommute status
Maybe on certain medications can give consultations on how to take them
Many pharmacists won't allow techs to fill controls and it backs up the work flow. And makes us feel untrusted.
Vaccine administration and prescription transfers
Not more than a pharmacist unless we get the same wages.
Ability to remove a consultation on a prescription that is a verified refill.
calling MD to verify SIG errors, dedicated immunizers
Taking new prescriptions over the phone.
They can work with the dispensing the medication and ordering the medication.
Transferring prescriptions to other pharmacy's
Being a full time immunizer. And filling CII medications to alleviate the stress of pharmacists

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
All vaccinations. Taking verbal refill authorization.
Vaccination
Vaccination, basic consultation, telephone order transcription
Mixing antibiotics.
Production(filling).
I believe with additional education requirements we could perform routine duties like tech check tech for refills
Take new prescriptions over the phone.
Mix mixes like amoxicillin or liquid famotidine so patients don't have to wait for the pharmacist to mix them
Remote work
Administer shots during winter/ flu season.
Caring, compassionate, thorough, accurate, kind customer service.
-Create an only PT Agency online so PTs won't have to go via 3rd parties to find and/or get a PT job. -Do PT Job Fairs - Purpose is to guarantee PTs w/ or w/out experience a job on the spot not disappointment and no job when they leave - Do Job Advertisements via online social media or in-person - Purpose to let PTs know that there are actual jobs out there and will hire on the spot -Create a motto for PT ex) To get the best, you must teach them to be the best - Designed or invent new ways to packet meds via competitions -open a PT collect call phone line - Purpose is for PTs to given basic info on how to use a certain or specific drug or drugs to customers or patients so they better understand the drug or drugs before buying, taking, or asking to be prescribe the medication(s).
Verbally accept change of directions and change of drugs over the phone with the doctor's office. The pharmacist can and should still review & verify the prescription order afterwards.
billing insurance
Administering Vaccines permanently
Technicians could perform additional duties including reviewing CURES, administering vaccines, etc. But we are already overwhelmed with the current workload and budget cuts. So this question becomes a matter of constraints vs abilities.
Verbal refills
No other duty should be performed if not authorized by pharmacist. Techs are authorized to blue annotate prescriptions. As well as calling RPH to verify quantity and day supply updates based on state regulation.
Anything and everything. I think a pharmacy technician does alot already.
Remote processing
accepting verbal rx's & prescription transfers
blue annotating responses from MDO without having to transfer over to an RPh
Duties can include receiving along with confirming prescription order, preparing and filling prescription, interacting with customers and answering questions, managing inventory with performing organizational task lastly create and do various specialize role or projects
We can work from home more safety and we are not retail pharmacy so we can do best work from home, we only process prescription, we are not filling Meds to be need under supervision (Pharmacist) we only process prescription and call MD office and pt , so I believe we can do it and since 2020 we work from home and we did the best work .
some cunsultations with proper training from pharmacist.
Simple tasks like the documentation of a pharmacists full name or written date could suffice when recieving a transferred prescription to delay with held time for the patient.
I believe we can process prescriptions and do other work related procedures from home.
we have easy access to rph to answer any questions we have.
simply sig verifications
I believe Pharmacy Technicians could perform duties such as verbals from Doctor offices when a front desk is relaying qty, sig refill changes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
I believe that pharmacy technician could perform more accurately and efficiently with less distraction while working from home. It can lessen the stress of waking up early driving in traffic.
annotating clarification responses from MDO's without transferring to rph
i believe a pharmacy technician could clarify prescriptions, just annotate the changes for RPH to see
Process third party billing claims and assist with making sure prescriptions are sent out on time
I believe pharmacy technicians can work remotely permanently like in other states.
medication counseling
ok as it is
I believe a pharmacy technician can preform all the duties currently authorized while working from home for mail order pharmacy's. Technicians in mail order pharmacies primarily preform data entry work and their work is double verified by two pharmacist. There is nothing that should prevent them from doing this work from the safety of their own homes especially in the new volatile time we live in
working remotely if working in a mail order pharmacy because all transactions/verification are done thru computer, supervision of rph is unnecessary if all orders are done thru computer/online, rph doesnt supervise pharm tech and walk around the office to check on them, rph check pharm techs work online for data entry works
N/A
I believe the currently authorized duties of a technician is already enough.
Be able to work at home independently for mail order processing - pharmacists can be available via email/consult line. The prescriptions processed by the techs will all be reviewed by pharmacists for their approval before shipping, so I believe the technicians can work/process prescriptions from home.
corrections for all rx
Remote processing and immunizations
N/A
We already do most everything
Learn about medications and give a brief explanation to the costumers
With proper training and authorization a pharmacy technician is capable of may duties for a lower rate than pharmacist.
Work from home, more clinical duties
We could suggest over the counter medication to customer's needs.
verifying medication, mixing medication, taking verbal prescriptions
Remote processing and flu shots
Considering my personal experience, I don't knowing what else is expected of me. I work the in and out window and all that that includes. I work the fill station and all that includes. Ex. Fill, order, returns, interstore transfers etc. I also do vaccinations and all the process that is required for that, ex. Check in patients, process the paperwork, give the shot, clean the work area. We are also expected to train the new pharmacy clerks. (Is in that suppose to be done by the company?) My apologies but I don't believe we get paid enough to do that on top of the load we already have.
The duties of a pharmacy technician can be greatly inanced by working from home. Improvement of our numbers and patient satisfaction would be easier to reach by not being late to work as some of us have a long commute (traffic, accidents, being sick and not being able to come into office) also, being able to do more overtime as the commute of technicians could vary anywhere from 10 minutes to 2 hours which would overall increase our production rate if we simply had more time to reach our goal by working from home. Not only would that help our patients, but also us technicians in the moment and in the long run by not having to be distracted/stressing by worrying about our kids not having a sitter or a proper plan to assist our own families, not having to worry about car issues, COVID affecting our families when we go into the work place. All of these issues affect our production, patient satsfaction, technicians, from being in physical and mental situations (stress, broken down car, kids, Covid, being on time etc.). Our production will surely increase in order to improve our company in the best way possible.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
To refill Rx over the phone
Give all vaccines, not just covid
Verifying filled prescriptions to confirm pill accuracy after pharmacist's original verification. Writing down Doctor's voicemails. Transfer out to other pharmacies. Rebilling prescriptions without pharmacist verification.
Administer all vaccines besides covid vaccines
Completing patient paperwork's related to filling of prescription.
More Knowledge about medication less mistakes
Vaccination
No other duties besides talk with doctor offices and type up prescriptions
Cashier
able to annotate more to help the pharماسist out. ie med list and get dea etc..
Administer vaccinations and basic consultations to patients
I think a pharmacy tech already takes care enough during a shift depending which pharmacy they work for.
With limited help and how underpaid technicians are I don't think one more thing should be added to our duties. If we have more help and better pay I'm sure techs are willing to learn and help with whatever pharmacist needs.
Ask if member wants consult
Vaccination administration. Medication Reconciliation.
pharmacy technicians can helped with helping patients understand basic medicine understanding with OTC products as well as basic directions such as to shake a suspension or take by mouth.
Nothing
Here at Riteaid we do more than just pharmacy technician duties. We cashier help customers find vitam, promote/sale for riteaid, delivery, and have to know about vaccines. Ect
Give vaccines and take in phone orders from physicians. Place prescription and lab orders for PharmD in system to sign.
Pharmacy technician can help administer single use vaccines like flu shot, hepatitis A&B, or TDAP shot etc..
They can type up prescriptions at home without requiring an RPH to oversee the entry at initial type up
type prescription ,call insurance,make phone calls, not a cashiers like your pharmacy clerk the whole day
Depends what else they are requesting. We already fill, type, fax, answer phones, call doctors, help check in, help sale, order, put order away, check our assigned inventory section to make sure all is up to date, fill our Kirby
None beyond what's currently authorized. Since we don't have as much medication knowledge as a pharmacist I don't think DUR's or other tasks like it would be appropriate.
Vaccines, basic consultations, transfers, controlled refills
None
1. Training position to train New techs in pharmacy workflow, and proper protocols. 2. Work from home positions for data processesing (typing prescriptions...this will help workflow)
None if there will be no pay increase, we are already doing more than we should with little pay.
Vaccine administration
We are already doing more than what our duties are without being properly compensated
Currently at my place of work (Vons pharmacy) a lot of times it's hard to just my basic duties as a pharmacy Technician. Because they want me to concentrate on transferring prescriptions above anything. Not really about taking care of the patient. I haven't even had time or a chance to barely fill medications. So it's hard to answer the question when I'm not able to preform all my duties and requirements in the first place.
None
None we already do extra scanning pics of meds now and bagging the meds now plus all other duties
We already do everything but conduit and call doctors. Doctor calls are too much responsibly and consulting too

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Vaccines
Nothing
Putting orders on shelf help customers write prescriptions fill doing vaccinations clean pharmacy
all duties except for patient counseling.
accept a verbal refill over the phone
refills
Pharmacy management
Accept a consultation decline at pick up when the patient has had the medication in the recent past.
Not much else. We can't even finish the engagement for medsync . On top of vaccines, filling, cashier and limited staff is too much already.
Taking new rx's via phone
None
Transfers
None. We are already doing a lot every day overwhelming too much.
Cashier if needed
Immunizations
n/a
None
Working from home allows better focus and better results in prescription process
accurately prepare and processing prescriptions faster
Properly process prescriptions from home.
WORK FROM HOME
Be able to work from home if working for a mail order pharmacy
all the above
I think the scope of our license is sufficient
none
Working remotely
Verification of correct medication in vial.
If a pharmacy technician is certified to give vaccines, I believe they should be allowed to answer some of the questions a patient may have regarding time frames for a second dose of a vaccine (shingrix, Moderna, Pfizer, etc).
na
I believe I myself as a certified pharmacy technician should be able to continue working from home processing prescription in the state of California. I have been doing it for 5 years now from home and now since this covid waiver came into place, has up rooted my life. I have multiple sclerosis and can't stand or use public restrooms. This is the only position and job I can do and that is work from home.
none
Remote processing
Just look at what techs in Iowa can do compared to California and start there. Techs should be allow to take rxs and non controlled transfers over the phone and make changes to rxs as directed by provider instead of passing those tasks to a pharmacist. Clerks should be doing a lot less. Clerks should not be typing or doing any data or processing approving refills
no extra
certain rx clarifications, verbal refills.
For those certified to administer Covid shots, to administer flu shots.
None

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Everything expected consultation for the patients
Inputting prescriptions from remote secure locations
I believe that pharmacy technicians have stepped up to serve their community during the COVID pandemic and their roles were increased to offer COVID vaccinations under a BOP waiver. I believe that we should consider allowing pharmacy technicians to perform vaccination duties like COVID or Flu in the future under the supervision of a pharmacist.
Could support in the supervision and administration of covid vaccines, administration of medications and management of services on the adequate compliance with pharmacological therapies.
Tech check tech. Tech checking in medications
Verification of refill orders, flu vaccinations, explaining how to use medical devices such as glucose monitors, blood pressure monitors, insulin administration.
I am a pharmacy tech analyst for a health plan. I am not sure what duties a traditional role could perform beyond what is being done today.
None figure out staffing problem first
Given current staffing, nothing if we want to ensure patient safety
Processing remotely at home in mail order pharmacy
Administer vaccinations beyond Covid vaccinations, accept a proper declination of counseling on new prescriptions.
Direct a customer to where an item is without recommending them what to purchase.
Taking verbal prescriptions over the phone as they still have to be reviewed and approved by a pharmacist before a patient picks up
better customer relationship efficiency, morale
Obtain verbal orders, other states allow this so why doesn't CA?
Vaccine admin
virtual verification for all REFILL in retail settings after RPH has resolved DUR's / interactions. Taking verbal new rx's in retail setting for RPH to review upon entry.
advanced pharmacy technician role or addressing additional training/education for technician
i think whatever within the Tech boundaries
Compounding/Nuclear
Inject all types of vaccinations not just covid.
I believe a pharmacy tech could Help the sick people in the world get better
Give brief, general medication consults.
to be able to work from home and process prescriptions.
I believe a pharmacy technician could perform almost anything. All these things can be done working from home.
nothing additional
verbal information to annotate info from mdo
Answering simple clinical questions such as directions.
None, in retail we are barely able to properly fill prescriptions AND keep up with vaccines. I go home after every shift absolutely exhausted, both mentally and physically. WE NEED A BREAK!
Tech check tech
Translating consults without pharmacist standing right next to technician, consulting patients how to use diabetic testing supplies. Technicians can also be able to give out more range of vaccines. Be able to verify products being filled and bagged them but must be revised before going out to customer
Intake of patient information for prescription and call for refills and fill prescription
Not sure

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
We should be able to relay DUR/forced consultation messages to patients.
Support pharmacy
Taking new prescriptions over the phone.
Taking phone in prescriptions from Doctors
Overriding consultation if a patient doesn't need consulting. Technicians have to be very careful asking patients about questions. We have to say pharmacist will be right over to go over this with you but 85% of the time they just want to get it and go! They get irritated if they have to wait for a pharmacist to come over. We should be able to ask the patient if they have questions for the pharmacist. We can determine if they definitely don't have a question and should be able to document pt denied consultation and not have to wait for a pharmacist to come over. This would definitely help when a pharmacist is giving a vaccine and the patient has to wait until they come back just to tell the pharmacist I told her I have no questions. Patients starting a new medication definitely need pharmacist to go over with them and patiently wait for pharmacist but 85% of the time that's not the case and technicians get yelled at and scolded and also have to wait and can't help the next customer till completed. If we can ask the customer if they have any questions and if they do not we should be able to document no questions and move on to the next patient. Thanks!
collect accurate patient information before processing a prescription, process correct Rx, perform calculations and resolving 3rd party rejections, submit Prior authorization if necessary, contact MD and contact patient. Obtaining pharmacist's approval.
Work at home
Technician product verification (retail)
Take prescriptions
Vaccinations
Nothing
take new rx
Qp qt drop off pick up . Filling prescriptions doing delivery doing cycle counts checking in cardinal orders releasing QI . Answering phone calls. So far the time I've been there I learned alot. I've only been a tech for 3 months and love it.
Tech check Tech
I believe with close monitoring Pharmacy Technicians who do not work in a retail setting should be allowed to be working from home. It has been shown that metrics and productivity are higher when people are working from home
Provide medical records.
na
Work from home
I think with immunizing now we have enough duties. We just need to be able to perform them in the best way we can
We've been doing COVID vaccines. Why not all of them?
administrate vaccine at all states
More duties? With always being short staffed we do everything except verify and QA drugs. How about giving the RPH more duties and asking corporate offices to dial down their patient calls and metrics? Technicians are barely getting by with our current incomes while inflation keeps going up. I am seriously considering quitting in order to bypass paying my TCH license renewal. I don't need more job duties.
Performing most, if not all, vaccinations. I know I had to be tested and train on both SC and IM injections in order to be certified.
we can process, reach out to md office, members for clarifications. we have a rph line we can call into for questions on meds, processing and clarifications.
More orders to be fulfilled
Over-The-Counter (OTC) medication counseling for patients
None
I believe we have enough to do as it is

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

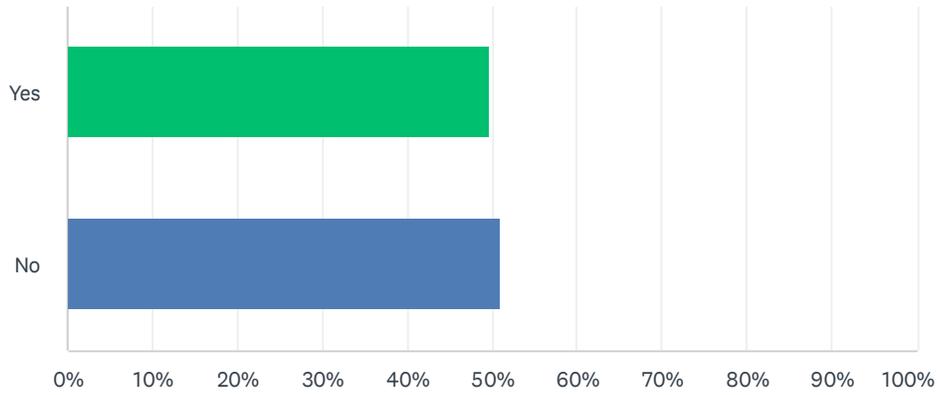
Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Be able to give all immunizations, not just covid immunizations. Verify prescriptions using two people, tech check/pharmacist check, more responsibility
Reconstitute oral antibiotics for children
Immunizations
Process prescriptions working from home.
Take refills authorization over the phone
Being able to override when it's necessary
For the current pay, we are doing enough, but for active engaging and more learning curves Immunizations and compounding would be better.
Immunizing
I believe pharmacy technician have significant amount of duties right now. I can't think of any others duties they could perform.
Constituting
1. Prescription Transfers 2. Immunization classes/training (beyond covid vaccinations)
Verify data entry and or verify fill product data.
Mix vaccines, if experienced only in retail there should be a training so tech could move to another pharmacy setting like compounding and hospital setting not just stuck in retail for years and years
General subcutaneous and intramuscular injections.
Transferring prescriptions, accepting new prescriptions, immunizing, tech check tech for refilled medications
For any new prescriptions called in and left on a voicemail from a prescriber I definitely think that the technician could transcribe and type into electronic system and if they had questions on what was being prescribed then could refer to pharmacist of course Of course all patient medication interactions, reviews, and consultations should be performed by pharmacist only
None really, only because places like RiteAid certify anyone off the street, its scary
None
Not much more , we need pharmacists for alot of things we didn't go to school for.
Shots or vaccines
Vaccines
Label the medication bottles
Reconstitute Oral Suspensions
Djdid
Work from home for all but fulfillment duties
The current duties authorized are appropriate for the position.
I am not interested in adding more duties and I'm happy to be in a place that does not make me vaccinate. If I wanted to do that, I'd have made a different career choice and be making a lot more money.
at the moment, i'm not sure
Giving all immunizations and not just Covid-19.
Immunizations, verbal phone prescription orders.
any kind of immunization (after being certified of course)
The pharmacist to pharmacy tech ratio could be changed to a more practical ratio in retail.
Having the knowledge to consult patients with their medications.
Counting pills and placing label on the bottle, then have Pharmacist chk Rx and initial bottle
I have not practiced in a clinical setting for approximately 8 years. I work as a fraud investigator for a health plan and use my CPhT/CA licensed Pharmacy Technician training and experience in all aspects of my job.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
They only hire a few people, but make you work like a dog while you are there. I have always been treated bad. Can't even ask to go use the bathroom!
Pharmacy technicians can perform product verifications and immunizations.
Basic point of care testing, Product Verification (Tech-Check-Tech in community settings), basic patient education that does not involve clinical knowledge
I believe under direct training of the Pharmacy Manager, a Pharmacy Technician, should be able to administer vaccines. I believe Technicians should also be able to recommend OTC products
Taking of new orders over the phone. Transferring an Rx.

Q2 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)?

Answered: 379 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	49.60%	188
No	50.92%	193
Total Respondents: 379		

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check
compounding, script processing, filling refills
It ensures medication safety and accuracy in addition to final step of verification by pharmacist.
Anyone is capable of making an error. Double-checking drug names, calculating doses and quantities is SOP. Anyone is capable of having a bad day and making an error. Even pharmacists. Scripts that are filled by machine are perfect for tech-check-tech. Unit dose meds would also fall into that category.
It's always good to double check everyone's work whether it be typing a new Rx or filling a New medication.
Verifying ingredients for compounds
Monitoring immunizations, as it can put a lot of extra stress on workflow speed if a technician who is manually filling has to stop working while a pharmacist oversees the administration of a vaccine.
On the job training is important. I just didn't get enough. A set amount of time would be great. 1-2 days, doesn't cut it.
New hires need a lot of supervision and pharmacist are extremely busy and it's our job to help the pharmacist
Technician product verification can be safely implemented in a retail setting with appropriate technology and safeguards.
product verification
Verify what they type
In case of controlled it's always helpful to have another tech double and triple count
Data entry review
Processing and filling
Refills, care home packaging, unit dose
Checking in a narcotic order, double counts on narcotics for retail, any inventory duties, schedule drug destruction
Experienced techs (ie PCTB or additional certifications) and/or lead technicians in an establishment may be able to observe and correct technicians in training in such cases of overriding a pill image or opening a package that is normally to be dispensed in an original container (ie most PrEP and Hepatitis meds), etc.
Non sterile compounding. Filling of medication of the refill of an existing prescription.
mixing of antibiotics. rx transfers being faxed. merging profiles
- Preparing and filling of prescriptions. - Completing patient paperwork related to the filling of prescription. - Managing inventory and performing organization tasks... -
double counting c2s
Review the rejections, sig codes, quantities
Anything if a pharmacy technician is training
Pharmacy techs aren't paid enough.
Not sure but at meetings I know this is done in other states. I am not certain of details.
CII double counts.
Tech check tech
Helping new techs.
2 Pharmacy technicians will prepare and distribute medications and perform other functions that do not require a pharmacist's professional judgment
Spelling and correction direction, double check drug name, dose, strength, insurance before Rph approves to dispense
Just as a double check. The lead technician can check/supervise a recently employed Tech.
Making the environment more of a team feel. Filling medications .
Data entry-verification of prescription information
I think the pharmacist is an important role as a technician.
Taking of new prescription and counseling.
unless, the person is a new employee

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
Narcotic count
Yes I believe two pharmacy technicians are better then one and having another pharmacy technician supervise and check the other pharmacy technician would be a great idea and could save the pharmacist time from having to do it.
Compounding depending on the setting can be stressful especially if there is a high volume of IV's and RPH has restrictive time to verify orders if a technician can verify volumes and pre and post check medication will help ease the time from compounding to patients bed side.
Vaccination specialization
Ratio
Rebills
It's always good to have someone check you if your not certain
If duties requested to perform involve several applications and or multiple instructions.
Tech check tech
Recount schedules before giving it to the pharmacist to count.
I feel that pharmacist should do the final check on all work performed by technicians
1. checking final compounding product/formula
Reconstitution, compounding, immunization
Some technicians are only grandfathered in and really do not seem to know much as far as laws or reason some duties are done the way they are
Training
Confirmation of scripts and minor drugs.
Following proper protocol, procedures, and compliant to all regulations and laws
Like putting all the wrong medications in all the wrong places.
unsure of question
Verifying count
Why should a technician take on more responsibility when they do not get adequate pay for the duties they perform.
There should be more than one level of pharmacy technician. We are not all on the same level. Some are much more advanced than others. But the current guidelines pigeonhole all pharmacy technicians in to one group with no true opportunity for growth. There should also be a way for pharmacy technicians to use there skills to grow in to a Pharmicest if they wish to do so similar to how medical assistance can leverage their experience into programs to become mid-level providers (ie Position assistant or nurse practitioners).
It could be helpful for control meds 2 techs count then pharmacist does final check
Order entry
Refill authorizations for non controlled meds
Example: oncology medications so long as tech has procedural guidelines and sufficient experience.
Loaner meds
Prep and dispensing of refill prescriptions
Data verifications of refill/ auto fill
RX Transfer in/out
Override functions. Such as allergy overrides, weight overrides. Moderate to mild interaction overrides.
Sterile compounding
Telephone transcription, basic consultation
When dispensing schedule II drugs
Transfer in and out of rx. Doing the insurance things
filling out refills,etc

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
non-scheduled prescription checks
Return to stock procedures
Senior technicians can check & help other technicians to be more effective & productive.
Training, collaboration, study techniques.
- better explain and resolve issue(s) at hand - get the workload done efficiently w/out blaming game and stress - better communication amongst all staffs - create the comfort to ask for help(s) - no wall of extreme expectation(s); even if PT(s) is certify PT still have a learning curve
Conflicting allergy and medical condition indications with the patient's other prescriptions.
Medications that have shows a high number of errors by single technician checks.
Double counts, compounding, data entry, controlled inventory
A lead technician can provide coaching and feedback for the company procedure adherence and work instructions.
Depending on the level of experience of the tech performing the task, a review or second opinion may be required but I don't believe supervision is needed in most cases.
depending on the job role of course and jobsite of which event the type of service is provided either at a hospital or retail pharmacy then yes for a computer job then no due to everything being checked via electronically from basically anywhere
reviewing processing information of a script; strenght,directions, qty.
typing of the medication and directions can be done through tech check tech to ensure directions are written correctly and before printed for the patient
day supply, refill qty
If there is a change in qty,sig refills etc
Some over the phone prescription verbal authorizations.
accuracy
If they are newly trained in a queue, or need a subject matter expert for certain kind of specialized medications, another experienced technician can provide help remotely (email, chat, phone line dedicated for such purposes).
Filling prescription or sometime Data verifying part 1 then go to rph for second verification.
The pharmacist has the right to supervise technicians
yes filling and processing orders to perform proper accuracy to better benefit patient
Processing non controlled medications and basic pharmacy work flow. A Knowledgeable lead tech can be a great asset in providing directions an guidance for tasks that would not require a pharmacist. This could greatly alleviate pharmacist work load and reduce the occurrence of medication errors.
Verifying medications dispensed, Counseling patient's on medication
we could do tech check when verifying medication if unsure just like we do when a prescription is a bit unreadable
Don't know enough about tech check
If unsure of an order you received, I know some techs are newer than others and other techs have been in the company for years who have more knowlegde all around the IRIS sytem/errors/orders/resolutions. Virtual Tech to tech help is a must in certain situations, but we do have resources where we can ask questions which help our overall numbers and production.
I believe a lead pharmacy technician should do all the tech check tech duties rather than any regular technician. They should have their own special credentials not equal to pharmacist but higher than regular techs.
Make sure we're doing the right thing and in accordance with pharmacy law.
verify each others work processing ie checking meds
Make sure dispensing right medications and dosages
Tech-check-tech in the outpatient setting for refill medications.
Checking CURES.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
Only for techs that are not completely confident in the proper and organized workflow management. 1. Cashier stations should not be processing orders. 2. Typing stations must type all proper information (md notes, expiration dates) 3. Filing stations (apparently non certified techs aka techs in training can count too, that's a problem, I believe only certified techs should count --- rite aid)
Technicians with seniority should have management opportunities
Not Necessarily to be supervise but it's always good to have a second person to double check.
warehouse supplies can be check by another pharmacy technician.
refills
Verify/clarify prescription quantities.
When training yes
Filling rxs
Filling RXs
New hire training period
Their needs to be a lead technician to observe everything that is going on for example, special insurance billing, patient care, immunizations.
double checking and accountability is different from managing/having a position above another. I'm ok with the first definition
yes if there a senior tech and understand how to work orders prescriptions it can be helpful
CANT THINK RIGHT NOW
Pill names, strength, ndc all match same in clinical pharmacology,
order entry verbal call ins ect
tech check tech. Transfer rx to another pharmacy.
Everything should double checked
A pharmacy technician supervisor should be doing more in the checking work when processing
rx processing on certain meds
Pill identification
The preparation of medications for parenteral administration and correct compliance with sterility measures, compliance with oral treatment schemes
Checking medication before compounding
Refill verification Dosage calculation Injection administration Compounding
In my role, I am a Senior Pharm Tech and the other pharm tech processes appeal case work. I do think I could supervise that type of work for accuracy.
With proper staffing, maybe tech check tech. Currently, that is unsafe
Checking supplies for infusion.
retail - virtual verification of refill orders following RPH DUR/interaction clearance inpatient- Omni pull QV and IV room premed orders after the RPH has approved the original order/compound
review patient information, allergy, spelling Rxs correctly, billing correct insurance plan
Tech checking boxes filled by another tech. Tech checking fills for stocking automated dispensing cabinets done by another tech. Techs checking pills in outpatient setting filled by another tech for refills
While looking for a medication on the shelf, one person might miss it but the other can check and hopefully find it.
Some seniors techs should be allowed to assist pharmacist with simple clinical clarity
Medication refills
For example if one technician is giving a vaccine it must be checked by another tech and pharmacist. For the verifying medication I think the tech check tech method would work, one tech verifies it another double checks it and does the final bagging

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
Verified that medication is correct
Pharmacy Technicians should do a tech check dispensing medication and reading prescriptions. It would decrease medication error.
Filling large amounts of controlled medications to have witnesses that the correct amount was dispensed.
due to a lot of management needed of information
Tech check tech
Changing Drug NDC , quantity, checking to see if we have another prescription on shelf before OOS etc
When typing prescriptions or completing a call to the patient for diabetic supplies, a tech could be double checking the work prior to the pharmacist getting the final check
simple compounds
I've worked with technicians that do a better job of catching mistakes or errors than some pharmacists. As long as just not any tech was allowed to do it but someone the PIC approves.
Again, technicians do not need any more job duties. Put another RPH in the pharmacy if one can't get it done. I do not get paid enough to be more liable for medication misfills.
To relieve some of the ever building stress and duties of the pharmacist, I believe the tech check tech would work MOST of the time. Exclusions of course would be on controls.
yes, we have implemented standard procedures and the lead techs review work and make sure processes were followed correctly for the RPH to review. they also provide a phone line of techs that are trained in certain "queues" where we pull work.
Schedule 3 control medication w/ surveillance camera on save time from RPH!!
Checking off refills once filled
-Serious errors have been found -Reduce the amount of time pharmacists spend on checking medications
Double check
Yes, checking if the tech processed a prescription correctly and if they filled the prescription accurately.
Return drug expired
No, since a pharm tech even in supervision position do a lot, and involved in too many things in once, checking tech work should be solely a pharmacist duty.
Constitution,filling prescriptions
Senior certified technicians should supervise other functions when pharmacist can't
Filling and insurance check
Dispensing refilled medications to patients
I think technicians should be able to rely on each other if there are questions about any component of the pharmacy but of course refer to pharmacist if unclear
Review
Any processing functions
Tech , tech checks are good on anything that is not the final check by the pharmacist. Internal orders received, inventory duties.
Checking over another pharmacy technicians prescription order.
Filling the Rx
Filling
Product verifications allow another technician to check another technician who filled the prescription.
Final Check of prescription (verify that drug bottle/ NDC matches final product/ label), ensuring that pharmacist has completed thorough Clinical/ DUR check and regiment review
Counseltations

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
yes
Yes
I don't currently working such an environment. But when I last worked in a compounding pharmacy I did.
Yes
No
Yes I do
No
Yes
The way some work settings are set up does not allow for most pharmacists to properly oversee every task in a busy environment.
No
Usually yes
Yes
Yes
Yes, as long as we maintain open lines of communication.
yes
No
yes
Sometimes. I feel like more pharmacists don't help enough
Yes
Yes.
Yes
Yes to some extent
No
Yes
Yes
I work in clinops. have plenty of oversight, but they rph is not physically with me. they are working from home.
Yes
yes
Yes I do.
Sometimes especially in a large chain pharmacy where the fill is in the thousands due to shortage of people
Yes
When working in the hospital IV room I do think there should have been more oversight, but in retail I feel that it is balanced.
Yes
YES
Yes
Yes.
Yes
Right now yes. I do most of my job functions with little to no pharmacist oversight since I do billing, clinical history gathering and patient care and prescriber coordination.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
too much as a matter of fact
Yes
Yes, in retail setting
Yes
No
yes
yes
no
yes
Yes, at least with my current rPH
Yes
Yes
Yes
Yes
Pharmacy techs aren't paid enough.
Sometimes
Yes
YES, i believe that
Yes, pharmacist level 1 review Rx's 1st then other Rph level 2 (Dur, DDI), then Rph in filling department to check again before sending to patients, I believe we are working under pharmacist's supervision very closely
Yes
No
Yes
Its policy to have such actions in place.
Yes
We have enough oversight by pharmacist
Yes
yes
Yes
Yes
No
Depending on the specific positions as some pharmacist don't work directly with CPhT for example clinical pharmacy technicians.
yes
No, companies have bare minimum techs and pharmacists making it difficult for pharmacists to provide enough oversight

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes
Yes
Yes, however I do realize this industry changes constantly which may require oversight from a Pharmacist.
Yes
Yes
depends
Yes
Yes
Yws
Yes
Yes, in some areas. But others could use more strictly watched
No
I don't understand this question.
Yes, even when working at home because a pharmacist is just a call away and they can check our work and view the prescription.
Yes
Yes
Yeah the pharmacist is always gaslighting the technicians.
yes
Tes
It depends where you work some companies have better policies.
In my current job, yes, but only because I'm no longer working in retail. Retail pharmacies constantly overwork their pharmacists to dangerous levels.
yes
I believe that I do have sufficient oversight by a pharmacist, but I do also believe that my current pharmacist supervisory situation does not align with BOP regulations.
Yes
No
Yes we have available pharmacist via phone for any additional questions
No
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes.
Yes
Yes
At my current job yes, but I have worked in several understaffed retail pharmacies as a float tech where it is dangerously understaffed for the work load
I do as I insist upon it but most do not.
Yes, and pharmacists should be able to supervise multiple technicians fill at one time.
Yes
Yes, especially if have lots of experience.
100% full access in office and working from home due to the emergency waiver
Not currently working
Mostly
No. As of 2022, pharmacies are short staffed and grossly undermanned.
Not really
Yes
i want better quality pharmacists
yes
Yes we do
Yes
Yes
Yes
Yes
No
Yes
On some days yes, but budget cuts and hours getting cut down don't help
yes
Yes
Yes. However, our Pharmacist is always over busy.
Yes, if given the opportunity and knowledge I grasped during my schooling, intern and extern.
Yes.
yes
Pharmacists are mostly overwhelmed by trying to meet the number of RX To be filled and customers to be counseled, so no. They would need a second person to be able to oversee properly.
Yes, because the license that they spend 5-8 years working for is at stake. But sufficient means that they show up to work and check what is needed. If they had to check every little thing technicians did, the pharmacy would be overwhelmed with work and shut down.
YEs
Yes, even when a RPH is on site, when needing assistance we call the RPHs on the phone. Which is very sufficient.
Yes, if needed you may request more oversight
Yes
Yes, and in most cases more oversight than needed.
yes, and we can always call the RPH line if needed

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes with our resources answers and questions are just around the corner
We are not retail pharmacy and should work side by side with RPH , we only process prescription and if we do have question we can call the RPH for consult same thing that we do at the office .
yes.
Yes even though the pharmacist has little time to they do their best to ensure the oversight is being done to ensure smooth operations in their facility
Yes, we can reach out to a pharmacist through microsoft teams or over the phone if need be.
yes, and we do, there are many options in place that give the pharmacist the chance to verify
yes
yes, i love that if i ever have a question on anything a Pharmacist is always a call away and i get that one on one to help guide me to make our patients rx's perfect
Yes
yes
yes
no
yes
yes
yes
Yes i do. Everything i touch currently in my role at mail order is reviewed by a rph. feedback is provided incase of a error being made. and we all are held accountable to our quality.
yes
For a home delivery pharmacy, there are more opportunities for pharmacist oversight as prescriptions and patient profiles are handled by multiple technicians and pharmacists, alike.
Yes.
yes
absolutely
I do
Yes
Yes
No
yes and no, due to the lack of employment and the low staffing of certain employers there isnt sufficient amount of pharmacy personal to over see everything, only under our job role here at Optum typing prescriptions does not need an RPH on site for us to properly work our role. I have been fully capable of working and learning through training to complete the work load assigned without RPH on site, its not a side by side like closed door, hospital , retail pharmacies have, we do not have medication on hand that need reviewing by RPH
Yes
Yes, we do most of the processing till the last step that the pharmacist verifies and approves for dispense.
no, the pharmacist do not guide us. we work on our own, even at times when we do have questions about insurance or what a medication is used for we just look it up on our phones or computer. Pharmacists are just as overworked as we are especially when our company CVS keeps cutting hours. Sometimes they just don't want to be bothered.
Yes
In my case I am the only tech working with the pharmacist, and there are days where is extremely busy, therefore there is no time for anything
Yes, as a technician I believe we have more than sufficient oversight by a pharmacist. They are always readily available to talk to over the phone whenever an answer is needed. All of our orders are put into a steps of verfacation which helps not only the techs, but pharmacists as well in otder to deliver our patients medications in a timely manner.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes
Yes
Not really because I've seen pharmacists work so fast that they just verify without actually looking at whats on the screen because it is so busy they just want to get it over with. I feel the pharmacies should by law have extra hours without any metrics in order for techs to help do the tech check tech so there would never be any mistakes nor any wrong medication dispensing.
Yes
Yes
yes
Yes
No our work gets reviewed by a pharmacist does not need to be in the same room as each other
No
yes
Yes
By experience i worked on close door and regular pharmacies, i feel that on a close door pharmacy you have more oversight by a pharmacist because theres more roles for a pharmacist than just verifying your work and signing off that everything is correct with the prescription.
Yes
No
Yes
Yes and no; yes, some rph are efficient and some rph are not.
yes
Yes. But all pharmacist need to understand each stations duties and enforce them. Some pharmacist are careless.
No
Yed
Yes
Sometimes yes and no. I have learned more from pharmacist that were covering shifts then the pharmacist I work with.
Yes
Yes
No
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
yes
Yea
Yes
Yes
No
Yes
No
No
Too much oversight, we should have additional responsibilities
Yes, but they need more help
yes
No
Yes, all pharmacist's are available by phone call, text, instant messaging
yes
Yes I believe that I have more than enough supervision.
YES
Pharmacist are busy. But they are available when questions arise.
Yes.
yes
Yes I have plenty of pharmacist oversight working from home. If I ever need help on an rx, a pharmacist is just a phone call away.
no
Yes. Even more while working remote
Yes
yes
yes
More than enough! Practically micromanaged with your hands tied behind your back.
No
Yes
No
Yes
Yes
I don't have experience yet, I don't have to comment
Yes
No
My day to day role does not require oversight by a pharmacist.
No rph too stressed
Not at CVS. The RPH is overwhelmed as I also am. Virtual verification and corporate metrics continue to endanger patients.
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes
yes
Yes. I work for a mail order pharmacy so I have a larger pool of pharmacists to check my work and to reach out to when I have a question
yes. we are held accountable on every level
Enough oversight? We have too much oversight and we're treated like assistants instead of fully independent adults.
no
YES
yes
somewhat
YES
Yes
Yes Because even if you dont, we still have the opportunity to ask any questions to the pharmacist in which they can help us out with 9/10 times
Yes, anything filled at our pharmacy by a tech is checked for accuracy by a pharmacist before it will go out.
yes
yes we do. Working from home and the office is no difference. We call to get help from the the pharmacist. we don't have them sitting next to us side by side. There are so many resources that we can get.
yes
Yes
Yes
Depends on who the pharmacist is
No
No
Pharmacist are constantly over a lot of pressure due to the fact that they have to do there job and oversee technicians.
Yes
Yes they do.
Yes, but sometimes if we get really busy, even pharmacists make mistakes which can be dangerous.
Yes. They answer my questions and support as team.
For insurance billing purposes, yes.
Yes I do
Yes
Yes
yes
No
Y
yes
Yes. Our system allows for minimal mistakes
yes
no, hardly any pharm tech. to work. pay too cheap
Definitely
Yes
Yes
yes
Yes.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
yes
Yes
Yes, but pharmacists have to be open to always teaching and being there for questions
Yes
Yes
One pharmacist is not enough. They verify, QA, answer phones, consult, do COVID tests, give COVID and other vaccines. There should be at least two RPH on duty if all of these are happening at once. So my answer is no.
Yes and no. I think that would vary by technician and by pharmacists. Personally, I feel pretty confident that I am self sufficient and don't need as much attention as a new technician. Most pharmacists I have worked with follow the laws, and then take it a step further by adding in their restrictions to ensure the safety of the patients. Personally, I feel it is good as is. Pharmacists and Technicians adapt to each other.
yes, rph are easily accessible. we have different phone lines for different rx questions we have for the rph. they are just one phone call way.
yes
Yes
No, still need pervision authorization.
Yes
Yes I do
To a point yes, but most of the time poor pharmacist are starched beyond their limits. So many cutting corners, I feel like in some chain pharmacies number is everything rather than safety and health of the patient. Sadley those chains mission and states health, but I see pushing pills to them just to make numbers. Like auto fills, pre calls, 90 days push, and lock in one pharmacy.
No
Yes
Yes
Yes
No because we are constantly understaffed and the pharmacist is constantly busy.
No
Depends entirely upon the pharmacist (& pharmacist/tech relationship) and the health care system, or entity within which they work.
No
Yes, my pharmacist is very good about answering any and all questions
Not at chain stores , having pharmacist work drive through is a joke
Yes and no. All my supervising pharmacists are highly qualified, however increased duties and pressure along with no pharmacist overlap and low staffing levels puts pressure on on all. I worry for them and worry for myself.
Sometimes!
Yes
Yes
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
yes
Yes
Absolutely
I can only speak for myself with my personal ethics and within my scope of experience. I feel the oversight was sufficient.
Not really. I think everyone is being stretched very thin and expected to do all the things at once while being constantly distracted. All of us in pharmacy are expected to be perfect, do everything, fix billing, console customers (when they are patients), and do it with a smile while we're being yelled at.
yes
Yes, but with the overwhelming of being short staffed, over worked and the increase of immunizations I feel that mistakes are more prevalent.
yes
The pharmacist are in their own world. Just saying
No
Yes
Not applicable, but from what I have witnessed in clinical settings during inspections is that 1:1 ratio (RPh to TCH) supervision is important.
Sometimes, they just want you to mass fill. Get the work out so they look good.
Sometimes too much. In most community pharmacies, pharmacy technicians perform administrative and managerial duties, as well as their regular pharmacy technician duties. Yet, they are still relegated to low pay and lower positions than pharmacists who know nothing about management.
depending on pharmacy setting- in some retail setting, it seems pharmacists are too busy with other tasks to properly oversee technicians
Yes I do
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
yes
Yes
Yes.
Yes
Not compounding
Yes
No
Yes
Yes
Not enough. Repetition is key.
We don't do compounding at my store
Yes
Not compounding. Not in retail pharmacy
Yes.
yes
None
yes
Yes
Yes my company emphasizes we are updated in any new state or federal policies or regulations
Yes.
Yes
I believe not everyone has full understanding of how the DOAC clinic works. so the training for new people could definitely be better. there is also no appropriate job description for clin ops techs.
Yes but I don't compound at my pharmacy
yes
I believe as technicians we need more clinical skills and professional judgement training.
Yes
Yes
I worked in pharmacy for many years, I think that the biggest problem in pharmacy is communication. Communication between the pharmacy and providers but between pharmacist and technicians as well as technicians and patients.
Yes
YES
No
Yes, but this has been thanks to intentional trainers and my own interest.
Yes
Pharmacy laws, operations, and compounding on the job training and education is needed.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
No.
Yes
Not as much
Yes
H
you can't really teach pharmacy. you can learn all the drug interactions and book work you want . however pharmacy is something you learn from hands on training.
yes
Sometimes
Pharmacy techs aren't paid enough.
Yes
Yes.
Yea
Yes
Yes
Yes
yes, I do
We are trained and communication is sent out to employees all the time by company
No, on going training is good
No
Yes
I am not working so this is not a question for me
Yes
yes...
Yes
Yes, I do
Yes
Yes
Yes
Yes I believe I have appropriate job training to complete daily tasks , although tasks themselves are very routine further education and more job duties will help the healthcare industry in providing better patient care and adherence with medication .
no
Yes and no. We should not be verifying and bagging subscriptions at all huge safety issues.
Certifications needed
Yes
Yes
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Yes
Yes
No
Absolutely.
Training could be better
Yes
no
Yes
Definitely
Yes
Yes
I do but not all techs I feel are held to professional standards
Yes
Yes
Yes
Yes.
No
The job training is available but lack of proper staffing and overload of unnecessary work hinders us from retaining information.
Yes, usually our training is all online. I do not work in a compounding pharmacy.
Yes
Yes
Never in my 15 years. I was trained properly.
yes except for compounding as I have no experience or training in compounding
Yes
Training is important. Technicians and Pharmacist should receive ongoing training by their companies on how they are to carry out their duties especially when new laws are past.
Yes.
yes
Depending on the area of pharmacy you are funneled in to yes and no
Yes
I would like more specific hands on classes available to certify with compounding as I work at a retail pharmacy but would like to expand my knowledge
yes
I work in Clinical Operations, not in a Pharmacy. I support a Pharmacist in an Ambulatory setting where I do not believe that the current practices of Technician training are standardized to the level required to effectively support the Pharmacist in an Ambulatory role.
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Yes
Yes
Yes
No
Yes.
Yes
Pharmacy ops, and HIPAA yes. Compounding n/a
Yes
No
Yes
Yes
Yes
Yes, annual training and full access to resources
Not currently working
Yes. Some duties that are only performed on a monthly basis goes not have enough training.
Yes
Sometimes not always
Yes
Yes
Yes
Yes
No
Yes
Yes
no
yes
Yes
no
I believed I need more hands on training in handling Third Party rejections.
Yes
Yes and given the opportunity to do the work repetitively.
Yes
yes
Everything I learned about compounding is not enforced in a retail setting pharmacy, it would be nice to be able to keep practice compounding techniques even while in retail in case I decide to switch to a just compounding facility. Also continued education classes are necessary.
No. The computer modules estimate much shorter times than what is reasonable to actually learn the topic. Most people learn best with on-hand training, but there is no time due to workload and budget cuts
Yes
Yes, we have what is called U-Learns to assist with continued education.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?

I believe there is more then enough training and thankful for it.

Yes

Yes

yes

Yes I do believe that 100 %

Yes

yes

yes, It is always being updated to ensure we are up to date with all laws regulations and compliances and if any questinos are of concern they do address it to leave no unanswered questions for technicians to be aware of.

Yes

yes

yes

yes

Yes

yes

yes

yes

yes

yes mostly but i would like some more experience with compounding

yes

Yes

yes

Absolutely. Yes.

Yes.

yes

yes

yes

Yes since I been practice for more than 15 years.

Yes

Yes

yes, Optum has had amazing training and has showed us how to comply with all laws and still perform the duties required. Never have a had another job and in the pharmacy field who protects patient information.

Yes

Yes, there is CBT done yearly to be on track on these issues

yes

Yes

Compound does not apply to our store. Other education is provided online along with testing to ensure we have understood, but every year is the same information.

Yes, we had and have appropriate training to perform all of the duties specied. Our company is very great with teaching us techs/pharmacist the laws/regulations of being in the pharmaceutical industry.

Yes.

Yes

Yes i have been trained by many pharmacy managers who have taught me all the correct ways of doing work that i now train any new hires

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
No
Yes
Yes I recently took PCTE Course help me understand policies procedures and medications
Yes, compounding.
We do not compound medications or touch medications . We follow hipa guidelines
No
yes only no to compounding we do not do that at our pharmacy
Yes
Yes but also that is why you should go to school to learn the basics and then once working at the pharmacy them showing you how they work on that pharmacy.
Yes
We technicians don't do compounding in the outpatient pharmacies, however , I do feel that I can do the rest of the things mentioned in the question with full compliance.
Yes.
I have the appropriate training from my company
Yes
Yes we dont do compounding at riteaid
No, each of those mentioned above should have a technician assigned, phar oper tech, HIPPA tech, and compounding tech.. it will give each technician a chance to become a professional in each area.
No, in retail pharmacy is fast paste environment, trainings like compounding is time consuming. Which most of the time rph just mixed or compound it themselves because faster and feel peace of mine from easy mistakes by technician.
Yes
yes
Yes
Yes. I didn't work at a compounding location so I didn't use that information much.
We don't receive any additional training here at rite aid. They basically just throw us new tasks and we learn as we go.
Yes
No, the company does not provide us time to due proper training.
No
Needs work
Yes
Absolutely Not!!!!
Yes
No
No
Yes
Yes to training and education but no to being aloud to practice the skills taught.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
No
No
Yes
No
No. We need more computer training.
No, yes, yes , yes
Yes
n/a
Yes
Yes
yes
I believe my job training and education gives more than enough knowledge to perform my duties.
YES BEEN IN HEALTHCARE FOR 20 YEARS
Yes
Yes I believe I do. We have months long training and refresher to keep us up to date on all procedures.
no
Yes
No but that is a Raleys issue
yes
yes
My employer is very litigious. We receive repeated training on health, safety, and compliance.
Yes
Yes, Our instructor was excellent. But it is necessary more practices.
Yes
Yes
My current position does not provide direct patient care, drug processing or compounding. I did receive a lot of training regarding compliance in my role and HIPAA expectations.
Yes
Yes, I do have. My colleagues do not.
Yes
Yes.
yes
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
yes
Yes
yes on all but compounding.
yes
yes
yes
Yes
Yes though I think technician training lacks on providing adequate training for compounding
Yes I most definitely agreed. The 9 month of school and hard work/studying paid off.
Yes I do believe I have enough job training. We are HIPAA compliant because we do all the yearly tests and training that are required and are up-to-date with the laws. I don't do any compounding whatsoever.
yes
yes. we safety work from home without having anyone around us. we can freely talk to patients without having the noise of other conversations going on in the office.
yes
Yes
Yes
As a tech with over 20 years experience I would say yes,however new hires have been thrown to the wolves because it's too busy to train them.
Education yes on the job training no
No
Yes
Yes
I do not.
No, not at all. I am still learning as I go.
Yes
No
Yes I do but I've been a technician for more than 30 years
Yes
Yes
yes
No
Y
no
Yes
I do, but I got my training with the US Air Force. I do not believe grandfathered Technicians do.
no, depend where you work.. hospital maybe. community suck.. it all about kpi. corporate greed
Yes
Yes but could benefit from REAL, FREE CEU course offerings
Yes
yes I do
Yes
yes
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Book training and on the job training are two different things. It isn't until you are doing the tasks day to day that you really learn and grasp them. On the job we could use more (in house) tutorials
Yes
Yes
Okay trainings at Rite Aid have become a whole different monster. I stand at a register or computer simultaneously doing computer trainings and filling or typing prescriptions every week. There is no down time to sit down and listen/watch these trainings while on the clock. We are always short staffed.
Yes, my training and courses both covered everything I would need to know book-wise. My on the job training is very limited, so I lack the hands on experience with compounding (creams, ointments, IVs, etc.)
yes, absolutely. we are required to take learn courses that goes over material like operations, laws, HIPAA, compliance. the company also provides all of the equipment needed to be successful. they even pay for an encrypted private internet line we use to log into our system. high security.
yes
No
Yes
Yes
Yes
Yes
Yea
Yes.
Yes
Yes I do
I do believe now, over many years of pharmacy experience yes, but for most new trainee it is just throwing down the field with minimum time for training, which burdens to the other techs to teach them.
No
Yes
Depends on the store and company. Some are train better than others.
Yes. Could use more formal and longer immunization classes to properly prepare technicians
Yes
Not in compounding and insurance
Absolutely
Yes
Yes. Although I do wish there were specific certifications for non sterile compounding and that relevant job experience within the sub genre of pharmacy was not necessary for certification. I believe it limits the ability of the technician in their conquest for continuing education and higher pay because most jobs require some type of knowledge to be hired to compound but then the compounding certification requires job experience to get certified it is a catch-22.
No definitely not at chain pharmacies , most techs there have never been properly trained or educated. The company does not allow for pharmacy employees to even listen to their training videos properly, they have to let them play while working across the pharmacy no where able to hear the training.
Yes and no.
Yes
Yes
No

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Yes
Yes
Yes
Yes
No. Different companies and institutions perform pharmacy operations differently, and the preferences in operations and duties to maintain compliance with law and HIPAA compliance.
I guess.
me specifically, yes
Yes, but I feel that the laws that we are to adhere by need to be a lot clearer in explanation. There are too many gray areas that we have to question if what we are doing is correct.
Yes
yes
I taught at Institute of Technology for 5 years and have worked in pharmacy for 35 years. The on the job training was superior to the course training available that spends months on pharmacology that the technician will never use. They need more training in practical pharmacy application.
Yes
Everything but compounding.
Not applicable, but from what I have witnessed, there is a wide variation in the type of training and education TCH's have. Much of which seems to come by on the job training. For TCH's who compound, there should be additional educational and credentialing requirements in place.
Yes
Yes
Depending on site/ pharmacy setting- personally think on the job training site needs to be certified and monitored by BOP or organizations such as PTCB/ ASHP to ensure the on-the job training and education are indeed appropriate
Yes
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
hands on training
compounding and pharmacy operation.
I am an military trained tech. I KNOW that most techs are not trained nearly as well as they should be for the safety of the patient or the benefit of the RPh. Or the industry in general.
I taught myself how do to things
Just mixing antibiotic and typing/billing....calling insurance
I received on the job web based training which worked well with my retail pharmacy environment but a different kind of pharmacy should require something more hands on
I think each facility needs to explain that facilities pharmacy operation to every new employee refresher because from my experience every place is different
Pharmacy tech school and PTCB
Regularly asking the whys and hows during my time under many great senior technicians and pharmacists allowed me to learn outside a school or training course.
At least a week at each que.
One on one training. Especially at your own store. I was trained at another pharmacy where there were more than 3 people. It was more like 6 plus the pharmacist.
I receive 1 month of training and 5 month with guidance before being independent
I went to a vocational school but learned more while working
On the job training and external courses. More training in compounding is warrented if scope grew to include more types of compounding.
although on the job training is very good, it is specific to that one pharmacy. the laws are the same, but often the methods vary from pharmacy to pharmacy. Pharm Tech schools provide general knowledge and teach best practices that can be adapted to an environment. The distinction between laws and procedures is more clearly understood when a technician has attended an approved course of study outside of a specific pharmacy.
None
20 years on the job while supervised by a dedicated pharmacist
Hazardous waste training, HIPAA, Laws & Regulations
We need to be updated on any new policies or procedures that have to do on handling control medications
OTJ
Everything except compounding
on the job training
Six week intense class for certification and license
On the job. For Covid immunization online training and on the job practice with saline on fellow technicians with pharmacist watching
Went to pharmacy tech classes at Cerritos College and had years of on the job training
Annual compliance trainings, hipaa and osha annual trainings on top of sexual harassment
OTJ training, courses online, CPhT training
My entire training was a hands on course with CVS pharmacy.
A complete Pharmacology lesson plan, but I believe my externship was the most beneficial tool besides the obvious S.O.P. when filling a script.
I was an out patient tech so I came to clin ops with customer service skills, problem solving skills, benefit skills, and the others in the clinic do not have those. I had to ask around a lot of extra information to be better at the job

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
I completed the training program at CVS. It wasn't easy because my particular pharmacy was very busy
job description training
I recieved training through a technician program as well as on the job which I believe gave me the necessary preparation before I began to work. Many technicians who get training solely on the job can't last in the field because they become overwhelmed and lack the necessary knowledge to perform tasks effectively.
I had vaccination training through my job only
Comprehensive PTCB plus additional yearly training as required
I started working in pharmacy in 1978. I learned compounding and retail. I worked at Raley's for 16 years and also Dignity Health for 2 years. I managed a retail and closed door pharmacy for 10 years. I taught Pharmacy Tech for Institute of Technology for 5 years and ran a ROP program.
Classroom
REGULAR
I was grandfathered in as a tech
I got on the job training, classes run via my workplace, and learning modules. On the job training with an actual trainer was the most beneficial learning experience I had in learning to be a pharmacy technician.
Compliance, on the job
CE thru Pharmacy Technician Letter and no other training. More needed to be appropriate.
IMMUNIZATIONS training
Life of experience. Have been doing my job for over 20 years
Appropriate training would be days designed for training purposes. Not just "on the spot" training
I have training in both retail and compounding pharmacies
on the job
pharmacy technician program
na
CVS pharmacy technician training
I received on the job hands on training. First hand look at what is required to be in pharmacy. Even when learning about certain duties not authorized yet to do, back seat learning was essential.
All the training necessary
School and courses from the corporation that hired me.
Vocational school and externship
I think more training is needed
Pharmacy techs aren't paid enough.
CE
I passed an accredited course and then did an externship prior to starting work in a pharmacy. I also am nationally certified by the ptcb. I take additional course every year on line and at national meetings.
I was trained in every aspect; filling, typing, pulling, inventory restock, registers, hipaa and customer service.
On the job training, pharmacy Technician letter
Pharmacists helped in my training.
Healthmart
I received a good train
Meeting, training courses, email communication by company to employees, continuing education (CPhT), email from board pharmacy
I received appropriate training, however, each pharmacy chain operates differently

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
I believe knowing the laws would be helpful. Knowing the pharmacist is only doing what he wants. Not what's good for the pharmacy. Pharmacist need to be held accountable. I would like more insurance training. How to bill medications?
I went to a vocational school. I have also been with my company for 10 years and a lot of the information you need to know just takes on-the-job experience.
I would love for job search to include training locations for work. Specially some jobs not training at all at thier locations.
Daily guidance and training while performing the duties related to pharmacy.
step by step , one on one training manual
On the job training
Pharmacology, Moral and ethics, HIPPA, Compliance with Polices, Rule and Regulations, Law applied to pharmacists, Federal & State law, applied to healthcare indusry, basic math, customer service skill,
In terms of school, it was fine. Everything else is so specific to individual jobs.
Hands on training, on the job training and computer based learning. I think these are very effective
I think going to pharmacy school is best and on the job training
Yearly and monthly tests that require me to be on top of state laws and in compliance with HIPPA regulations
osmosis
Online line training only. Need hands on training.
Certificates
Continued CE
On the job training and training modules
I took a 2 year course taught by a pharmacist
In person walk through
I went directly from school into my internship and I continued working at that location after my internship was completed. I received on the job training for pick up and drop off. I also received on the job training for fill prescriptions.
Compound
Processing incoming prescriptions, filling, putting medications in appropriate areas. Providing customer service, answering phones. Typing and spelling correctly.
Online primarily
Ce credits
I was not given enough training regarding handling of patient insurance cards
On the job training
Pharm law
I have an actual pharmacy diploma and was trained for hospital and retail setting
Taking some type of course
learning the program and doing certain small steps to protect HIPAA
in house
I am Board Certified, as well as Nationally Certified. I have taken a Compounding Certification course, and have a certificate in Veterinary Pharmacology. I think all Technicians should be Nationally Certified b/c of the additional training/knowledge.
I think being a cpht should be required to put pills in bottles. State certified techs don't even take the time to learn what acetaminophen is
We have monthly training in different subjects

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
USAF
On the job
Labeling
I did my technician course through school but also had CBTs through my employer which were helpful and I believe the hands on training is where you learn the most.
Hands on continuing education classes at local health offices
8 hour paid training
Proper retention of training requires patient and knowledgeable trainers. This is not always the case when trained due to high turnovers and improper staffing
We received group online training.
Schooling
I am national certified but I think Virtual learning courses that can be done from work or at home for parents with young children. Most companies make The new hire technicians complete the virtual courses at work which makes it hard for working parents with young children
Not at all. You just jump into the meat grinder and try to survive.
I received otj training and modules from a corporation along with guidance from senior techs and pharmacists
Hospital compounding pharmacy
I was grandfathered in and learned on the job. I was only as good as the training my Pharmacist was willing to give and allow at that time. Now, the Pharmacists don't want to do anything and get paid 2/3's more than a technician. Who bears the weight of the physical and the mental duties of the pharmacy.
Continuing education to re-up my national certification.
In CVS, we have a lot of training on continuous basis
Certificate mills that pharmacy technician schools hour I do see as a necessary evil but it could be better I did not learn much of anything until I was actually hands on
On-site and web training
My training was appropriate and was a mix of traditional retail and compounding knowledge as well as HIPAA and other important standard training
computer based training, c.e.'s, and on the job training
I believe Technicians can receive additional trainings (specific to specialty areas) and work within standardized protocols to effectively take supportive roles in the Ambulatory Care setting.
Theoretical training and experience
School and on the job training
We received hipaa review, annual information privacy and security training, health care fraud, waste, and abuse and code of conduct, and additional online training if needed
HIPPA
additional certifications
On-the-job training as well as online material.
Program that provided training courses online
Shadowing an experienced tech, direct pharmacist supervision on new tasks.
A.S. Pharmacy from a junior college
I believe PTs should require CE
Daily conversational training from technician and pharmacist, on line corporate training, PTCB online training
The pharmacist was training me for about 2-3 weeks (filling, sorting out, stocking)
Web based training

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
We receiving annual training for all of the above which provide resources should we have follow up beyond the training itself
I was trained in the pharmacy
Mostly on the job, and self study. Other duties that require more help from an experienced tech is given reluctantly or not at all. So, having an experienced tech available for helping/ training on more difficult projects would be great.
NPTA Course
Na
Hands on training and being able to experience a pharmacy setting.
on the job training
Hipaa training, and on the job training.
I had only received training for pulling the medication because I just started working in a pharmacy also, they need to give us some more rights to do alit more than what we are doing know as a Tech
N/a
No comment
Computer based training and guidance if requested for hands on or questions.
Hipaa
HIPAA compliance
Hands on training is always the best
Production and drop off
I have done extensive training in my field of expertise (compounding and leadership) and I believe we need more training opportunities like this offered
on-the-job training
On the job training overseen by a senior technician or pharmacist
Received vocational training from WVOC. Would like refresher courses to be available for folks who are returning to the pharmacy tech position.
Online & hands on training...
I have received online and in-person training. I would like to add at-home or group study as an option.
-warehouse: count, sort, fill, and packet meds.; fill a form if drug(s) are out of stock, compound meds., pull off and put back drugs from shelves, input data of the prescriptions filled into the computer to print label, always clean work area and tools every day and when handling new meds each time -observant: field trips to pharmacies to get the feel of the environment. duties, and status -clinic: greet customers, little inventory, count, sort, fill, and packet meds.; notify senior PT of out of stock(s), compound meds., pull off and put back drugs from shelves, input data of the prescriptions filled into the computer to print label, operative services, check-in patients/customers, receive boxes of meds and restock meds, always clean work area and tools every day and when handling new meds each time
Continuing education, on-the-job training and learning, learning modules and courses
learn source
In class, online, in person.
I learned how to give shots to both adults and children in a matter of a week through videos. We should just have YouTube train us on how to become doctors
Online courses
U-learns, and one on ones with those who specialize with the assistance needed.
I received on the job training and work from home training, on top of classes before starting my first position.
data entry, prescription processing, state reulations

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
PTCB National Certification
we always learning resources availbale to us and learnsources training frequently via internet
Appropriate training would be know the basics of pharmacy tech duties and as far as the training OptumRx (where I work) brought more than enough training provided on the very first day of the job
I trained to work many queues while I am working from home and there is no different if I work from office it is same result
i received training through microsoft teams
documentation of any updates being done for medications or procedures of handling medications.
HIPPA compliance, processing prescriptions correctly, and phone training
communications(written) zoom meetings/ interaction
I receive both hands on and over shadowing training
I have received all different types of training including the ones above and i think they are all appropraite and happy that optumrx provides that for us all
If working from home, online training is more than enough to operate pharmacy technician duties with less supers vising.
did a month long training with company
i received DE, Tech exp, pcc, MD tech line
i had my ptcb training on-line working from home and did very well. I also passed my ptcb exam
I received most training on the job
my training has been sufficient
ongoing updates
i received a 5 week in person training on everything i need to be successful in my role
all of it
I received both in class and hands on training. 'Refresher' courses would be beneficial to answer any technician questions regarding procedures, legislature and general material.
On the job training as well as CE courses
Extensive training is provided for new hires (4-6 weeks) that goes over the system we use to process the prescriptions. There are modules dedicated for HIPAA compliance (we don't do compounding at our pharmacy).
class room training as well as ample communications to access on these subjects.
HIPAA, pharmacy operations
I like to read into pharmacy law and regulations to keep myself up to day with all the new changes. I also try to use resources like vendor websites etc to double check on drugs to make sure they are interchangeable by using the orange book classification etc since our company computer are not that reliable.
All of the above excluding compounding...we do not compound in our pharmacy
At got very little training at CVS , they were always busy and had no time for training, some employees are very kind and helped me to learn on the spot .
Included in our 6 week training we went over training online and we have JOB AIDS that have been reviewed and our available for us to see at anytime to keep patient information private. We also work in a closed door room with no one to see during ours work hours
The training I received was like a class you take at a College that goes over in detail on how to do the job and to utilize the proper resources for situations you are unsure of.
I received yearly CBT training. I think a direct training focusing on practical will help.
Pharmacy rules and regulations

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
On the job, Covid 19 injection training, Hippa and cpr
Yearly education is on bloodborn pathogens, Medicare B, HIPAA. I think education on updates of medications and all law surrounding the pharmacy should be provided.
We received all virtual training which taught us HIPAA compliance laws, situations, what information technicians can receive and give out to patients or if it requires a pharmacist's authorization we transfer calls to them in order to fulfill the patient's requests without going out of our HIPAA/privacy protocols. We also have been trained on what to do when we are moving away from our work computers which will help protect our company/patient privacy at all times. We have computer cards that can only be accessed by technicians individually with a code and once removed, our computers shut off into the main screen so no information is shown to anyone. We were properly trained to work these protocols for every moment we are not near our work computers.
We receive on the job training via webinar, or email, etc
On the job training as well as CE type training
All basic and extensive pharmacy tech training to be a lead pharmacy tech and train all new hires including techs and pharmacists
The majority of my training was for the grocery store and not enough for the pharmacy.
Training on per areas of production.
PCTE
We have continues training at the pharmacy
Office setting no medication filling performed
4 weeks training
when i was at school i felt i did not get the proper training i have gotten hands on felt that i waste my time in school, though when i got my 1st pharmacy job and got the proper training was so happy and was excited to learn new things everyday im now in my 13 years as a pharmacy only 9 been a tech and working remote and love it
Training for administering vaccinations of course after receiving Training pass exam for eligibility
I went to technical school to get my certification and license and in my opinion it was the best decision i made. Got to learn all the basics, how to perform the math and also compounding certification.
On the job training, company online courses (with time to complete while not doing other tasks)
Modules , schooling, laws, etc. All explain compliance in it's completeness
On-the-job and continuing education.
I received training on the laws and regulations as well as how to keep the highest level of quality to the patient when filling their medication
HIPPA
We do alot of insurance and medical and Medicare, diagnose code PA It would be nice be trained on these codes.
Web training, research on their own, on the job with a professional in each of those areas
Vaccination and compounding
I receive HIPPA training and receive the training annually
i dont know
All the required yearly trainings
I received minimal training through the CVS program and learned majority of my stuff once I did the hours in the pharmacy. I learned significantly more information that way than through the virtual classes. Hands on training is definitely the most important and valuable training for pharmacy
No additional training.
College certificate

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
Computer modules, not appropriate because there's no one that can answer questions when we do ask. Big problem is they have techs training in areas that techs have no business being in. For example, we train on western union protocols when that's not offered in the pharmacy. Or why train on control box protocols when techs can not file anything in those boxes. All I'm saying is training on tech specific duties and knowledge is needed rather than training in all areas of business that don't require techs to due.
School and work videos
More teacher student training appose to computer training
We get electronic lectures on the law of pharmacy and proper dispensing etiquette
I did receive any real on the job training it was learn as you go, which was stressful.
I've been on the job for about 33 years and was thoroughly trained from the beginning but I do see for new hires are not properly trained
None . CVS throws employees in and they learn as they can
We have training but not enough staff to work safely . Everything is rush
Rite aid training
Hands on training and 7 month pharmacy technician program
So far all trainings
compounding
basic laws. basic trade/generics. most other training best done on the job
experience
Computer based training and on the job experiences that no computer training can prepare you for
I was trained in store many years ago and receive training as needed to keep up with technology and new laws.
A designated trainer. Not a technician that is already too busy to stop working to train.
Basic training
Kaiser
None
Computer
I always appreciate hands on training but do encourage the company to create at home jobs , for example; everything in the queues can be done from home exempt filling prescription bottles ect
Certificate for administering vaccines
n/!
Computer based training
16 years of in office training
yes, because I received virtual training and it was so easy and fast to learn it was very beneficial
I completed a 2 year pharmacy tech program at a community college
MA IN HEALTHCARE
what ever training the company provides
Hippa training
on the job training and CE courses
ptcb test
All of the refresher training we receive yearly and if anything new arises we are trained via teams and the training is sufficient.
On the job. Years of experience. CE on a regular basis.
HIPAA, pharmacy operations (register, processing, filling, etc), inventory and stock
I have all training that has to do with the pharmacy

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
I had a month long training and always have refreshers on everything and we are always up to date with all state laws.
little to none, it was not appropriate
I feel PTCB gives great training opportunities
Computer modules that covered hipaa and pse but I have to figure everything else out through trial and error
full training
training on new medications
Walmart probably has the best training programs for compliance, health, and safety. They also have required training modules as to how to perform pharmacy duties. It's a handbook which engages your visual and auditory learning. You must complete a comprehension exam before continuing.
Received OTJ training
Yes I have had some training
Compounding
Went to college for training, did an internship, and complete CE lessons every 2 years
Upon hire we are trained on the safety of working in the pharmacy. We perform FWA, HIPAA and many other trainings before performing our duties. Routine and ongoing training are used and available.
Calculate doses, prepare solutions, sterile drug preparation.
CE and training provided by employer
Continuing education credits that include hands on training not just videos.
Virtual, online modules, hands on training, research and development of my own skills.
On the job
I attended an actual program. CVS in store "training" to become a new tech is a hazard.
We have a set training class and up skilled classes as well. Our work provides resources and job aids to assist and keep up to date all processes.
On the job (Clerk for 1 year then CPhT after self study and taking the PTCE)
in store training
HIPpa training, processing training. CEs to upkeep my license
virtual training in a class environment, training tutorials and programs
Too broad of a question, this needs to be broken down into specific areas of pharmacy i.e. retail, specialty, inpatient, etc.
Compounding was taught with the program i attended, but did not practice in the pharmacy.
Advanced certificates in Med rec, Virtual verification, Drug diversion and billing are all related to my inpatient work. However, very little of my advanced training is used in my 25 years continual retail experience
finished the training program for pharmacy tech in college and have CPhT, also taking CE courses
everything with Tech duties
Hands on beside school is important
I was trained in military. I believe the current programs do fairly well but should focus more on medications and usage of them and interactions and less on knowing disease states.
Shadowing, which is like tech watch tech and learn visually.
If any technician is involved in compounding, they should receive extensive training before they are given such a huge task and responsibility. They should be under constant supervision to make sure the patient gets the correct medication and dosage.
hipaa and processing rx's and pharmacy operations

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
we train via webex
on the job
Constant refreshers and general job trainings
Continuous online yearly training for HIPAA and company policy's to protect members
5 years on the job as a clerk at retail pharmacy, applied for tech license then took certified test after 2 years without formal study
Pharmacy is a busy place trying to get the training is impossible. You start and ask questions
On the job training. Needs to be a standard training across all California
Hands on training is the best, but having videos and quizzes helped too.
18 month program and 1 year of internship 7 years of employment working as a pharmacy tech
I have not received training, but I would have training on billing insurance and using the pharmacy's software.
I think there should be mandatory information given to all techs when they get their license.
Team, Hipaa, new software, compliance
COMPUTER TRAINING IN EVERY ASPECT!!
On the job training is what I received
Company training. On the job training. Daily company updates. Technician for 26 years.
graduate from accredited school pharmacy and accredited Continuing Education online.
We have access to a websife where all procedure are outlined
1. Received online training for HIPPA, Fraud waste and abuse. 2. Need training. Why things are done a certain way and not just "this is how you do it", how a pharmacy operates and runs will help a tech better understand of why certain things are done in a particular way. 3. Billing and reimbursement. 4. Billing and Reimbursement / P/A's 5. Supply chain / chain of custody requirements
yearly training by the board of pharmacy and that are affordable!
Pharmacy technician school and monthly computer based training. I do think it would be appropriate to have an in person refresher course available at least once a yeas
US Air Force
none, it depend where you work
Understanding that we can't be talking about other people's information to another patient . Or going in the person's personal profile for our needs.
Initial and monthly/yearly refreshers
Annual compliance, Health & Safety, etc
I did classroom work to become certified then 150 hours of externship with a retail pharmacy under the direct supervision of a Pharmacist. The rest of my training was hands on with a large PBM
Hands on training.
quarterly learnsources and quizzes
PowerPoint; we can always go back to a website where they have all the PowerPoints and Job aids listed
Just on the job from other technicians. It was fine but even after years there you are still learning
Compliance program training that include all of those topics.
I haven't had a job at retail pharmacy yet.
Time away from the pharmacy in a separate area for learning. COVID has taken over our world. This is not the same pharmacy as it was five years ago. The population is growing and there is zero down time. Please take a moment to visit local high volume pharmacies to get an actual idea. Those "regional" chain managers and directors are all lying to you. It is a complete mess at the store front.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
I feel that the free courses through employers are adequate for the work you will be doing there, but fail at preparing you for any other kind of pharmacy (ex: rental pays for course, you go to hospital unprepared). Unfortunately, I don't see a way around this, but also don't see a reason to accommodate it. New jobs/careers tend to start you off in on the job training anyways.
I received many different training including processing, handling clarifications, processing claims, prior authorizations, researching claims, faxing md offices. everything it takes to get the prescription to the finish line we are trained in.
hands on training
I think more training on medication compounding is needed and/or appropriate.
By RPH instructor training school of pharmacy.
20 years hands on
Immunization training
Work program
Reconstituted rx
Pharmacy law
I took a one year course to be trained as a pharmacy technician.
Yearly online training at work
I had some training hours in class and a lot of physical training on the job site including modules
Initial training was done so long ago, I do not recall, but ongoing training and modules are done with limited time, just enough to keep clicking while doing multiple other tasks. I do appreciate some small chain pharmacies the give enough time for their training, but some are horrible, they even do not honor the time limits actually stated by the Learning department, like the module says will take 30 minutes to read or do, we are forced to do it in 10 to 15 minutes.
All hands on
I had worked as a pharmacy technician for about 10 years in the past. I took a hiatus in order to raise my family. All my training was on the job training. I used number of hours worked to complete my certification.
School and on Job
Ptcb classes but it was short
NA
I attended pharmacy tech school and have ptcb certification and should be required for all
USN Pharm tech school. I have reservations regarding some current pharm tech programs' integrity.
Seminars pertaining to compounding
I recieved self study training of my own accord to become a technician. I went through a rite aid training program. I had a lot of on the job training as well as reading materials and some online training modules.
I personally attended a pharmacy tech school but that's rare at chain stores
Training revied for immunizing techs was and is a joke. 3 hour online class and no practical (we were allowed and required to administer a total of 3 injections before being assigned as public health workers) . This should not qualify anyone to immunize.
All of the above
For compounding I think is needed more training. Regular retail training is fine
Attentive one to one or classroom
On the job training and on hands
hands on training and classes through cvs pharmacy
All of our training and refreshers are approuate

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q6 What type of training did you receive or do you think is appropriate?

I think it depends on the setting in which the technician is employed to determine appropriate training. A Licensed Technician is required to test for the position with some employers. Is a Licensed Pharmacist required to test for each employer with their license?

Been at it too long to say...

Typing, and filling; thanks to CBD college (Mr. Stewart and Ms. hernandez)

My initial training consisted of college courses.

Bi annual training

material training for the ptcb test, on site training, CE training, etc.

I taught to the Pharmacy State Board exam for 5 years. I was grandfathered in in 1978. My pharmacy tech license is 169. I have worked retail and hospital as well as closed door. believe that the internships need to be longer. Most technicians can not even pronounce the medication names. The current program needs more practical hands on experience.

More training on some things that a pharmacist can do.

On the job hours is the best training.

My training was different than most as I started out in nursing school and changed to pharmacy, so I have a deeper education in physical sciences, disease states and pharmacology. I also did a self-directed internship at a nonprofit community health center dispensary for 13 months before I took my first pharmacy job. I had the benefit of working closely with medical, dental and pharmacy staff in collaboration. I learned a lot.

Online

School, PTCB CEs

Sterile and non-sterile compounding, hands on experience to practice what learners have already learned in their training/ education programs

I received in-person training and online CBL's

I received HIPAA training at my current job. That should need to be Tech Specific and reviewed yearly.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
yes
yes
NO! Pharmacists receive standardized training and are able to choose their practice setting. Techs should as well. It would improve and elevate the profession as a whole. Companies should embrace this and not suppress the advancement of technicians. As the country's population ages well trained technicians will become more essential.
No
No
Yes
Yes
No
Yes?
Yes
Yes, however a general overview of the various tasks in a practice setting is required.
No. cross training to be able to perform multiple functions is crucial.
No
yes
Yes and no. I feel all technicians should learn the same things so they can be a better team and not have favoritism.
Yes, I feel more confident when I am familiar with the appropriate protocols regarding policies, even with appropriate customer service policies
Yes.
Yes
yes
Unsure
Yes
No, for technicians, unless IV was acquired in school. Yes, for pharmacists!
yes.
I think a tech should be trained in all tech functions at the given pharmacy they work in. A well rounded technician is a good tech
yed
No we are taught a broad range of pharmacy skills. However the skills for inpatient settings tend to be not as detailed as outpatient due to the fact that we usually have to start in a retail setting.
That's correct
Yes
Absolutely, going from retail to hospital is vastly different. The technician needs to be versed in a different drug list. The technician is not going to be able to be dependent on computers to do the thinking. Its surprising how much we depend on the computer to fill in the blanks, often in hospital environment the technician needs to know the information and math. This is the same with compounding.
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
YES
Yes
Yes and no. There are broad areas such as preparing IVs that a non-hospital technician will never need. But in most cases, learning about all the functions and interconnectivity helps one have better context and understand where one fits within the process.
No
To be vital in all aspectsof pharmacy each technician needs to get a basic level of on the job training in all areas : law, medication history and reconciliation, medication safety, insurance billing practices, compounding, injectables and infusion, enteral nutrition, durable medical equipment, inventory control, etc. If the technician main job duties fall in one of those focuses then the employer should provided indepth training on the topic.
yes
Yes because I would like to be adequately trained for all aspects of pharmacy
Yes
Yes
Yes
Yes
Pharmacy techs aren't paid enough.
No
No. I prefer more versatile training that allows me to move across pharmacy functions. That makes me stronger as a tech.
Yes
Yes
Yes
It depends on how the person is active and focused on the job also perform
Yes, 100%
Yes.
It shouldn't it . That's the problem. The technicians are not being trained or paid enough for all that they do.
Yes
sure
Yes
at our stations yes , each station covers different roles.
Yes
Yes, I do.
I don't really understand the question. Do we need different school? No. Your job can train you.
Yes depending on the functions being performed would decide which type of training would be best
Yes
No trainings cover the bare minimum to pass as satisfactory, there is not type of challenge that makes CPhT's feel as they are making a change with patient care.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
yes
Yes
Yes ...and pay
No
Yes
Yes. A pharmacy technician has to be proficient in every area of the Pharmacy.
No
Yes
no
yes
Yes. But I also believe that monetary compensation should also be upgraded with the added knowledge/certifications.
Yes but the other way around
Not really
No because the pharmacy will eventually have you doing most functions allowed by law anyways
Yes
Some times
I believe that as a technician we wear many hats and we are trained in school for only a few of these. Most things we learn once we are in the field.
Yes
No
Yes
Yes because each process can be different.
Yes
Yes. To be able to learn something you also have to be able to perform that task
Sure
unsure
Yes
It's the same story. The more you do something the better you get. If you like it you will perform even better.
No.
no
Definitely yes
Yes
Somewhat we just somewhat recently were allowed to train an do immunization but this was due to the pandemic I believe we could do more given the chance
all techs should be all trained to the same standard

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes, I believe that basic Pharmacy Technician knowledge is sufficient in certain areas, but additional and specialized trainings should be required based on the level of service/functions performed.
Yes
Yes
Yes our company provides online training to help better our functions
Yea
Yes
Yes.
Yes
Yes
yes
Yes
Absolutely, retail vs compound vs hospital pharmacies vary greatly
No because eventually you start doing everything whether you revied training for that specific function or not
Yes as it should be.
No, all around training is appropriate
Yed
Yes spending too much time learning compounding when that will never be your function is a waste. Likewise not getting enough hands on trading for the projects you will be doing daily, weekly and monthly. Such as medical part B and diabetic testing supplies.
Yes
Yes
Yes
yes
Only if in a hospital setting. Hospital setting techs should have additional training.
I don't think so
Yes
No.. I believe it's the experience. More experience better knowledge in all fields of pharmacy
Yes
Yes
Yes
No. All training should be standard
Yes
I believed so...
Yes, and it should include any cross functions as allowed by the company and licensing.
No, if train well, do well. Train poor, do poor.
Yes
yes
Yes
Yes
no

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes
Yes
Yes
Yes, on the job experience/training increases the knowledge needed to preform daily functions and enhances capabilities.
yes
yes it definitely does, every employee has different roles but once again OptumRX brings enough if not more information about these roles/functions before starting
Yes
yes
Yes I strongly agree. Every step is necessary when being trained in order to maintain a high level of professionalism in the public eyes and behind the scenes.
Yes
Yes, although there is a general consensus for anyone who works in a pharmaceutical setting.
Yes, because each job function we do is a bit different. From billing to just regular Data entry. There's things we have to know.
yes
yes
yes
Yes
Not sure
Yes
yes of course without the training we received I wouldnt be able to perform my role, now I am fully able to complete everything on my own without supervision. Our jobs is at desk, never did the RPH come to our desk to see how we are doing as all communication is remote, vial email or headset call.
yes
No, I believe in general training because every technician functioning differently depending on the pharmacy
yes, where I work we do not handle compounding, so that would be something that I would have to learn.
Tes
No its just general
Yes, we get trained, we work from the basics, we continue being trained and then we continue to grow. Believe we all start from the basics and from there everything starts to make sense and we improve out production/numbers every day we are focused and willing to strive.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
No Hipparchus, privacy and security matters are trained across boards with the most importance
Yes
Yes because all pharmacy techs can do the basic pharmacy work but it takes a higher level tech to do more such as inventory management and being in charge of other techs and managing them to make sure the pharmacy staff is on par and doing the work thats needed to be done
Yes
Yes
Yes definitely
Yes
Yes
Yes
yes, every job area is different and training you can/allow to do
Yes
Yes but also knowing the basics on different areas of a pharmacy helps out alot.
Yes
No, we all have to pass the exam, we all know what's ethical and unethical. Knowing several things is a requirement for the job, as technician or pharmacist .
No. I believe all training needs to encompass all functions within our licensure and scope of practice.
yes
Yes
Yes
Yes
Yes,
No
yes
No
Yes
I think everyone in pharmacy should be trained the same so we can all do the same things correctly and work together.
Yes
Yes.
No
Yed
Yes
No, doesn't matter what functions you perform. But you should have levels of training for each place you work, because all places are not the same.
Yes
No
No
No
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes
Yes
No
Yes
No
yes
yes of course also, hands on helps
Yes
YES WHICH WE CAN WORK FROM HOME
Yes
Yes.
Yes
yes
Yes we get all the training we need for each job we perform.
yes
Yes and No. I think we must prepare best we can, regardless of the position you occupy, but whoever occupies positions of greater responsibility should be more qualified.
Yes
Yes
Yes. But, to ensure continued growth and the ability to move into different roles, training beyond your current job duties is needed.
Yes
Yes
Yes, the longer you have been working you become more knowledgeable in certain areas so after you're more experienced you can move to next level of training to do more.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes. Technicians in the retail setting versus technicians in the hospital and compounding setting should have different training.
yes
Yes. Pharmacy clerks In CA are able to process prescriptions just like a technician but are not required to do any type of training or license test. Technicians who work hands on with medication or compounds will require extra training to be compliant with safety and health regulations on top of the processing requirements
yes
Yes
yes
I don't think techs should be excluded from learning prior to working the functions. However, I do think that performing some functions should be determined by those techs who have completed the related training specific to the tasks (only able to check other techs after completing training)
yes
yes
Yes
If you are talking about on the job training, obviously. If you are talking about the initial training, no. I think everyone should receive same training initially and then have either work provided additional training or work with schools to provide additional training based on where the technician winds up working. I.E, sterile compounding, non sterile compounding, customer service
Yes
Yes the training would be different depending on what is expected of you. I would not want to get trained in compounding or in injectables for a hospital setting if that is not what I'm going to do. If I am going to work at a retail level, I should be learning what is most important.
yes
No
No, it should be standard. Everything you train for is ultimately for patients privacy and safety so nothing should be treated as one more important than the other, everything makes a piece and one piece missing can conclude in a mistake or patients safety on the line. So it is important that every training, everything that is done is done with purpose and it is done to a certain standard.
Yes
Yes. For example, the PTCB has a separate certification for sterile compounding. That is perfect for those going into the hospital field.
No.
yes, level of knowledge needed for performing job
No
Yes
I believe training is definitely important!
yes
yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes
N
yes
Yes I do.
Yes and I think those more qualified should be paid more.
no
I've learned so much within the last months I've worked in pharmacy. But I believe that what I know I can definitely show others what I know so they can learn too.
Yes
Yes
yes, because I never worked in the hospital setting, I would not need to know the role or function for those technicians and those who are in the hospital setting would not need to know the workings of a PBM
Yes
yes
Yes
Yes, but always key to have (in house tutorials) that allows a technician to access because sometimes you need to refresh how daily tasks on the computer are to be done. I think some techs don't ask because they get a bit of back lash if they have already been taught something. But, just a lesson that has quick access that allows them in store to follow it through. It really would help
No. The techs that were grandfathered in and the techs that are PTCB certified do the same work.
I hope I'll.
No, I believe everyone should be trained and informed on all functions in the pharmacy. It is the only way to build a prepared and well functioning team.
I don't really understand the question.
I believe there needs to be a standard of training for entry level techs. everyone should be coursed in the basics. after that is mastered then we can start training in different functions based on business needs.
yes
Yes I do
Yes, the better training the better performance.
Yea
Yes. Inpatient and outpatient pharmacies work completely differently.
Yes
Yes
Yes
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
An education in the fundamentals of inpatient and outpatient services - count & pour, dispensing, compounding, IV admixture, prepackaging, parenteral nutrition as a minimum standard. Adequate to include specialized material and equipment handling i.e. chemotherapeutics or radiological materials as OJT specific assignment within an entity's SOP and EH&S protocol.
Yes
Yes, there are different levels of knowledge required for different functions but every company is also different so even though you may know the formulas at one facility it might change if working at a different facility. But a good baseline of knowledge is key for basic retail pharmacy which is achieved through national certification.
It can
Yes
yee
Yes
The pharmacy technician can be in retail, clinic, hospital and insurance billing settings. The employment setting dictates on the job training being received. The question how do all technicians maintain industry standards from various industry levels?
Of course.
yes
Yes.
Yes
yes
Pharmacy has many functions. Retail, hospital, closed door, compound and the IV room as well as chemo. Since I taught for 5 years I feel qualified to state that the information in the programs is short of what happens in real life. The experience is lacking in the practical application of the job.
Yes
Yes
In my opinion, it shouldn't. TCH's are an integral part of pharmacy practice and need to have a very solid foundation to add value to the team, provide safe/effective support to their RPh's and act in the best interest of patients at all times.
The level of training is fine, but no one tells you that you will be paid the lowest they can go to save money. I would never have gone into being a tech if I knew I would be cheated the way I was.
Yes, but there should be opportunities for higher training. There should also be different requirements for different positions. For example, a Pharmacy manager should be required to have management experience and not just a license. Technicians who manage pharmacies should have additional credentials available for them to complete to differentiate from those who do not.
Yes- I strongly favor technician levels where experience, knowledge and professionalism of the learner are evaluated before they are able to complete more complicated/ advanced tasks in pharmacy
Yes
Yes

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
language barriers
adequate staffing, keeping drug knowledge and new guideline updated to ourselves, insufficient training provided at some workplaces.
HR underestimating my capabilities, low pay and ageism.
None
No help and overwhelming task since COVID started
Dealing with difficult customers
No one to show you a run down of how their pharmacy operates and give you a quick run through of what's their expectations and run through of example how their pharmacy operates each day
Pay that allows me to live in the state.
Understaffing and just a lack of standardized knowledge between pharmacies in retail chains. And options for techs in training or new techs to prove themselves as solid technicians/potential leaders
Not enough training. Not knowing what's expected of me. Insurance billing.
Paying for my license every other year. It's getting more and more expensive every time. Also not enough help in the pharmacy. Makes work environment stressed and miserable to work in.
When in office i had fear of contracting Covid
No career advancement as a Pharmacy Technician, more work, more responsibility. No wage increase or opportunity for advancement
Hourly budget cuts with same or increased workload and both expected and mandatory tasks.
one huge challenge is convincing people that what they hear on the "news" or other media is not always true. another challenge is the regulations regarding consultations.
Too busy
covid and other mysterious viruses
Rude pharmacists who do not know how to communicate with their team well, or to be a leader.
My company sometimes sacrifice good customer service for, I believe, profits, they cut hours which creates extra stress for techs and Pharmacist which at the same time triggers complaints from customers, this also may give chances for potential errors in processing prescriptions
N/A
Reading rx and trying to do customer service
Stress, due to a lack of help.
Billing issues
Having to do so much multi tasking because not being adequately staffed!
Staffing. Never enough workers
Understaffing and having resources from our managers and or open communication
The state just licenses anyone. You should have proper schooling before getting a license for any work in the pharmacy. Mistakes tend to happen more by those who used OJT to obtain a license
The 1:1 ratio is not appropriate today for the amount of prescriptions that need to be filled on a current daily basis.
Being judged as incompetent due to things outside of my control, or being the opposite to a stereotype!
there is no job description for clinops. I am listed as out patient tech. there are others that get paid more than I do and do less work. I do not handle drugs, or cash, and no rph in the room but I am not allowed to work from home
Customer satisfaction, rudeness from customers, intensity of workflow, and a steep learning curve
multiple tasks same time
Technician pay is so low that it's difficult to be able to have as a sole source of income. I have to work two jobs in order to pay rent. I also wish we had more chances to become knowledgeable in the clinical information about medications or vaccines.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Lack of coverage and no pharmacists
Having 1:1 ration for small community pharmacy
In retail, the constant problems with insurance and communication. In hospital, the level of responsibility and the requirement of being fast as well as 100 percent accuracy. In teaching Pharmacy Tech, the fact that its only possible to give an overview of whats expected of the technician. For retail, its all about the software and ability to type and think fast. In the hospital, its about knowing the drugs, and how to apply the math you learned, thinking fast as well as accuracy.
Mean and rude customers
PATIENTS
Counseling questions
Pharmacy staff are constantly forced to do too much with too little. Too few hours and staffing lead to backlog and inefficiencies and ultimately put the patients in danger.
Not enough staff to meet the demand. Pay does not show value of all a technician does, or enable me to care for my family
Mental fatigue, and lack of time and resources to complete more training to prepare for all tasks of my job
no enough people...we need MORE techs. Also a more liberal call outs policy... No written warnings when one need to call off out due to STRESS
Lack of support and backing by pharmacists
Having to meet certain company standards with limited staffing.
Language barriers
staffing , pay,
n/a
na
selecting the correct medication, and dealing with the rejections
Mostly typing up SIGs and even then it's really reading prescribers handwriting.
The problem of not receiving Rxs from the doctors or being NOT authorized to do transfers.
Getting all the work done on time when we have 1 shortage of staff.
Insufficient pay
Customers
Pharmacy techs aren't paid enough.
Under staff and pay
Insurance. This is one place I would enjoy additional training specific to California. Also handling PAs.
Not being properly valued. Technicians tend to do more work than even most pharmacist do in a day and are highly underpaid and undervalued in the healthcare community.
Increase tasks
I have none.
None
dealing whit customers when their medication is not covered by the insurance and convincing them.
Trying to find the solution how to help patients as they enter gap or do not have money for high copay medications
Compliance with State regulations. They are many and come up every so often.
Not enough resources. Not enough staffing. No support from management.
Metrics set by corporate! Even though they say they don't count them but they send daily emails with the info about who's not making it. Also the customers abuse! I work in a retail pharmacy and the customers can be really hard on us for things that are beyond our control. We don't have much support when it comes to defending ourselves against the verbal abuse.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Just finding a good safe job and be able to get to and from home without a car.
Qualified pharmacists, long hours, covid 19 environment
New duties added to our list that need to be done.
Very hard to survive with the low payment.. we deserve so much more with the work that we actually do
Learn medication classification
Overworked.
Having to wait for a pharmacist that is busy doing a lot of other things and doesn't have much time to do other tasks in a timely manner because they are too busy. Having doctor's office's waiting on the line for very long wait times because the pharmacist are busy. Other pharmacy's waiting on the line for a long time because pharmacist are too busy to give a copy for a transfer. Doctor's office waiting on hold for a long time to call in a new rx or to verify an rx.
Dealing with angry patients and also rude pharmacist
Biggest challenges I face is being under appreciated for the work that is provided , Technicians are very neglected and labeled expendable for the position , Too many RPH's make it a point that all technicians are replaceable and the position itself isn't of worth.
stress
Lack of staff/employees, and company is cutting staff/hours.
Customers and work overload
Compensation for responsibility
Staffing shortages and not enough hours provided
Not enough staff because the store doesn't give us enough hours. Many hours a week the pharmacist is left alone with no tech and no one comes when they call for back up
Lack of pay and stringent rules around working from home
Some of the biggest challenges I face are when the pharmacist is on lunch and I can't sell a new prescription or a prescription with a dose change.
No comment on this at this time
At the moment. Trying to have my license reinstated, lapse due to non payment because of covid-19.
Not enough technicians
Coverage
staff shortages
Working as a pharmacy retail technician the biggest challenge is the he said she said via patient and employee. Just because we're workers doesn't mean we have to take everything the patient throws at us and later on we have to get lectured by our supervisors. I understand have the most respect for the patient but technicians don't deserve to take in everything we get for the pay we get. At the end of the day, as technicians were trying to help patients and by helping patients we make the pharmacy aka the company look good
Dealing with nasty patients
Sterilization with covid
Need better support for pharmacy technician burn out
Most important is the pay. Pharmacy techs don't even get paid a quarter of what pharmacists make and we do most of the redundant work. It's the biggest challenge of trying to excel or advance within this career
finding a job
short staff
Getting paid what my education/experience says I am worth.
The tech to pharmacist ratio is not sufficient to meet the deadlines and metrics. Staff shortages.
Staffing
That there are some really bad pharmacy technicians and they aren't held to a real standard to be actually qualified to do the job

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Low pay, high license renewal fees, no RPH left behind rule not being followed (understaffed), taking on all the communities immunization needs
PTCB
Shortage in coverage, not enough pay, being left alone while pharmacists go to lunch and not being able to sell prescriptions is incredibly stressful
Bais and discrimination
Hazard pay, favoritism, overload of responsibilities for technicians. The pay and training for technicians is unacceptable.
Pressure from corporate and not enough staffing.
Some of the biggest challenges would to go back to working in office and not being able to process prescriptions from home anymore because of high gas prices. Most of my paycheck will go to gas and I won't be able to make a sustainable living.
Short staffed
Understaffing, low pay
Death
Patience of patients wear thin with insurance and with doctor offices lacking in basic upkeep and sending of maintenance rx. General changing insurance policies and lack of staffing, hours, pay increases, acceptable terms of working, and humanity on behalf of retail pharmacy employers.
Interruptions
Working retail is difficult because you see people at their worst after they waited for hours at the doctor's then expect their Rx to be ready. Usually most retail never have enough staff to keep up with the sheer number of Rx coming in. Or the legal amount of counter space.
Corporate pharmacy owners who care too much about faceless numbers over legitimate patient care.
low pay
Consistent hours Jobs that pay a living wage Respect for all of the time that pharmacy technicians dedicate to there job
Under value
Staffing limitations and wage equality
retail pharmacies struggle with lack of staffing
Working in unlicensed space in an Ambulatory setting. Only being able to be recognized as an Outpatient Pharmacy Technician, unable to have a Clinical/Ambulatory Technician job description because BOP only recognizes Inpatient or Outpatient Technicians in licensed Pharmacy spaces.
Short Staffing and underpay
Third party rejections
None
Retail companies not caring about patient safety and pharmacy employee responsibility. It's dangerous to let these retail stores continue to demand unrealistic expectations for their quotas and programs and not focus on orient care and safety. There needs to be more oversight in retail pharmacy companies and their operations.
Staff shortages
We should be able to pay for license renewal online via credit-debit cards.
Calculating insulin doses
Being respected as a vital part of the process.
Staffing levels. We need a legal minimum.
RPH that refuse to council (they just read the label), severe lack of schooling and training of other PTs, especially those with on-line license

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Physician orders vs Insurance formularies =patient frustration and increase cost
Pay I believe the pay is little for a pharmacy tech
The pharmacist to tech ratio, staffing needs.
Return to office work station
Not currently working
Not enough help. Having to go back and forth between multiple tasks before completing one task is at risk of making costly mistakes.
1 RPH = 1 tech filling With staffing shortages, this has become detrimental.
Constantly getting hours cut working for retail. It's never consistent and hardly pays well for the amount of stress it brings
Lack of staffing, stressful environment
anxiety in regards to patients
Staffing shortages.
I had not faced any of the problem yet.
None
Insurances and customer understanding of pharmacy law
Over worked due to lack of candidates in the field. Low pay for the roles that are put on the technician.
Co-worker
Low pay
Understaffed and underpaid.
Taking consideration on patients' need through calls
lack of compensation based on skills
insurance billing
Lack of staffing and lack of morale in the workplace
commute
Navigating the pharmacy computer system...
Sporadic and oft interrupted time for training.
-multitasking with no backups and staff shortages, especially on a busy day -understanding the programs and its layouts of each different pharmacies to read and input data: clinics, warehouses, and hospitals with minimal training
Hard to read hand-written prescriptions and incomplete prescription orders by doctor offices. Slow turnaround time from doctor offices when dealing with prior authorizations, change of drug requests. Medications being recalled. Medications becoming long-term out of stock.
process rxs
Trying to not make mistakes while there is a zoo of noise, phones, pharmacist and staff arguing and customers standing in a line, a drive through window and covid vaccinations.
Workload (data entry, filling prescriptions, inventory), phone calls (no call center to filter simple calls), staff shortages, budget cuts, low pay, being called a hero as a joke
Frequent law changes
No challenges with the workload. But not being able to work from home. As doing so is very cost efficient for both company and Pharmacy Technicians. The cost of renting the space, gas, and safety.
Currently, the back and forth working from home and back in the office. Having kids and the sickness level.
Unable to perform remote processing - commute and rise in gas price pose a challenge to come into the office
Learning how to maximize the performance of the database/tools provided to improve work flow etc.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
having to commute to wrk , with Covid always fluctuating is a big challange because we want to feel safe and do our wrk in a timely matter for the patients , and when people start missing wrk it put more stress on other team members , working from home has helped so much , and we never never feel left out we get the same acknowledgment as of working from the office
very few huge challenges are brought to me. It could be that a protocol or procedure is not being followed
going back to office it is very hard to me , so I prefer to stay working from home .
i currently do not have any challenges. i work for mail order pharmacy, and company provides us with different programs to use or job aids for many scenarios that we encounter.
The constant changes being done with medications from recalls, out of stock to the way some have to be written before typing them and sending it to the patient
Having to drive into work during traffic and high gas price when we can preform our same job function from home.
the biggest challenges are the distractions when working in the office as compared to working at home
where to locate WI for diff scenarios. But once you get use to where to look everything is a breeze
None, I'm happy how everything is ran by optumrx especially working from home. I feel like I focus more in the comfort of my home and my coworks, supervisor and pharماسicts are always there when needed
Waking up early in the morning and with the gas prices increasing and heavy traffic it could weight stress in your performance.
long wait times when calling MD offices
not being able to resolve a hold or problem help a patient especially elderly patients
THE NEW NORM WORKING FROM HOME DURING COVID\ HAVING COVID AND TELLING YOURSELF THAT EVERYTHING WILL BE OKAY.
Depending on the employment type, there isn't always many resources available to verify coverage for patients.
insurance handling
financial
after the state waiver expires i wont have the ability to work from home when i do not physically handle any medications all my work is done via the computer inputting prescriptions or making phone calls to the prescriber or member.
going back to the office even if we can work from home for mail order pharmacy because in person rph supervision is unnecessary if every order done online is checked, validated, reviewed and supervised online by an rph, if other state allows pharm tech to work from home, why cant California allow it too?
Overworked and not compensated accordingly.
As of right now. The CA BOP is forcing us technicians to be on site working when the job function at my company is perfectly fine working at home. We've been working at home prior to COVID, then CA BOP changed it during COVID times to go back into office to process. I fear going back to office due to me experiencing COVID and having to go to multiple Dr's office and suffering from long term issues. So going back into office can risk me getting covid again. When I already work at home during covid and work has been fine.
Being able to work from home relieves a lot of stress from technicians (commute time, gas). Allowing to work from home helps the technicians be more focused and helps with accuracy and efficiency.
working in office has many distractions. I feel I am far more focused working from home.
The ratio of pharmacists to pharmacy techs is confusing - that could be streamlined to 1 to 2. Remote processing would be extremely helpful for techs typing especially with further covid variants and childcare being so expensive
Most of the time the biggest challenges that I faced is that the pharmacist want us to do everything for them and some of them are way beyond our job description allow by law. I want help but at the same time I don't want to be punish or get myself in trouble for breaking the law.
Being over worked. Too many tasks not enough help

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
None stop criticism , constantly rushing during multitasking makes you make mistakes, the pharmacy manager is very selective when it comes whose mistakes she can see and whose mistakes she can't .
as far as my role and my job none. I am fully capable of completing it, but as far as being present in office there is plenty. I took my job because it is a way better opportunity than my previous pharmacy jobs but my commute is very far, I take 3 different freeways with extremely heavy traffic, not to mention dangerous. While in office on the way back home there was always an accident. Now having more insight and knowledge my roles is very demanding when it comes to over time 10+ hour shifts. All that I was able to perform working from home. Going back in office ill be basically be there sun up to sun down, and my family needs me. I took this role to better my family but seeing how much of a difference me working from home has made I dont want to go back in office.
tech pay / salary. I feel techs are worth more given the skills can obtain and perform
One is to give enough time to learn and understand the training. One cannot focus on training (CBT) while processing prescription and attending to customers need at the same time.
Having to finish tasks while the clock is ticking without really getting a break. At CVS prescriptions drop one after the other all day and they have to be filled within minutes of each other , as well as customer calls and inventory! what the company expects from us is very overwhelming , especially when they cut hours and one person is doing the job of three people. This is when errors can happen.
Fulfilling all rxs, keeping up with processing rxs
Not having enough support/staff/coverage. Ex. If they open 25 vaccin appointments for the weekend and there is only 1 pharmacist and 1 technician. How is it expected that all appointments + filling + typing + calls + out window, can be taken care off in a timely manner.
Some of the biggest challenges I face are - one of them being Covid, it has changed the world and will continue to show us how dangerous certain public spaces can be to your patients, techs, your company and even our own families. It is not easy knowing that there is a virus that can put us in harms way when we go into office. Two, worrying about being on time to work, some of us have long commutes - as per me, my route is 35 minutes away. which is a long commute especially if you have Overtime due early in the morning and there's traffic which will affect production and numbers.
The new changes of today
Short staff due to improper pay for all the job responsibilities.
Being understaffed and working with only minimal hours all because pharmacies have to follow certain metrics to be on target. That does not make it easy for us techs to finish a whole day's of work within 4-6 hours while being the only tech for the day
The Computer Program EPS, and having to work as a Pharmacy Clerk also because it interferes with getting my work done.
Drive thru , dropping of prescription while knowing there's a line of cars.
Speed I think going to fast makes more mistakes in trying to reach those goals
Scheduling
Going back into office when I can do my job with a computer at home
Dealing with peoples attitudes and lack of staff
the constant Over time, heavy loads due to lack of employees
To get more training and perform further duties other than allowed
The workload was too much, working mandatory 10hr days and every other sunday was too much.
Not enough help!! Short staffed. When a pharmacist is giving a vaccine and a patient needs consultation the patient has to wait until pharmacist is done with vaccine to come over. This gives the pharmacist stress, the tech stress and makes the patient unhappy. Walk in vaccines are very difficult. If we're trying to finish new prescriptions that s customer is waiting for and someone comes in for a vaccine and wants it done in 5 mins, if appts are made we can plan accordingly.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Pharmacist looking the other way when they are not in compliance with the pharmacist to technician ratios. Looking away when assistants or technicians screen for consult. Technicians and assistants that continue to do these things even though it's unethical and lead to possible patient harm.
Staffing issues.
Working in an office has its difficulties and some jobs that require work that is not required in a specific setting should be completed in a home setting as necessary for work-life balance. If the appropriate tools are present to monitor and ensure the highest quality of care for the patient, the technicians should be able to work at home.
Customer service
Customers service elderly and corporations
Having to stay in the scope of practice. I would like to be more help to the PharmD that I work with.
Biggest challenge is when we have to do vaccination on top of current duties that we perform in pharmacy like filling, phone call, type new rx, and py pick-up medications
I dont face any challenges working from home. Working from the office causes more time spent on the road, higher gas prices impact my life. I am more tired when I get home due to stress on the road.
you have to be patient to your customers
No staff
Learning liquid conversions, insurance and typing new scripts.
We have too any tasks as technicians with little to no help. They want us to do EVERYTHING when we can barely stay a float with all of the other/new things we need to do (covid)
Not enough licensed technicians
Lack of training, lack of teamwork protocol, the expectations from pharmacist to complete all the work; corporate making us due more work for future days that adds stress, like why can't we just work on todays work.
Short staff
More duties being added on! Weekly!! Especially with the company trying to make us sales men instead of pharmacy duties
Pharmacists not performing their duties and putting everything on a technician. We are licensed technicians but we are forced to do cashiering, custodial work and such
Force to do things that are not important to the job or the patients. Also not being trained correctly or given the tools to really learn. It's been very stressful compared to when I did my internship at a outpatient hospital pharmacy.
Having a full staff working each day to fulfill the needs of our customers and allow for a smooth workflow.
No staff and cut hours
Hour cut not enough staff
Upset customers, the phones ringing all day, not enough staffing.
Dealing with insurance
Helping the customes and face thier tantrums and store manager never stand for our support never time...time to perform all the duties required.
jobs wanting hospital training before you can work there.. hard to do when no one will give you a shot to learn.
cant work without pharmacist directly next to me.
Overwhelming volume. The removal of a central refill facility in combination with new kp app features has made our daily workflows insurmountable
Outdated equipment
Not enough staff. Not enough training and definitely not enough pay for this job.
Pay rate for all that we do is not enough. Technicians are way overworked for the crappy pay we receive especially now during pandemic times.
Focusing on all tasks

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Customers
Computer training
Good fellow colleagues , everywhere else techs begging pay is over 26/hr . I'm hoping myself to leave eventually
Always short handed and too fast pace environment
responsibility to labor ratio too high
Too much work
Driving to work, increase cost of food, gasoline.
my company consistently changes the way we process prescriptions but, we learn to adapt to the changes and always learn new things
self-criticism
DRIVING TO WORK... WE NEED TO WORK FROM HOME LESS STRESS
Not being able to work from home in California while working for a home delivery pharmacy. We do not see clients, there is no need to be in an office.
none
I love working remotely the biggest challenge ahead will be having to go back into the office in a noisy environment again
talking to pts about their diab supplies, they have no clue what they use or what any of it is called
I think all around working from home is more beneficial we have closer access to restrooms less chance of injury or infection and with gas prices currently at an all time high it is way more beneficial for us to stay home plus we get more time back out of our day to not have to sit in traffic to and from work
Staffing shortages.
The biggest challenge so far was trying to help patients keep calm during the pandemic. People were angry, and upset and we were able to work through all the issues.
na
Having to find a job that allows me to work from home. I have spent so much money on my Technician License and now I can't work from home after 5 years because of covid. If covid never happened we would still be working from home.
high stress in the workplace as if I'm doing the job of 3 people
Being made to return to in-office work. All my duties and functions that surround mail order pharmacy and be done remotely. Pharmacy Technician salary already puts a strain in such we don't get paid enough. At the least, we can work from home.
Discrimination due to disability
having to go back to in person office to work from work remotely from home.
not being able to continue working from home
With my previous employer, it was understaffing and rigid truncated hours of employees and hours of operation. Corporate failed to accommodate the pleas and needs of our community comprised of farmers and elderly who consider their day over by the time we opened. There were twice as many phone lines as employees working. One person had to wear many hats, which is fine if you don't have to be at the register, and typing, and answering phones, and filling ALL at the same time. We could never keep up with filing, cleaning, returns, etc. My new employer invests a lot in technology to make things automated. I find it a less stressful work environment.
Spread too thin; not enough time to do most tasks well while complying with Board rules, corporate expectations and attending to patient needs
Making componds
Examination
Going into a worksite when we have the same supervision and ability to work from home. It's even more secure and less distractions and errors

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Overall pharmacy technicians are limited in terms of growth.
I think now, It is live without part of my family,
backorders of medication
Pharmacist and patient trust Pharmacies are understaffed Under paid for the amount responsibilities and training that had to be learned to meet pandemic demands
Being looked at as less than knowledgeable because I am not a PharmD.
Staffing and overwhelming work low pay
Being the only tech. Fifteen hour days for an entire quarter with no day off. RPH distracted by corporate metrics, a clinic environment and lack of adequate hours to have staff. CVS cares about profit over patient safety.
Working remotely is only temporary but for mail processing should be allowed. As patients are provided care over the phones and not in person. Working remotely allows us to focus only on the patients and no office distractions. so if we can get remote working allowed that will lessen my challenge.
Corporate greed. Corporations are profit driven, and not focused on employee health or patient care. Corporations such as Albertsons, CVS, Rite-Aid, Walgreens, etc. prioritize performance metrics and sales over what's actually best for patients or their providers, and punish employees for failing to meet asinine corporate standards, even as we progress through 2022, after recent board of pharmacy legislation changes around the use of metrics in response to job performance and security, corporations continue to buckle down on medically based metrics.
Pharmacists taking stress out on other people and claiming they are not stressed. Pharmacists speaking in ways that create tension and anxiety therefore limiting techs to work efficiently.
Right now for mail order pharmacy technicians we process the prescriptions and speak to members on the phone. We do not interact with actual medications. Currently we have a waiver to work at home which is safer and more efficient than working in the office. Being able to continue to work from home is the biggest challenge for us
returning to office. commuting and time constraints
Pay. Technicians are severely underpaid which is why so many have left the profession and we're now faced with a technician shortage. Pay techs more.
short staffed pharmacies, so bad that i rarely see pharmacist give consultations on new meds. Most are so used to not giving consults they deem it a bother if you send a PT to the consultation window
my biggest challenge is in the retail setting. The pay for retail compared to inpatient is a HUGE reason techs don't remain in retail. The turnover is drastic. The stress of performing in retail and lack of staffing is UNSAFE. There NEEDS to be ratios and MINIMUM staffing requirements in place with a reasonable pay to KEEP techs in the retail setting. In patient has those standards and pays their techs a much more reasonable rate to keep a team together.
I am in control all situations until now. Only the situation makes me think all the time is about that patients are in gap, and they stop taking medications because of the cost of medications, I wish I can help them more
the long distance drive
To much work and underpaid in California!
Currently none.
When you study & ask questions & get experience, the amount of challenges you face get smaller & smaller. Repetition & practice makes perfect
Patients are in too much of a hurry and want everything quickly and cheap or free. Insurance companies keep us on hold way too long when we call and CVS Caremark is a terrible pharmacy to call to ask for a prescription transfer. I think they purposely keep us on hold when they hear we're transferring a prescription out. Very unprofessional. Also, the bribing that pharmacies are doing to doctors offices to send work there and taking business away from pharmacies like ours that don't bribe anyone. We are in a medical building and we almost don't get any work because every office has been bribed to go to another pharmacy. We have evidence of the bribing and the kickbacks.
not to be able to work from home and do my job in a safe enviroment. being in office and covid chalenges me.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
the biggest challenges we face is having to work in the office. with everything thats happening now we don't feel safe. some of us have health conditions. Some of us have to travel very far. Wasting some much time on the freeway when that time could be use with family or work. not to mention the all the pollutions we are creating by having so many people drive to work.
pressure, low pay
freedom to do my job
Working in the office
Completing prescriptions in timely manner, ensuring hazmat and syringe returns are done and documented, inputting vaccines in govt database, checking and returning outdated meds, dealing with rx insurance to receive paid claims, fielding customer complaints, and on and on.
Not enough staff technicians or pharmacist for the load of work. phones are a big factor they should be answered through a call center not directly in the pharmacy
Patient safety.
In my 10 years as a technician the challenges I face is having to train every single new person I hire for the job because there is so many procedures, so many standards so many things that must be done a certain way to ensure patients privacy and safety. The community I work for the majority of the population is Spanish speaking and when doing a consultation I must translate every single one and it causes a back up sometimes especially If I have to wait for pharmacist to finish talking on the phone or helping another customer. When let's just say patient is just picking up ibuprofen been giving out this med for years same everything I can read the label for pain and inflammation and to with food but no I have to wait for pharmacist to stand next to me so that can translate that. Or even being able to ask pharmacist at her station and then being able to walk over to patient to translate would be such a big help.
Learning about new medication
Learning pharmacy software and dealing with customers.
My biggest challenge is being expected to multi task 3+ tasks and to do them fast, perfectly, and without help. It's unrealistic.
so much overtime. I am working 7 hours extra a week (6 days a week) Being able to work from home would help release so stress.
The phones ringing off the hook and rude, mean obnoxious customers
New pharmacist that doesn't know their jobs and really don't care about patients just money
All the new tasks we are now required to do with no extra help. Vaccines, vaccine questions, covid testing, covid questions, mask questions etc. . Handing out free mask in the pharmacy just added more work and questions for pharmacy. All this would be fine if we had adequate help and the "never leave pharmacist alone rule" was enforced. Pharmacist should never be left alone without a trained pharmacy clerk or pharmacy technician. Store manager should not count as pharmacist not being left alone.
None
safety if working in office specially during the pandemic
Appropriate training, in order to obtain additional training need to go to a source such as PTCB, ASHP, etc and self pay for training. Additional certificates/training does not translate to additional pay. Cost of training can be expensive for techs.
short-staffed
Insurance billing for the state of California medi-cal. This is the worse system available for billing.
I truly feel that technicians are just put through and some have no business filling prescriptions or calculating rx's
cheap pay, not enough tech. company too greedy
At first it was DROP off nervous to answer questions I didn't know , answer calls or dealing with insurance but so far all my colleagues and pharmacist have been helping me improve and lately I've been asking for less help.
More Travel Time, Overtime demands, Lack of scheduling flexibility

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

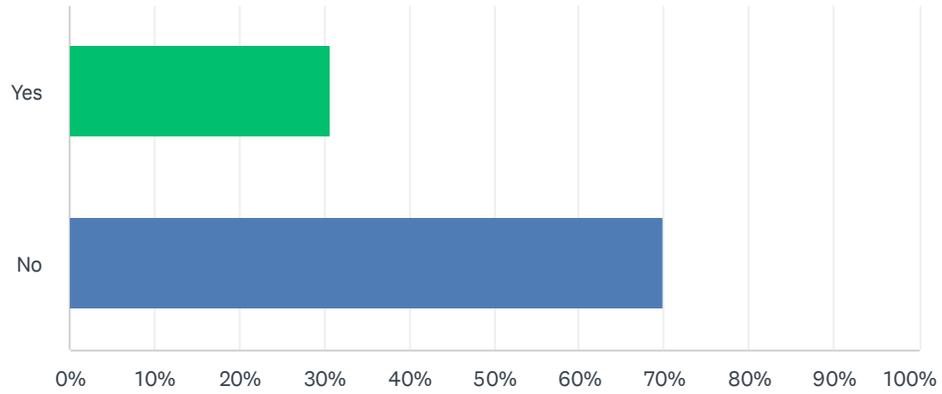
Q8 What are some of the biggest challenges you face?
Rx volume, understaffing, attrition, non-competitive salary
Being in an a large office setting and the constant exposure to covid when all of our employees could be working safely at home
Unable to advise members on certain medications.
overtime
Staying safe
Short staff overworked, feeling as if you could not perform thoroughly what needs to be done
Changing regulations and limited staff to handle them.
I'd think how to deal with patients regarding insurance.
Where to start? Short staffed. Overworked. Taking antidepressants which don't work because customers are angry and abusive. I would say the abuse is the worst part. I no longer like human beings. Before COVID there were existing issues like lack of compensation and rising cost of living. Pharmacist who sit around not doing anything while we run around pulling our hair out. Unable to take vacation time because of always being short staffed. I miss the days when you could tell a customer they were no longer able to use your pharmacy because they were rude or out of line. Corporate has made it so that everything is our fault and the abuse has just become worse over the last ten years. The customer is always right and I just want to throw myself off a bridge. I get screamed at or verbally abused at least once a day. I used to be happy to help the public. I miss the golden years of pharmacy. I am glad I decided against becoming a RPH, Instead I am pursuing research.
Stress, there are many things that factor into stress on the job. Poor customer treatment, since we are the last stop in the medical field, we tend to become the whipping post. Many customers get angry and resort to cursing, name calling, and insulting us on a regular basis, because we were unable to fill a medication (prior Auth, not covered, no refills, need chart notes/justification, med b forms, the list of reasons goes on). We are supposed to take it in order to retain the customer and our jobs. Time vs duties, many pharmacies started small and tend to treat their labor as such to keep profits growing. Unfortunately, that makes it near impossible to meet their goals as technicians, and many pharmacists feel tech work is beneath them and will refuse to help. That is more of a poor business model however, not a BoP issue.
There really is not challenges I face while working from home. it actually has eliminated any challenges that I would have having to drive into a physical location. Everything I need or think of can be taken care of working remotely.
working in the office
The biggest challenges include understaffed and burnout.
Identify who wrote the prescriptions from which doctors.
Getting rx's filled in a timely manner without any mistakes
None
Not being able to help the pharmacist when their queue starts to back up
Insurance issues
Before leaving Belair (Raley's) I would have said understaffing and wage gap. I left for a company which is well staffed and invests a lot of money in technology. I was gifted a signing bonus. I was provided training to enrich my career, becoming an immunization tech who is CPR certified. This makes me eligible for bigger bonuses within the club.
Not being able to work from home and I have medical conditions that make it hard for me to go to the office.
Understaffing
Keeping up with speed when filling prescriptions
Many, to name a few: Safety, not enough help, poor work conditions, and unnecessary stress.
Not enough help
I really don't face any challenges.
Right now the vaccine mandates

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q8 What are some of the biggest challenges you face?
Opportunity for growth in my area is the biggest challenge. There should be more programs offered to technicians to further their knowledge and broaden their skills and functions in the pharmacy. This would retain more technicians and support pharmacists
Not enough staff
Insurance, co-workers giving us more stress than help and rude customers who always call corporate to complain
Difficult to answer succinctly and completely.
Limited scope of practice
In compounding pharmacy in California the pharmacy tech to pharmacist ratio limits business output. I think there also needs to be more accessible training to anyone aspiring to expand their knowledge. Free online modules for pharmacy techs to keep up with their ce credits. Pharmacy techs do not make enough in pay to pay x amount for their required ce's.
No enough help allowed by the company too many mistakes
Overwork
Lack of customer patience, doing all the covid shots and tests while not getting paid enough
Staffing
Insurance billing
None
Being understaffed regularly and needing to do jobs of multiple people
Pay
High work loads, over time, METRICS focused on quotas and quantity vs quality
The Technician license is not given industry recognition or equality in compensation. Staying up to date on industry changes.
Unrealistic expectations from management and customers
having to go back and retype RX's due to other techs typing them wrong and also being underpaid
Trying to stay within the boundaries of law and customer service.
Meeting metrics required by company
keeping drugs in stock without losing money
The extreme busyness, the lack of communication even in the individual pharmacy. Lack of communication between the doctor office or provider.
not getting any respect from a Pharmacist.
Having pharmacist trust you.
TCH's who lack the requisite skills and/or education to perform the functions they are often asked to perform. I do not believe that the body of compounding knowledge required to prepare safe/effective medications can be learned solely on the job by following a Master Formulation as a guide or watching another TCH or RPh perform the formulations.
Rush, rush, rush, and btw...answer the phone before the second ring or you will be marked down. Plus, only giving you 20 hrs a week so they won't have to pay medical.
Lack of respect from pharmacists
Lack of support from profession in helping technicians to advance in their career/ knowledge, and insufficient pay level for technicians who are capable and knowledgeable
My biggest challenge would be Customer service. Especially when assisting patients who are yelling/screaming at you for no reason
Staffing.

Q9 Do you currently perform remote work?

Answered: 379 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	30.61%	116
No	69.92%	265
Total Respondents: 379		

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?
N/A
Not having to pay for gas and work clothing.
Feeling safe health wise. No Fears of Covid, less social anxiety. Better financially. No Challenges
Only benefits, better communication, more flexibility and improved work/life balance.
I love how convenient it is for home life.
Covid testing under supervision of nurse practitioner that wasn't actually at our store and when first started out it was challenging when ran into something not familiar with
No challenges. Allows for inputting when I can't be there
The biggest benefits are being able to focus on problems without constant patient or coworker interruptions. The challenges are knowing my remote resources and not having visuals of the processes I overlook (ie managing inventory).
Connectivity using VOIP and VPN because calls and connections dropped and pharmacists and technicians become unable to use software or speak to patients.
Pharmacy techs aren't paid enough.
I leave far away from office, time of the traffic in the morning could take 1.5 to 2 hours and evening about 1 hour, it costs me time on freeway and the cost for gasoline is really high now, please let us continue to work from home, we do not make a lot money for gasoline
I wish I did!!
How do we find remote jobs for tech. I dont think the board of pharmacy would ever post such information.
I do not work remotely but the benefit I would see is the compensation will be better suited for CPhT's daily life spending. Being under paid and having large gas bills from daily driving to and from work brings more stress to the technicians.
I am able to provide sufficient work, I am able to be more thorough. My company has strict guidelines on tasks I am able to work on remotely so I don't really have obstacles, just those from the board and the allowance to work remotely.
I'm okay
Challenges as previously stated
Working in clean room
The only thing wrong with remote work is no social in person
I have no challenges. It is a plus to be able to work from home because all of the duties I perform are the same in office and with gas prices and inflation it saves me money and pharmacists and supervisors are only a phone call or email or message away.
Benefits helping my medical condition and still being able to work full time. Have a private office at home. Quite not a lot of distractions
No having the technology support that I need to effectively do my job
No distractions and faster processing
Remote workers typically have more time and fewer distractions, increased productivity, lack of exposure to pandemic elements which result in fewer call outs, lack of a commute, and an overall comfort of home sets the day with a greater mood resulting in a higher effort towards work which results in aiding our patients living healthier lives
be comfortable at home, helps reduce general workplace anxiety, there are no downsides to working remotely for me
work life balance
real-time feedback
Work-life balance is better. No commute.
I do not perform remotely, although I am available for such.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?
<p>*Benefits: 1. Better attendance because no longer dependent on transportation and potential issues, such as engine problems, flat tires, congestion, road closures, traffic accidents, hazardous driving conditions due to weather. 2. More productive because less time walking back and forth to the bathroom, walking through the building, trying to find a parking space, preparing food and snacks in the morning or the night before. 3. Better physical and mental health because I have more time sleep and rest. Commuting on busy streets & highways are tiring. 4. Save money on car insurance, gasoline, car maintenance, dining out, clothes, and shoes. 5. More time to spend with family, such as helping kids with homework and playtime. 6. Less office drama. *Challenges: 1. None</p>
<p>none</p>
<p>I would love to be able to perform the clerical portion of work in a quite place so I can concentrate. In a pharmacy there is too much going on so it's easy to get distracted.</p>
<p>Biggest benefits is knowing I am safe within my home. Also being able to have a balanced work and home life. Working from home creates less distractions from those in the office. Challenges would be the amount of money spent on gas and traffic. Distractions from those around you when trying to conversate with the customer.</p>
<p>I love being able to have some free time before I start my shift and the level of comfort being at home for myself and my kids. It can be difficult only when it comes to new training if its not hands on.</p>
<p>Be able to focus on the work without distraction, better work/life balance</p>
<p>Improved work life balance Custom work environment Less need for Sick Days Potential For Flexible Schedule Ability to Work More Hours if needed Easily Improved Ability to make decisions sound and reasonable Decisions Less Distractions</p>
<p>COVID infection #1, and performance , i wrk better and the communication with out patients on the phone is much better and clear, there is no other backround noise .And we never feel out of touch with any updates because we constantly have email coming through and we have a good support system , working from home has been great and i hope they will let us continue doing so</p>
<p>in a list: gas saver, less distractions, germ spreading. meal preping, traffic jams,</p>
<p>the biggest benefit is save time for me , gas , food , less traffic will be at the street ,and more safety .</p>
<p>the biggest benefit is staying safe from covid and better life/work balance.</p>
<p>Biggest benefit i find to remote work is the fact of being able to assist with any OT needed especially during peak season. Not having to worry about traffic, traffic accidents (involved or not) and always knowing you will be at work on time with out delays. Flexibility to still spend time with family before or after work or in some cases actually be able to do both depending on time of work.</p>
<p>The biggest benefit is having more family time without having to commute to work also saving money from not having to drive to work. Having to work from home makes balancing work life and home life more reasonable.</p>
<p>health safety, better focus, easy to access any option(policy, pharmacist, other tech, saves on money (ie; gas, time) mostly my work is better, higher numbers, accuracy increased.</p>
<p>BIGGEST benefit is not worrying about being late, makes attendance easier to keep up with. Easier in doing OT don't have to worry about getting home late or getting stuck in traffic. Let's me be independent. Helps me find the answer to my question vs asking the person sitting next to me. Less distractions. Working in a quick place. More enjoyable. Challenges would probably be internet.</p>
<p>The biggest benefit i would say is saving money on gas. I just filled up my gas tank yesterday which I have a Kia Optima and it cost me \$100. Thats verify expensive as us Technician do not get paid all that much. Also a big benefit is working from the confort of my home and knowing that we all hit our numbers and it makes me proud of all our employees knowing that we can still perform outstanding and making sure everything is perfect for our patients while working from home</p>
<p>The biggest benefits is that we are less distracted, less supervised and could focus more on our daily task. We are able to take on more duties and advance our skills while working from home. No challenges yet in my experience.</p>

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?
Better work/home balance, less time being stuck in traffic which lets me do overtime at a more convenient time, less distractions since I am not surrounded by multiple agents. Less chance or risk of getting infected with the flu or covid due to having copd
the biggest benefits is i can concentrate more by working at home because im all alone and no distractions at all and now in days with high gas prices not having to drive to work is a big benefit because im saving money in gas
The biggest benefits is not having to wake up 2hrs in advance just to get myself and my kids ready for school, saving gas , able to focus better with no noise around and not just not having to be in traffic
The biggest benefit of working remotely is not facing COVID exposure during this pandemic. Also a more focused and controlled environment. As while on the job, sometimes you can't control distractions. This is important when processing.
saving money on commute, more relaxed in my own space so feel more able to get work done, time saver
financial benefits - no after school child care and traveling expenses(gas, car maintenance, car insurance)
temporarily i am working from home. the biggest benefit currently is that i am more productive, better focused and the gain in my work life balance has significantly improved. I am happier and more engaged and i have improved in the quality of my work as my pharmacy has involved with the times in better tracking on the work im doing real time. I see people who are not pulling their weight being identified a lot faster and action being taken vs when in office.
biggest benefit is cost-cutting, most pharm techs received minimum wage, if we work from home, we cut cost of gas and food allowance, we will be able to save more and have time for our families and be with kids whose also studying from home
Benefits: 1. Allows for more time to my day by eliminating the otherwise 25mile/1 hour commute to and from work. 2. Reducing stressors brought on by congested traffic and gas costs. 3. Opportunity to work more independently and focused in the comfort of my own home.
Benefits is work and person life balance. When I work at home i feel less pressure when i do my job. I find my production levels are the same or even higher being at home in my comfort zone. As of right now with COVID and people still getting sick, it's scary for me to go back into office especially since I was sick with covid and the second time i had it was really bad with long term lung issues. I know at home i wont get sick and wont get my family members sick. While if im having to go into office i have to deal with others who possibly are get or I can get them sick and causing more issues. So PLEASE CONSIDER EXTENDING OR EVEN MAKING IT PERMANENT FOR WORK AT HOMES IN MAIL ORDER PHARMACY WHERE WE ARE JUST PROCESSING PRESCRIPTIONS. Production levels are the same. Our company has procedures set up for us to protect the patient's information. We've been working at home prior to COVID, so WE CAN DO THIS!
You're saving time on commute (and southern California traffic is one of the worst in the nation), and gas prices have been soaring. The relief on time and financial burden while working from home helps with stress tremendously, so the technicians can focus more on the tasks/duties. I really don't see any challenges from working from home, as the work is being monitored, and all new prescriptions are approved by pharmacists before going to fulfillment centers.
my numbers are higher, my errors are fewer, I can focus, no interruptions as found in the "in office" forum.
N/a
No

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?
<p>I have no challenges working from home. I have all tools and was trained properly to be able to complete my tasks. Where to begin the benefits of working from home. THERES SO MANY! Do to the circumstances we were able to work from home, and although due to a world wide pandemic. I have been able spend more time with my family who is the most important thing to me. I am crying as im typing this. I have been able to get them ready for school, pack lunches, close to their school in case of emergency. homework help, and most importantly they have been safe with me, coming from a history of my parents always working hard and away from me being with my children is extremely important. Coming from a history of having a man molest me when me parents were at work in these crazy times I am extremely cautious with my two children. I dont have to stress about the 2+ hour traffic and 3 freeways I take to and back. Being with the company I saw first hand how demanding overtime was, I was able to do that from the comfort and safety of our home while still being there for my family. Going back in to office with the traffic and the long hours ill never see my family and they are so attached to me and need me specially after everything that has happened. I would continue to save so much on car maintenance and insurance, not to mention the obscured gas prices in California. I could continue to save so much money on a baby sitter. My youngest son tells me "when are you going back to work mama?" then hugs and cries and tells me he doesnt want me to go back. I pray that the BOP will change its laws and allow us to continue to work from home, if not now knowing how much less stressful it it to work from home will look for a different role. Thank you for your time, and the opportunity to have been able to be home</p>
<p>Not worrying about traffic and a challenge would be the increase in gas prices in contrast to your average tech salary</p>
<p>N/A</p>
<p>the benefits are that I know my way around the pharmacy and can do any task. The challenge is the awful heart pounding feeling of not being able to finish on time because you don't have enough help. you feel like a robot</p>
<p>The biggest benefit is flexibility and being able to process while not taking up space in the pharmacy. I am able to work when we are short staffed at a moments notice. Sometimes being away from the physical location can make me more productive. I am able to type more rxs from home than in the pharmacy because there are less distractions.</p>
<p>BENEFITS: I am less worried/stressed out due to my car not running so well (breaks down) and not making it to work or being late which affects my production/numbers in order to have out patients satisfied and healthy with their medications. I am more relaxed and efficient when I am at the comfort of my own home, knowing I won't be infected with Covid and possibly infect others in the workplace and at home. I don't have to worry/stress of being late to work and start my production to assist our patients as soon as the morning comes. CHALLENGES: None, I feel more efficient working from home compared to being stressed working from the office.</p>
<p>Being able to focus on patient care.</p>
<p>Yes I feel like at home I am more focused because there are less distractions and I have more time to do overtime since we don't commute to work</p>
<p>I am a parent working remote has helped my anxiety has helped my son see more more and improved my job duties I'm more focused no distractions</p>
<p>Helps with gas, no need to wake up early to fight traffic</p>
<p>benefits:being able to hear the pt better due to agents next to me and being able to spend more time with my family not get stuck in traffic alot and able to perform better,challenges if the computer system goes down have to wait for it to be online as well as being on the job site</p>
<p>Benefits are less commuter time. Challenge is not having co-workers meeting in person.</p>

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?

The biggest benefits are the ability to work in a location that I feel comfortable in. I am not obligated to go into the office which requires a long commute and instead of focusing on the traffic and what I must do before or after work, I can focus on my job as it is. The ability to work at home allows me to have the comfort of not having to focus on driving which takes lots of energy away and minimizes the stress of a job. Especially during COVID as we got to work from home, I realized the majority of my job stresses were due to the commute and when it was taken away I was able to really focus on what I needed to focus on, which is the job at hand. The measure in place at OptumRX allows the supervisors and managers to closely monitor and continue to improve on effective work that is accurate and keeps the patient first. If these measures were not in place, it would make sense to keep people in the office for monitoring purposes but in-person monitoring is not required nor as efficient as the dashboards we are given. Due to the company's high standards, when some agents go home to work, it is very obvious in our data that they are not taking the job seriously. This causes escalations and causes them to lose their job. It is a challenge to fire people however it helps filter the people who really care about the patient and care about their job. As a supervisor who works with agents in Texas and California, the location of the job does not matter, it is the person who is working that matters. One of the challenges of a remote position is the lack of company culture. This is a good thing in the fact that it keeps the agents working and focused but the in-office culture of pot lucks or the company culture was diminished from before. Of course there are other creative ways to keep the team engaged but it is easier to engage the team when in office, however it does not weigh so heavily that the employees prefer an in-office position.

Benefit- I am able to be there for my family and are happy because of it Challenges- Time spent on the road (1.5 hours) to drive to work causes high stress due to traffic and high gas prices. Very little time spent with family causes an imbalance work life

We need that position available.

we save on time driving to work.. saves gas..money. better for environment. We are more productive at home, and we have a bigger sense of responsibility when we're at home.

less distractions at work. save time, gas, ENVIRONMENT. Generally happier employee.

na

more focus, better production, less errors

the biggest benefit working remotely is saving gas right now we are going through a hard financial crises and the gas is just going up and its a way of helping the world less cars in the streets avoiding daily commute it also helps with time management we get to be with our families longer and closer. Challenges, working at home we dont get to interact in person as much

I'm currently temporarily working from home and i think it's definitely a great benefit such as more time and flexibility to work more hours if needed, less stress due to commuting on the road, and my office space at home helps me work more efficiently (less noise compared to office)

LESS STRESS, LESS GAS, MORE SLEEP, BETTER FOOD, LOOK BEEN REMOTE FOR 2YRS.... IT SEEMS SILLY TO DRIVE 60 TO 100 MILES A DAY THRU TRAFFIC GET UP 1 1/2 HRS TO GET HOME... SAME...

I am much more relaxed and perform work better. I do not have to spend hours driving just to get to and from the office. There are no challenges, unless my power goes out at home.

More productive and very happy to go to work everyday

Benefits: Save a lot of money on gas. It contributes to the environment not having me drive, less stress sitting on the freeway so it reduces the stress in my life. It allows me extra family time as on my lunch and breaks it allows me to get chores completed so when I am off work I actually get more family time which again lowers my blood pressure and the stress in my life. I haven't encountered any challenges. In fact my internet is better from home then in the office with 300 more people using an internet connection. I have a secure location for work and it has improved my life immeasurably. I am not sure I can afford today's gas prices when we have to go back into the office soon. Really there isn't a need to have a brick and mortar location when all our work is on the internet. I have IM's for any questions I have and a pharmacist is always available instantly and actually is easier than in the office environment. Meetings are performed over teams in the office so it doesn't change from being at home. It is just better for us, better for the environment and I am more proficient and less distracted so I make a lot less errors.

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?
everything is exactly the same but i am in the comfort of my own home
The biggest benefits is saving money on gas not having to worry about getting sick from others at work not sitting in traffic to and from work the luxury I don't see too many challenges when weighing out the pros and cons it seems all around more beneficial to remain remote
working a home is the best thing that happen. I don't have any distraction going on. I'm at work on time. breaks and lunch is at home easy to eat. Even if I feel a little down I still can work not have to call out sick. As for traffic I don't have to leave 1 hour and half to get to work because there is a lot of traffic. I think the business can save money by keeping people working at home. I really like working at home. I really do hope we can stay working at home.
I believe I myself as a certified pharmacy technician should be able to continue working from home processing prescription in the state of California. I have been doing it for 5 years now from home and now since this covid waiver came into place, has up rooted my life. I have multiple sclerosis and can't stand or use public restrooms. This is the only position and job I can do and that is work from home.
Financially, I'm all honesty. Pharmacy Technician salary is very very low. In terms of job functionality, all work within a mail order occupation, can be done REMOTE.
biggest benefit, I work more accurately, less distraction.
benefits are flexibility of being home and not having to come in the office, many people are available to help me virtually, not limited to whoever I would be working with in office. challenges would be any technical difficulties.
The biggest benefit working from home is I'm more focused on accuracy. When I talk to patients and doctors it's one on one no side noises, miscommunication and less errors by being distracted by what going on in office. It's more secure, I'm the only one with access to my desk. By not having to drive back and forth to office I'm not fighting traffic on the freeway and overall less stressful. I'm able to do my job at a much higher level when working from home . I still have all the abilities to do my job and a pharmacist available at all times. It makes for a better experience for all when a technician can put their all into what they are doing with your prescriptions and health without all the challenges and expense of commuting
It is nice, because I can administrate my schedule. But It is my work in Venezuela not in USA.
I haven't experienced many challenges. The biggest benefit is a better home/work life balance.
Benefits: no distractions, allows primary focus for processing and providing best care for patients. Since mail order delivery, we also get a view of patients who stay remote and can't go out and about so we are understanding their environment too. Our work does a great job in monitoring our work, coaching if needed and all resources available for assistance. Personal health being, less stress over commute to work, low immune system remote helps reduce illness. Better turnaround time, flexibility given. Remote happier so more positive attitude better performance.,
Challenges: uncertainty if/when we will be required to return to the office. Safety concerns during this pandemic. I experienced fewer health issues over the past year as I was exposed to others in the office who had colds, flu or Covid. Benefits: less distractions. Ability to focus more on what the patient needs and help them. Less time in the year being sick as I'm not exposed to others.
it beneficial to work at home because i am more efficient with my work/home balance.
WFH has proven that not every technician needs to be physically present in the pharmacy to do all of their work. We save on auto expenses and our time by working from home and it's created a better work-life balance. No big challenges experienced here.
save time and money(gas. expense now), I have to drive 1 to 1.5 hours in the morning, it take 2 to 3 hours a day, very tired
the long distance drive to and from work, traffic, gas prices are the challenges for me
Biggest benefit is there is no commute and it's more comfortable at home. Challenges are staying focused and not allowing distractions because I am at home. Productivity has remained consistent with in office reports for employees

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?
The biggest benefits is that employees can safely work from home. There's no wasted time setting on the freeway. We can use that time with our families or work extra hours to help patients get there medications. We can work focus on our work without the distractions of other employees. Some of us have health conditions so work at home is much safer. Plus it also helps with the environment by not burning so much wasted gas. If a company can provide their employees, the equipment to work from home then it should be allowed. It will create less traffic for those who really need to get somewhere.
Benefit is the flexibility and time in my day being spent for work versus personal, better work life balance, no commute, saving money and wear and tear on my car is less. No challenges faced
Yes, because of the waiver. One of the biggest benefits is not worrying about traffic and being able to work any time during the shift to assist the growing demands of mail order pharmacy. Some challenges are none
I able to get the restroom, water and less worry about driving to in traffic. I believe I am more productive.
The benefits are being there to help people. The challenges are afraid for my health
N/a
benefits: less stressed and more focused
safety
I'm a full time for now
NO CHALLENGES AT ALL Benefits include increased productivity, greater accuracy and quality, NO COMMUTE time (Sometimes up to 2-3 hours per day) added to already 8-12 hour shift requirements
Benefits: Safety of own home/space, elimination of commute and travel time
Benefits being no commute, more time to focus on work. Not being exposed daily to covid and other illnesses. Productivity is higher. Some challenges is the virtual part of not being able to meet with my team in huddles and meetings. Getting that employee engagement is also a challenge.
Benefits of not having to commute. No exposure to diseases/infections. Challenges-getting instant feedback from leadership.
No challenges. I have been working remote for over 6 years as a CPHT. I wake up not stressed about gas, traffic, current weather, or time i have to commute to work. I'm able to have a balanced work/life schedule but still put in the extra work if needed by the company. The current state also eases the anxiety of being around co workers.
Benefit: less stressed and more focused
If I am ill and can't make it in to work, I am able to input escribes for all of our stores which cuts their workload significantly. There are no challenges.
When I am caught up, I do remote work for other pharmacies. I feel it is mostly beneficial to have available, as it helps people that think differently than you able to potentially solve issues with insurance, and allow you the opportunity to get caught up. The only downside, typically if they try to go too fast they make alot of mistakes that have to be fixed or they incorrectly bill prescriptions that get missed until caught at pick up.
The biggest benefit is the quality of life. I'm happier, able to save more money and reduce my carbon foot print. working remotely is the best idea the company has come up with.
yes. i believe i am more focused and am able to help patient more efficiently and completely.
None
I have a medical condition and being able to work remotely during the pandemic has helped me be more productive, more focused with less distractions versus office work. I also call out less working remotely at home, versus when I had work in the office, pre-pandemic. I also worry less of catching COVID or other diseases that I might bring home if I worked in the office. I work for a national home delivery pharmacy and I feel it is unnecessary to force us to have to work in the office to process prescriptions, that will be double checked by 2 other pharmacists after I process it. We have a pharmacist who verifies it and a second pharmacist who works in our Fulfillment centers that checks our work before the label and medication is processed and shipped out.
Not applicable
I would return to technician roles if the opportunity for 100% remote work were available!!!

PHARMACY TECHNICIAN – COMMUNITY/RETAIL SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?

I wish there was a biggest platform for remote work

Safe environment, access to colleagues

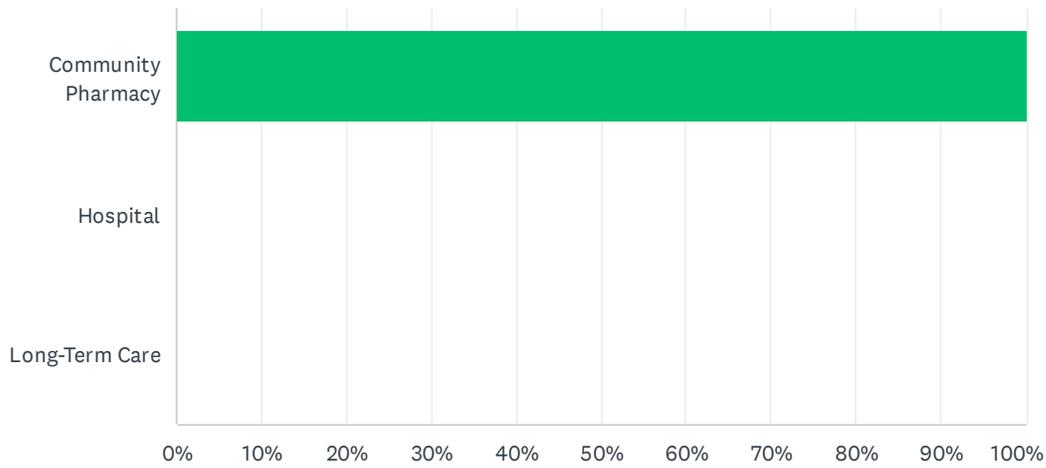
There are NO CHALLENGES and the ALL benefits of remote work including financial savings from no commute, less stress, healthier lifestyle due to being able to fix fresh lunches.

I don't practice in a clinical setting.

Yes and No, depending on work task/ schedule. For remote, limited access to certain computer software and programs, equipment

Q11 Please identify your work setting.

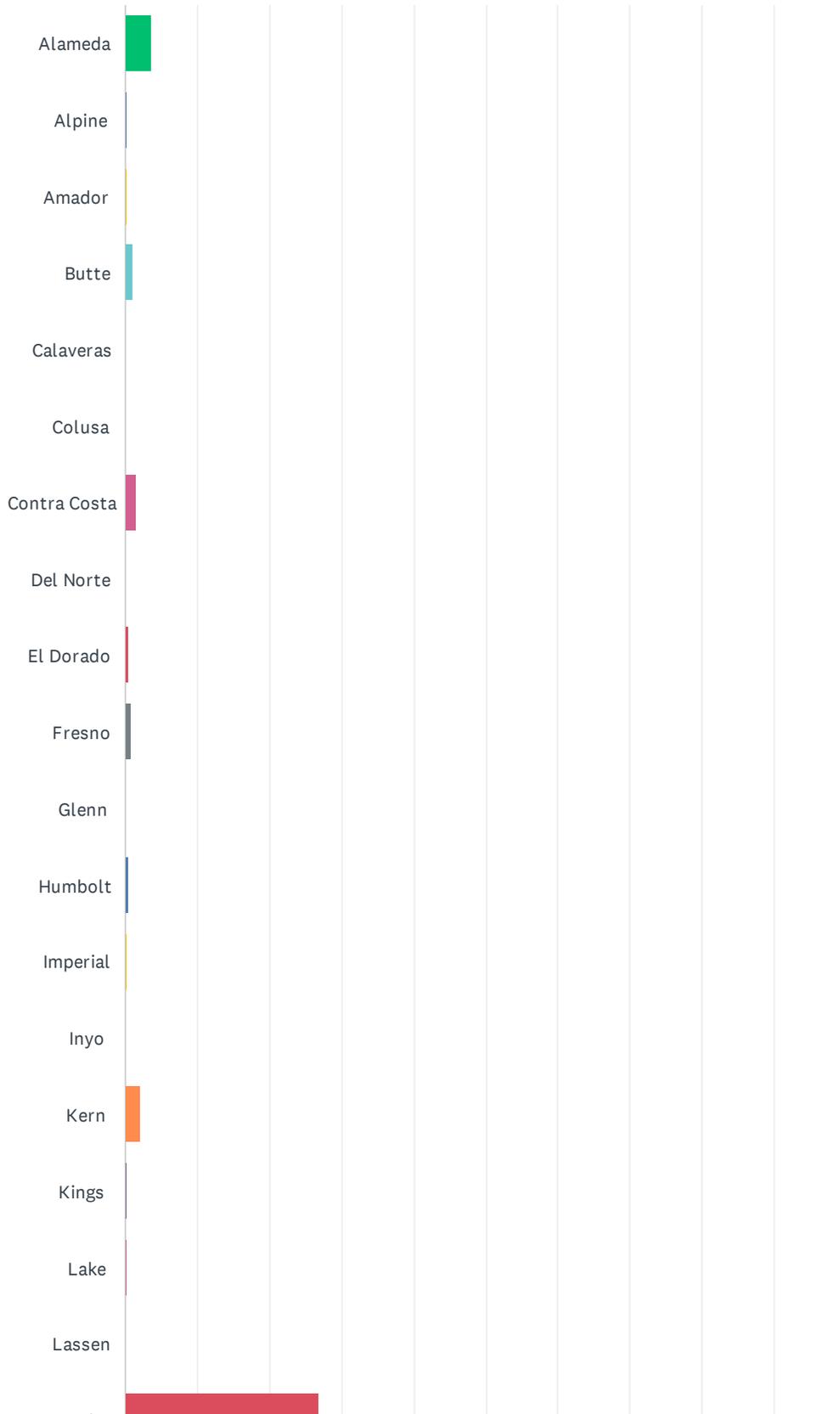
Answered: 379 Skipped: 0

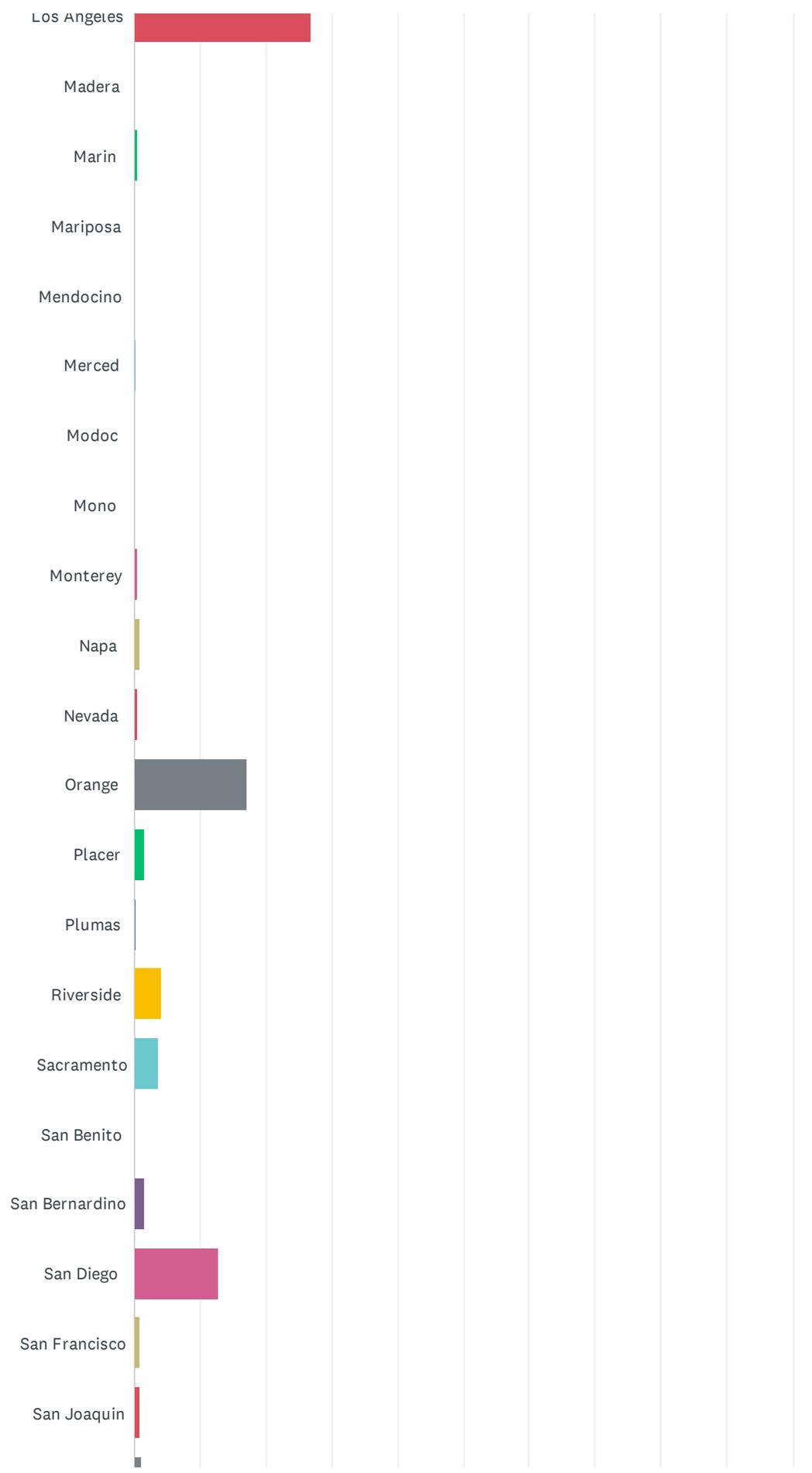


ANSWER CHOICES	RESPONSES	
Community Pharmacy	100.00%	379
Hospital	0.00%	0
Long-Term Care	0.00%	0
TOTAL		379

Q12 Please identify the county in which you work.

Answered: 376 Skipped: 3







ANSWER CHOICES	RESPONSES	
Alameda	3.72%	14
Alpine	0.27%	1
Amador	0.27%	1
Butte	1.06%	4
Calaveras	0.00%	0
Colusa	0.00%	0
Contra Costa	1.60%	6
Del Norte	0.00%	0
El Dorado	0.53%	2
Fresno	0.80%	3
Glenn	0.00%	0
Humboldt	0.53%	2
Imperial	0.27%	1
Inyo	0.00%	0
Kern	2.13%	8
Kings	0.27%	1
Lake	0.27%	1
Lassen	0.00%	0
Los Angeles	26.86%	101
Madera	0.00%	0
Marin	0.53%	2
Mariposa	0.00%	0
Mendocino	0.00%	0
Merced	0.27%	1
Modoc	0.00%	0
Mono	0.00%	0
Monterey	0.53%	2
Napa	0.80%	3
Nevada	0.53%	2
Orange	17.02%	64
Placer	1.60%	6
Plumas	0.27%	1

Riverside	3.99%	15
Sacramento	3.72%	14
San Benito	0.00%	0
San Bernardino	1.60%	6
San Diego	12.77%	48
San Francisco	0.80%	3
San Joaquin	0.80%	3
San Luis Obispo	1.06%	4
San Mateo	1.06%	4
Santa Barbara	2.39%	9
Santa Clara	1.86%	7
Santa Cruz	1.06%	4
Shasta	1.33%	5
Sierra	0.00%	0
Siskiyou	0.00%	0
Solano	1.06%	4
Sonoma	0.53%	2
Stanislaus	0.80%	3
Sutter	0.80%	3
Tehama	0.27%	1
Trinity	0.00%	0
Tulare	0.00%	0
Tuolumne	0.80%	3
Ventura	2.13%	8
Yolo	1.06%	4
Yuba	0.00%	0
TOTAL		376

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
evaluations of technicians they manage
Add refills, transport medication facility to facility. Take rx via phone (no controls).
Supervise a cleanroom
I believe the Pharmacy Technician do a continuing education and have a licensed by State Board that every individual performs duties in a pharmacy
Everything is ok
consultation
none
Immunizations, prescription refill validation checks, receiving and clarifying phone orders from a prescriber, facilitating transfers between pharmacies, receiving inventory, performing inventory audits validation, any non-discretionary tasks that do not require clinical judgment by a pharmacist
<ul style="list-style-type: none"> • Allow product verification (tech-check-tech) TCT for a refill on non-controlled medications in a retail setting • Vaccine administration • Vaccine administration • Medication Therapy Management by technicians; must complete appropriate competency • Clarification of Orders: (e.g., duplication of therapy, IV to PO based on approved institutional guidelines, and restricted medication list approved by pharmacy and therapeutics committee)
Depends on work environment
None
As a clinical operations pharmacy technician working in the anticoagulation department at Kaiser I believe we should be authorized to work remotely like are pharmacists are since we do not dispense medications.
Drawing up code meds & going to active codes, Cost analysis projects for buyer/billers, contract negotiations with vendors.
Verifying if the rx was typed and filled correctly
There are many duties that the pharmacy technician can perform but we are kept from doing them because of pharmacist afraid we will eliminate some of their jobs. I have being a technician for almost 30 years, technicians had more duties and responsibilities back then and the job was fulfilling as a career.
we should be able to take a verbal prescription over the phone from the dr office. We should be able to tech check tech at retail. be able to give injections if properly trained.
Many more inventory control cost analyst
There is definitely a difference between outpatient and inpatient duties. Recognizing this would allow each setting to specialize in the tasks they perform.
None
none without a pay raise
Tech-Tech check, Medication reconciliation, C3-C5 narcotic check into CS Vault.
Vaccines
Pharmacy operations.
Depending on location and site working honestly 90% of technicians are abuse by employers with task that should be for 4 technicians thrown into one technicians task and told that's their job the other 10% are slackers who work the system to not get fired because they know the loopholes with contracts not dedicated to the mission of what actual patient care is regardless of your status
None
only currently authorized duties
Be able to dispense COVID medication when it's always the same for all.
packaging, manipulative, repetitive, or other nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist.
Increasing the duties for pharmacy technicians would put more work on techs with out an increase in pay.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Tech check Tech, or receive refill requests with no changes or existing prescriptions being renewed.
I think it greatly differs regarding whether hospital setting vs retail. And then what your director decides regarding what the techs can and cannot do which may not always coincide with what the BOP deems appropriate.
Anything that has to do with medications
Tech check Tech
Authorized Controlled Substances
Tech check Tech Med Reconciliation
Security, auditing, purchasing, flu shots.
IT WOULD BE EASY FOR US TO HAVE ACCESS TO STANDARDIZED MEDICATION AND LOAD MEDICATIONS AT STATION. CURRENTLY UNABLE TO DO SO
IV TRAINED TECHS CAN CHECK OTHER TECHS WORK
Advanced Practice Pharmacy Technician
I think some of the techs on the weekend should be able to order drugs. Also should have some ability to unload meds from the pyxis should a new drug have to be loaded.
Check off meds
The current duties are enough.
Approving builds in medkeeper. Tech check tech.
I believe a pharmacy technician should be able to speak to a patient about medication dose
None
Anything that doesn't require any clinical judgement
Audit on the usage of items, whether or not the charges are correct.
Being able to open the pharmacy without a pharmacist present
I think certified, especially CPhT Adv, are capable of acting as a second-check for pharmacists who compound or fill when there is no other pharmacist on-duty. It is certainly better than sending orders out that have not been checked by someone other than the person who prepared it. Avoidable mistakes do happen.
Checking our own medications after compounding.
monitor lab results for dosing. Expand tech check tech procedures to other states; make it standard to free up Pharmacist time so they can do other clinical/patient cares. Quality control and compliances
consultation on certain medications
I think pharmacy Technician already have enough think to do.
Techs could take prescriptions from providers as well as prescription clarifications.
In a hospital setting a lot of hospital limit CII exposure and with all the computer reports and compare reports nowadays there is very good tracking so it would help relieve the RPH in that area
N/A
I believe we cannot perform anything beyond whats authorized due to constant staff shortage.
Manage the operations of a pharmacy- how it is actually ran, nothing clinical, but the day-to-day functions and duties. Some pharmacists aren't cut out to be a pharmacy manager and this could add another step in the ladder for pharmacy technicians.
Initial order entry
We already performed duties we weren't entitled to and Kaiser was aware.
Print orders for missing doses Override CAPs for medications that patients already taken previously Give performance evaluation to pharmacist as well Be able to move up to a higher position
Sign for medication deliveries
Work from home for clinical pharmacy technicians
none

PHARMACY TECHNICIAN – HOSPITAL SURVEY

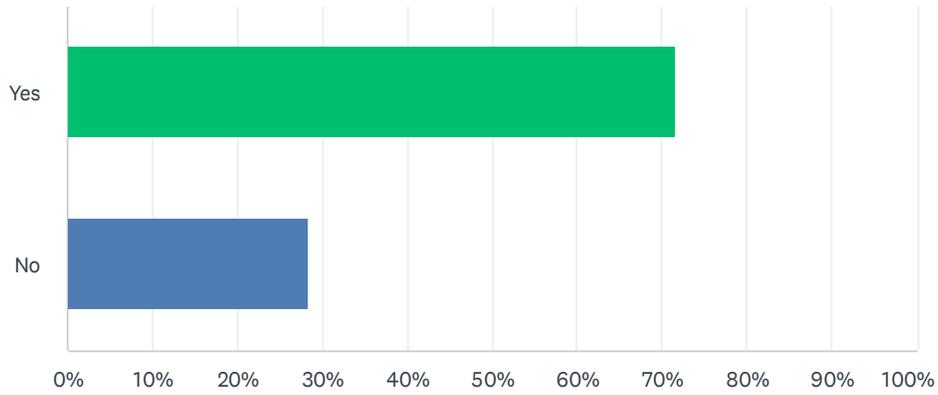
Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
MTM calls for late refills. Tech vs Tech product verification.
Clinical and diagnosis work
rounding with current IV's
Taking prescription in (copy)
Limited drug information to patients
Entering orders
Depending on the technician, transferring prescriptions to another pharmacy. Getting clarification from a doctors office.
Routine check the tech
-clinical research to help the clinical pharmacists -supervise and manage other technicians -receive and sign for non-controlled drugs along with the buyer -handle investigational drugs and programs -receive verbal non-controlled drug orders from a doctor -handle monthly nursing unit inspections -give all vaccines and handle all paperwork after emergency over
Transfer Prescriptions from one pharmacy to another
Without expanding educational requirements, a technician can do just about any task a pharmacist can do outside of those specifically suited towards the higher education and training of a PHh. It is a question of accepting responsibility for the results of the tasks performed.
I believe the current state of authorized pharmacy technician duties is sufficient given the recent expansion of certifications offered via the PTCB and other organizations, but I believe more administrative opportunities should be made available to technicians along with more opportunities for leadership throughout institutions. I also would love to see more specialty technician opportunities (i.e. ID, Oncology, Cardiology, etc.).
Tech Check tech, order entry.
n/a
i work in a hospital, I think we should be able to mix oral meds.
Transfer prescription
Crash cart wxchange
Wow I think the Pharmacist does basically nothing as it is. 1 pharmacist could supervise the entire place.
None
Clinical works. TPN entry. Gentamicin & Vancomycin dosing.
Not sure
analyst roles, and roles geared more towards informatics
None
Tech check tech
Run CURES reports without being a delegate to a pharmacist
IV room temperature regulations.
No comment at this time
Current duties are just fine.
None
Everything minus any that has to do with the clinical aspect that you have to have a degree for (but with that there should be better pay)
Narcotic reconciliation.
Confirm/sign off vendor's narcotic deliveries.
N/a
Inpatient technicians - nothing. Already doing so much
I can't think any out of scoop

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
So far all the duties that are currently authorized are good
I am already working 2 shifts at the same time while inky getting paid by the hour. I can't think of any more duties to do.
Responses will vary if the technician is in a hospital environment or working the retail side
Those that are certified should be able to do product verification. This would help the Pharmacist be able to do other jobs. I know there are other states that are utilizing Pharmacy Techs for this reason and I think it would be extremely helpful especially with the staff shortages. Most technicians are extremely careful about tasks such as this. I also think that Techs could take new prescriptions if needed. I also think that Techs can counsel patients on basic needs of medications and at the end they can say did you have any other questions and they can get the pharmacist if they did.
I don't know because I work solely under pharmacist's supervision. I only perform duties as told.
Restocking narcotics into ADMs without witness
At our hospital, we don't do "Tech check Tech" for Pyxis fills; I understand that some facilities allow it and I wish we would. Same with patient med reconciliation. We won't staff for it and it would be helpful to the pharmacists, who have been severely cut back.
Tech check Tech
Give injections
i think techs should be able to give minor consultations in regards to certain medication like antibiotics.
Taking verbal orders over the phone and transfer prescriptions. As a nationally certified CPhT previously practiced in Massachusetts I was able to perform these functions.
Tech on tech. I've seen it on a military base it's effective
-Accept new and refill phone prescriptions for non-narcotics -Medication Reconciliation/MTM for retail and outpatient settings -TCT for cartfill PO medications
No change needed
Inpatient setting: signing out narcotics
Consultations for general medications for knowledge deficit patients
Not sure
Nothing
Checking and signing off other tech
participate in Pharmacy & Therapeutics be part of management
Transcribing prescription from physicians over the phone and or verbal physician orders. Tech check tech on filling refill order with pharmacist sign off.
Taking orders from Dr office. Most time we are more capable than the staff calling in for the drs.
We do enough as it is. I don't see any other responsibilities to be added to our duties

Q2 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)?

Answered: 123 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	71.54%	88
No	28.46%	35
Total Respondents: 123		

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
waste of product by 2 technicians or one technician and one pharmacist
checking compounds and reconstitutions
Pyxis Rx check
prescription refill validation, compounding checks, supervision and direction to other pharmacy technicians to perform tasks, training
Allow TCT under the direct supervision of a supervising pharmacy technician (technician supervisor/technician manager)
Pyxis refill check.
Initially (to build confidence amongst others), as a checks & balances measure, until proof is provided that it can be accurately handled by a lone advanced technician.
Measurement checks, verifying rxs
Many jobs require a simple check, checking for expiring dated, correct dosage, correct amounts. Products purchased from already made manufactured products . Etc etc
checking the medications like the pharmacist at retail.
Many managers are pharmacy technician
CHECK UNIT DOSING/REPACKAGING, FILLING NEW MED ORDERS, PYXIS PULL,
Filling non-CS into automated dispensers
Filling, input, bagging
We had a Tech 1, 2 & 3 in Chicago before. Tech 3 is to provide A-Z entry Tech 1 level work. Tech 2 is to make sure the training is sustained. It also provides upward incentives for technicians not making the job item a "dead-end job".
In patient hospital med changes (dose increases or decreases).
So that 2 technicians can check off on similar medications that are always common. So that production is fast and patient don't have to wait as long. Especially mail orders.
lead tech should assist
Yes, the military uses it with no issues, they keep a list for the Pharmacist to call the patient for new prescriptions if they want counseling.
Unit dosing & med keeper scans of omnicell fill lists
Tech checking Omnicell's
making sure you have the right doses
Checking refill pulls Kit checks Drawing up non controlled oral medications
Idk
WHEN EMPTYING OUT RETURN BINS FOR SUCH MEDS AS NARCOTICS
A TECH CAN WATCH ANOTHER TECH WHILE DOING THERE stability TEST IN THE IV ROOM
Supervising Technicians for over 40 years. Have mentor many Technicians and Pharmacists.
If a second pharmacist is unavailable to co-sign a tech should be able second check. Or maybe 2 different techs
Check off meds picked for omnicell and cassette fill
Pulling for med machines. Trays. Etc.
Filling automated dispensing machines(especially since you are scanning medications).
IV fluids making. Tech can check another tech for compounding: right drugs, right diluents, right amount, correct calculations, etc.
Opening the pharmacy without a pharmacist
Building new meds into ADUs
*free up pharmacist time for patient cares and other clinical duties. * automation refill medications (except for Control meds) *quality controls

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
tech check tech on medication filling procedures,
Stocking of automated dispensing units. Prepacking medications from bulk packaging.
Filling Pyxis bins refills can be checked by 2 techs
That should already be in place. It is in my work place.
Tech check tech- but in a clean room. Pharmacists are being removed out of clean rooms and replaced with clunky, inefficient camera systems that do nothing but slow down the work in busy clean rooms causing unneeded and extra stress/anxiety to compounding technicians.
Cart fill, ADS Refills and Purchasing non scheduled Medications
Our techs are great at communicating to one another if they notice something is not right i can only imagine how great the supervision would be if it was tech to tech check
Checking pediatric medication Controlled substance dispensing/filling Restocking pyxis machines
Prepacking/Repacking of medications into unit dose
Inputting of INR results from voicemail. Another tech can double check the results from voicemail
tech should be able to check another technician making an IV
Tech check Tech product verification
Pulling medication and dispensing automatic machine
Checking of orders
Narcotics, filling automation, etc
Some technicians might need assistance, so another check from a higher administrative technician could increase patient safety.
oral non controlled medications
technicians who supervise should be required to be advanced technicians (APT), including supervising & managing other technicians, tech check tech, supervising a large IV room, etc
Assisting the Pharmacy Buyer with receiving non controlled medications
This is a very specific example but others can be drawn from it. We recently need to have an air conditioning unit repaired in our pharmacy. The work needed to be done on a weekend so it would not disrupt patients treatments, but the pharmacy staff worked Monday-Friday. A pharmacist needed to come in on the weekend for no other reason than to give access to the repair crew and take responsibility for the contents of the pharmacy. Nothing in the scenario required the expertise, detailed knowledge, or higher education of an RPh. What is needed is a person fully responsible for the pharmacy and trusted to manage its contents.
Cart fill, batch fills, etc.
when Pharmacist is not available
filling the omnicell with narcotics
There are so many errors warned by the PT that were ignored by the pharmacist some included death of patients.
Checking cassette fills, omni fills, TPN components, IV batch.
tech check tech has been demonstrated that it works and techs can be trusted to do this procedure
All compounds.
Narcotic reconciliation
Pyxis med station restocks.
IV pulled check
I've always believed that's a good practice to build a strong team I believe also at the senior Tech should be involved in the interview process with the pharmacist

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.

If a tech has been trained and taken a certification test they should be allowed to tech check tech. For example, I work in a home health pharmacy and with the compound worksheets there are lot numbers that a tech will pull for compounding. Our Pharmacist checks to make sure that its the correct NDC, Lot, expiration and qty before we take it in to be compounded. Now a tech can be just as capable of checking those things as well. I Think tech can also check first fills as well but the RPH should be the one to check and make sure it was inputted correctly. I will say in most situations techs tend to be stricter when it comes to things than that of a pharmacist.

When pharmacists are busy, not readily available to avoid delays

Tech check tech is a big one. We did this back in the 80's; why not now?

Free pharmacist to do clinical work

for inpatient settings techs should be able to check floor stock batches and prefilled medications.

Effective in military base pharmacies.

PO Cartfill for inpatient settings

Restocking non-controlled medications.

Inpatient : pyxis med refill pull

Insulin tech check. Cross check or audit Medication reconciliation.

Senior Technician double checking if patient med is correctly dosed, dispensed, not expired, etc.

ADS restock, IV, med delivery because the RPH already approve the order

Tech check Tech --- for inpatient unit dose medications. Provides additional opportunities and growth for technicians while freeing up the pharmacist to focus on the clinical aspect of pharmacy.

Filling refills. The order has already been verified the patient has already filled it. Techs can fill and count prescriptions and send it out to patient without pharmacist,

Tech check tech

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
yes
yes
Not inside the cleanroom. Sometimes Rph don't have the knowledge to overseeing them
Yes,I believed,,,The pharmacist shall be responsible for the duties under by his or her supervision by technician
Yes
Yes
yes
Yes
No
Yes, to a point
Yes. If not, I ask for oversight as needed.
Yes, everything we do in the Anticoagulation clinic is via the computer. So all communication and oversight is via computer.
Yes.
Yes
Yes I do. But in some cases pharmacist are afraid to supervise, correct, guide or even teach technician because in their world it's not their "job" but California law is very clear. They are in charge through and through.
yes
Yes it's there license on the line
NOT ALWAYS
Yes
yes
Yes.
Sort of. Training can always use improvement.
Pharmacist by nature are lazy. They act like generals telling sergeants to "get it done" and they don't want to know how. They want technicians to go on auto-pilot. This effectively erases the check & balance procedure in operation. People by nature make mistakes that is why check procedures are in place.
Absolutely not honestly half of the people you work with aren't in sync with you and the other half just complaining about your co workers and companies
Yes
yes
No
yes
Yes
Ehh, i've been a tech for 26 yrs, so pharmacist mostly trust you know your job at this point.
Yes
Yes
yes
For sure anytime I've had question I always my Pharmacist
Yes
Yes
YES
no
Yes, they look to me for my knowledge and advise.
Yes i do.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes
Sometimes.
Yes
Most of the time. There are times when errors missed by a pharmacist are caught by a technician before it leaves the pharmacy.
sometimes
Yes
yes
No don't have sufficient oversight.
Hospital: Yes Retail: No Home Infusion: Yes TPA: Varies Oncology: Yes
Yes
Yes
Yes.
As a technician who has worked in sterile compounding for over 15 years, the pharmacists I work with look to me for oversight. In most clean rooms in hospital organizations most pharmacists lack most if not all skill/experience to be working in a clean room.
Yes
Yes
Not really.
Yes
Yes our tasks are non discretionary so we should be able to work from home like the pharmacist are
yes
Yes.
No, fast pace working environment hardly any oversighting
Sufficient oversight yes. Workload leveling no.
Yes
Yes
No, as they are order entry pharmacists
Depending on the pharmacist. No
Not always
Yes - pharmacists check everything, they are quick to answer questions
In a busy Hospital Pharmacy the Pharmacist has many bodies to oversee, so sometime Yes and sometimes No
Yes. Much if not all of our pharmacy work is checked multiple times by multiple individuals, regardless of who performed the task, to safeguard our patients from human error. These checks also safeguard against errors or activities that could damage pharmacy staff's careers and/or reputation.
Yes
yes
yes
yes
No currently

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Rph have oversight
More than enough.
Yes
Yes
Sometimes
yes
Yes
yes
Yes I do.
No.
Not always
sure
Yes
Yes
Yes
No.
N/
yes
Yes
Yes
Yes, but when I get micromanaged I think it is way too much and I get stressed out,
Absolutely if a question does arise
Yes, in my current position but in previous one not as much as I would think there needed to be.
Yes
Yes
Yes.
yes
Yes
i believe so
Yes
Yes
Yes, with minimum experience requirements and appropriate training for the specific task
Yes
Yes. As a technician working in Oncology.
Yes
In my particular position (Purchasing and Finance), oversight by the PIC or Department Head, is more indirect but available if needed.
Yes
Yes
Yes
No. There is no need for oversight, pharmacy technicians do all the work with minimal supervision and it is fine.
Yes
Yes

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
yes
not in all subjects
Yes
Depending on the resources of the organization or store. More training programs or certifications/education is needed to support a higher-level pharmacy technician role.
In a health system setting, the technicians undergo training based on duties and responsibilities in addition to competencies. However, there may be a greater need in the outpatient/retail settings for technicians to receive additional training and competencies.
Yes
It should be ongoing. Yearly.
Yes
Yes, but the training is not proven by a 3rd party.
Yes
Yes I believe we do.
yes
Many tech only want to do the minimal
I 38 YRS UNDER MY BELT AND SOME TRAINING COMES WITH TIME. A LEARN AS WE GO PROCESS. BUT NOT ALL NEW TECHS GET FULL TRAINING BEFORE THEY'RE SCHEDULED AND MANY TIMES IT'S A HIT OR MISS
Yes
yes
Yes
Yes
Years of experience will make it second nature but never guaranteed to be followed routinely to the letter.
Not one single company care is if you get educated to do your job properly they just slap you with who has been here and pick up their habits to get through the shift enough to opt get flagged then when new hires come in you teach them the same bare minimum
Yes
yes
No
yes
Yes
I know I do, but some techs might not.
No. They give 10 weeks of training in the budget but put the tech on their own after 1-2 weeks for a hospital main pharmacy tech and an IV tech gets maybe 3-5 days then they are expected to be on their own.
Yes
Yes
Yes we update every yearly training
Yes
Yes
YES

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
no
Yes from my years of experience
Yes
Most of the time. But, lack of pharmacy tech in inpatient setting, it is very difficult to provide a good training because of lack of time.
Yes
For me personally, yes, but I hear from too many techs who come to me as applicants that they are expected to be expert at everything after receiving very little actual training. I am the Technician Supervisor at my facility and I know the importance of providing the best training possible, even when short-handed, in order to reduce errors and prevent dollars from being lost being something was left in the wrong place or was not properly filled/compounded.
Yes
yes
yes
Yes
For safety, yes. However, there should have been more/better training on use of our EMR system to improve efficiency.
Yes
Yes
Absolutely NOT.
Yes, but only after years of work.
Yes
Yes
No. Currently due to lack of experienced technicians because they quit due to low pay, our hospital end up having newly trained technicians to train the newer ones
Yes
yes
tes
Yes
None
Yes
Yes
Yes
No
Yes
Yes
Yes - I also took extra classes and training that I felt I needed
We do need more CE's that address the compounding laws, they are constantly changing and it's hard to keep up.
Yes.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Most of what I have learned has been self-taught so my answer would be no. There is baseline training provided, but I do not feel that it was adequate.
yes
Yes I do
No.
Yes
yes
I think new techs would benefit from being trained (in an in patient hospital setting) by the same highly experienced tech. All techs should be cross trained to compound lvs as well.
Yes
Yes
absolutely not.
Yes
Yes, some areas. Some other areas need improvement.
Yes
Yes
No.
As a pharmacy technician you're always evolving knowledge wise cross training in the pharmacy is Paramount as always if you have questions check with the pharmacist
Yes. I learned all of mine with on the job training and my employer does an amazing job of making sure we are trained to the most current regulations
Yes
Yes
Yes.
yes
Yes
it depends on the facility
Yes
Yes
Absolutely, yes!
Yes. I do not do compounding in my work setting
Yes
Depends on the topic.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?

Yes; however, I don't perform any compounding.

Yes

Yes

Yes

Yes

Yes

Yes

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
on the job training, job shadowing, competency
Ive had plenty training in 17 years on the job more so than any. I think a compound course would be nice. and medical via the computer with drills we can go thru and scenarios
Sterile compounding training in NPTA Texas, Critical Point NJ, USP Webinars, one ASHP certification, send I am CSPT
About HIPPA- Health Insurance Portability and Accountability Act of 1996,privacy and security of health information
Externship
Calculation Dosing "NICU", cleaning counter after Chemo
pharmacy operations, HIPPA compliance, and compounding, though ongoing training is needed as things/situations change.
On the job practical experience training from other pharmacy technicians and pharmacists is typically how pharmacy technicians are trained. Additional continuing education and company sponsored training is necessary to maintain knowledge over the practice area and regulations to ensure quality care.
ASHP accredited technician program On-the-job training including compounding, pharmaceutical calculations, medication storage, customer service, basic computer training
Compounding training was efficient
Onsight training is most appropriate.
We do yearly compliance and HIPAA trainings at Kaiser. We also had to do a pharmacy technician training upon being hired at Kaiser Permanente.
I think advanced tech training is the new benchmark that we can be measured against each other.
On the job training and pcca compounding program
We have on line training, on premise training. Yes it is appropriate
I went to an community college to get my training. It should take about 2 years not only 9 months like a tech school. I feel that I have more training and knowledge than someone who went to a tech school. they are not properly trained.
Hands on training is the best
I WAS TRAINED FOR EACH SHIFT IN THE DEPARTMENT, AS AN ON CALL TECHNICIAN. THEN WE HAD PREFERENCE OF SHIFT THAT ALLOWED US TO COVER THE PREFERRED SHIFTS BY SENIORITY. THIS HELPED IN THE PLACEMENT FOR FULL TIME POSITIONS.
I received stepped on the job, as well as a vocational school course taught by a pharmacist. I think training should consist of more schooling, perhaps an associate program. Additionally, structured training at facilities. This varies to a great degree at various facilities.
training videos
We do 20 hours of CE to maintain our CPhT licenses. I believe that between this and yearly competencies all of these things are covered.
Hands on training, computer based learning with resources you can use to review or look something up.
Training in different fields stages such as cart fill, IV preparation, compounding, storage, manufacturing, Chemo, stocking. Entry level tech will be trained in each area and progress efficiently through it in time.
Honestly from my experience unless you understand the mission of you job knowing it doesn't matter what you get delt with with task, unappreciative actions by employees and employers it's your own will if you want to help another human for patient care honestly or a oay check
On the job.
how to make ivs
For the compounding, would need to complete training. Also, at least 9 month pharmacy Technician training in CA.
everything, medication compounding
I received in the job training many years ago.
I went to Tech school through the retail company I worked for at the time, although now I work in an inpatient hospital so its much different work.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
The tech supervisor needs to take each new tech through a step by step process of learning everything they need to know (so the supervisor should know how to do everything they are asking their techs to do, and they should know how to do it well, this is not the case in many pharmacies, especially hospital settings) Instead most new techs are handed off to random techs scheduled for that day which are often new themselves and don't fully know yet what to do. If there has been a sick call they just throw them in and hope they swim. Training is lacking on every level. This is dangerous and sets up new techs for failure.
I received all the knowledge I need for my work.
Not sure
I like on hands training my self
Some places have been a couple weeks; some places shorter. Depends on how short the department is; that ultimately determines how long you get trained
It's appropriate
SHADOWED TECHNICIANS AND WATCHED VIDEOS
we get HIPAA training yearly
On the job and through CSHP Seminar every year.
We were trained on how to compound certain medications using proper MFR's I believe that the more we compound the better we can get at making meds apropiately.
Required education at work
2 year associates degree program and 6 week-long externship.
Trainers showing us everything we need to do. We also now have a booklet for new personnel to use to learn the basics of sterile compounding
Both online and physical training
Honda on
School and on the job training
Training with what needs to be done, Why it needs to be done, and How it needs to be done.
Most if our training is online...I would lime to see.more inservices in person at our pharmacy
I think for there should be a required minimum amount of hours of training for each major area of pharmacy technician duties in every pharmacy environment. For example, if a technician will work in an environment where chemo drugs are compounded, there should be a minimum number of required orientation/training hours at that worksite before the technician can be scheduled to work that shift. If the technician is expected to deliver to the entire hospital, there should likewise be a minimum number of hours spent training the technician exactly when to go, where to go, and where to leave medications. More specificity is needed to reduce the number of training-related problems.
90 days of training compounding, receiving medications, math calculations
on the job training and CE's
on the job training for sterile and non-sterile compounding. Pharmacy Law and, HIPAA and pharmacy operations
Internships and hands on the job.
Sterile Compounding following USP 797, 800 Non-sterile compounding following USP 795, 800 Cultural sensitivity as pertains to coworkers and patients HIPAA Pharmacy workflow
We have annual online training performed in all these areas that are mandatory in our hospital
Excellent spread sheets, accountability, phone etiquette and management
A dedicated technician who is competent at every aspect of their position should be assigned to new techs for any questions and guidance. I personally was thrown in a line with 3 other people and was told to ask questions if I need help. Absolutely ridiculous.
I went through a vocational training program. It was a bit overboard but I'm glad I went that route.
3 months hospital internship; 3 months outpatient internship
Pharmacy Technician college
IV training, IV chemo training, some pharmacy operations, compounding

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
On site job training
Clinical operations technicians needs a minimum of 6 week training. A week for every tech shift we have to learn then another week to display they are able to function appropriately and safely. Even further training is needed if cross training other clinics
on the job training
PTCB, years and years of on the job training, starting as a delivery driver, clerk then State registered then PTCB.
Pulling medication
In house training as well as Critical Point, CPHT, CPSPT, MMT and CE certificate
Yes
Hippa compliance
On the job training and nothing on the compliance of any sort
On the job training like modules.
class room training, shadowing, then perform duties with close mentoring/coaching
Some school education seems to help; on-the-job training by competent technicians is the best training technicians can get; extra training and classes are important for more advanced jobs, such as supervisor, buyer, tech-check-tech, investigational drug tech, etc
Hands on after a few days of instruction
Pharmacy Technician School, Certified Pharmacy Technician course study and certification, California Title 22 Hazardous Waste Generator training/certification. Required USP 797/800 training, Required HIPAA training, Required study and CE of institutional ethics and standards training. Ongoing annual course study and required CE units.
I feel a lost training component is customer service which most institutions seldom cover. Otherwise, I believe pharmacy operations, HIPAA compliance, compounding, order entry, etc. should all be very comprehensive. I do not believe in the sink or swim mentality of some institutions.
annual competencies
All hospital pharmacy training
we have yearly comps
Hippa compliance is provided yearly as a computer training. Compounding training is learned on the job. A yearly review would be appreciated.
Hands on
Years of on the job Training is key
Customer service
Licensed Pharmacy Technician and Certified Technician by Board of Pharmacy.
Hands on training is the best training
my initial training was great when i started this job, and since then i've taken classes to be more prepared for my type of work
Yes
job specific training pharm tech school with internship is very beneficial
In retail, all the functions that are currently in place. In the hospital setting, collecting medication histories was a thorough program to have me do my job in a safe manner.
N/A
Compounding training and yes it is important to have the pharmacist check the ratio of each item to ensure accuracy and safety of medications dispensed
On the job training
I was grandfathered in, so hands on training. I was trained by high functioning technicians.
Yearly compliance training.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q6 What type of training did you receive or do you think is appropriate?
On the job. ASHP. CPhT training and ongoing classes.
At my current employment at Sharp Memorial Hospital in San Diego training is lacking.
N/a
Compounding and phone
Yes we have yearly mandatory compliance training
Having another tech and lead tech showing me the rights and wrong of doing things.
I liked inservices because we went over things as a team. Now it's just classes assigned with a short due date.
The training you received In order to receive your tech license from the state of California is adequate but as always it's the techs job if you don't know the answer to a situation and ask there are no stupid questions it builds a better team unit
I have been trained by critical point as well as my own training to take the CSPT test. I also took it upon myself to get the CPHT-ADV certificate to further my education. I think that in pharmacy tech schools they need to have good training on compounding as I think that is seriously lacking. I do think that most employers do a great job of getting Techs up to speed on how to compound but I think Techs who have not compounded should have to get a certification on chemo therapy mixing, I have seen Some great techs who learn things great being green to mixing and I have seen some bad techs who have a hard time with mixing.
From online trainings at Kaiser: Medication safety, Prevention of Workplace Violence
Annual HIPAA testing and math competency testing
My program, back in about 1981/82, was four full semesters long. I'd like to see that again. The 9-month programs nowadays don't teach prospective techs to think critically. Some of our new grad hires leave a lot to be desired.
on the job training, yearly ARO
Continuing education
i feel a minimum of a week is sufficient per area of practice before one is left on their own.
Pharmacy technician class as well as on the job training.
Working on an outpatient hospital discharge pharmacy for 20yrs and retail pharmacy prior to has taught me enough
Training checklist sign offs, 30/60/90 day manager check-ins, and quarterly competencies.
PTCB or similar certification
tech shadowing when working Anti Coag and PHASE clinic, trained by technician while compounding in Oncology.
School and paid externship
Previous work experience in Pharmacy Purchasing. I also have a degree in Economics.
All the above on pervious question
Compounding and pharmacy calculation
Annual testing, modules to complete, staff meetings, annual performance appraisals/reviews, etc.
Associates degree.
Computer and class
More training is needed with the current Medi-Cal Rx change.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
yes
Yes. More technical functions such as compounding techniques require more skills and knowledge to perform properly.
<ul style="list-style-type: none"> • Yes. There should be various levels of training: <ul style="list-style-type: none"> o Basic training that encompasses general requirements/basics regardless of current job function (i.e., calculations) o Advanced training specific to functions they perform. • It may allow technicians to be able to cross-function in different areas and adapt quickly
Yes
Yes.
Yes.
Yes.
Yes
Yes
yes
Techs should learn a little of everything thing
NO, WE SHOULD ALL BE EQUAL ACROSS THE BOARD.
Yea. Inpatient or infusion settings require a greater degree of training.
yes
Yes.
Yes
Yes definitely but training in other areas must be required to maintain normal pharmacy operation during short staff events.
Absolutely only the employee that gets benefits will thrive the rest will either just get by and do hear minimal
No. If you work in a pharmacy as a technician, you should be able to do all of the functions one is expected to do.
yes
Yes
yes
all pharmacy techs would be the same.
Yes
No every tech should know how to do everything in the pharmacy that pertains to technicians.
Yes
Yes
for sure there's always time for more training at work or from home
No. I believe it is currently based on staff that has shown up to work that day. Frequently 1 or more shifts are unfilled
Yes
YES ABSOLUTELY SOME NEED MORE THAN OTHERS
yes
I have performed all aspects of functions as a Pharmacy Technician. I had started a Pharmacy Technician Training School in the past. I use it every day.
Yes i do truly believe this statement

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
No
Yes
Yes. But every levels would still need to understand the WHY things need to be done, not just training on How and When. And leaving the trainee no clue why it is done the way it is.
Yes
Not completely. I think the initial concentration should be on the expected duties to be performed but it must not stop there. As a supervisor, I can tell you that few things are more frustrating than having someone physically in the pharmacy who cannot fill a void left by someone calling off sick. I believe it is of vital importance that every technician on staff be fully competent in every aspect of the job. Everyone needs to be able to work where needed, not just where they are most comfortable. I have been at this facility less than a year and am currently dealing with two retirements, two techs who just graduated and are transferring to RT, one tech going part-time due to pharmacy school. All leave a big void that must be filled and it takes time to hire and onboard new techs. When I first got here, all the techs worked their preferred shifts with preferred duties. I honor their preferences where possible but absolutely insist everyone train or retrain for all areas and I am so glad I did. If I had not already instituted a plan to get everyone trained to do everything, the staff losses would have left us in very bad shape. Instead, we are able to function without disruption.
yes
Yes
no, it should be straight across the board. All technicians should receive the same required training.
Yes
Yes, I believe everyone should have training and an understanding of the workflow in the pharmacy and how what is being done impacts the patient. As techs come into more specialized niches, for example, inventory procurement, prior authorizations, med reconciliation, internal auditing, 340B compliance, etc, those areas require quite a bit of different and specific training they may not be relevant to other technicians not performing those duties.
Yes
Yes
No because in pharmacy you need to know the functions of pharmacist especially if youre working with a pharmacist who was just issued a license
Most definitely. Not all technicians have the skill nor acuity to be working in a clean room.
Should train and rotate in all of the jobs; specialized training should be available to every one who wishes to participate (could be taken as special courses for minimal fee from schools or training facility)
Yes
Yes and no. We should be trained more on all areas in the pharmacy and not just specific on what job responsibilities. We should know how to order meds if the buyer is not available. We should be able to order supplies if the person in charge is not available.
Yes
yes
yes
Yes.
No, mostly training is being done by previous technician or lead technician who doesn't get adequate training either.
Before no because you had to be well rounded (Comp, Pyxis, Inventory, and Med Delivery). Now I see we are moving to specialty training (IV Systems, MED Management, Med REC TECH, TOC tech)
Definitely agree

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes
Technicians should be trained in all aspects of pharmacy
yes.
Yes
Yes - a competent technician for each function is the best trainer and training for most functions; extra training and classes are important for more advanced functions
Yes, definitely
Absolutely.
I believe there should be a wholistic approach when providing training. All technicians should be cross-trained to some degree.
yes
yes
yes
Yes depends on the task we are require to perform in the pharmacy
Yes
Ofcourse
Yes
Yes
No. It depends who is training you. Some will train you good and some will only show you a little bit to get by
yes
Yes
yes
Yes I do. No all techs can perform med history even with training.
No.
Yes
no
Yes
Yes
Yes
Yes.
Yes
Yes!
Yes
Yes
No
Cross training is imperative due to Staffing shortages pandemics in house training is key
Yes, I think ever tech should be able to perform the duties of a retail pharmacy. Those are the basics. I also think that there should be an addition school or education that techs can take for the basics on compounding and the rules and regulation on it.
Yes
Yes. There should be a separate IV compounding certification
No. Everyone should learn pharmacology. etc, across the board.
no
Yes
yes of course

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q8 What are some of the biggest challenges you face?
a 24 hour operation, sick calls, enough staff to have a consistent trainer
billing medical and medicare mostly / so many changes and rules for each drug and demographic area. i can go a city away and its all different
Support from Rph to correct other technicians. Since they don't understand how it needs to be done
Making a mistakes,,, making a mistakes learn you a lesson so next time you should do it right
When your co technician thinks their better than anyone else
Consult Patient, Who runs out of Narcotic early for next fill
burnout, lack of staff, and proper training for staff rotating in and out.
COVID related challenges that prevent the expansion of telehealth services or remote work to be performed outside a licensed facility. The scope of the pharmacy technician is limited and heavily relies on the pharmacist to perform. Maintaining adequate staffing levels is an ongoing challenge.
Staffing and turnover, lack of pharmacy technician profession recognition and representation, pay.
Not enough employees and having to do two peoples work
Disrespectful pharmacists. Stress level. Difficult guests.
Not being able to work remotely like our pharmacists here in the clinic.
Proving to pharmacists that our advanced National accreditation is valid.
At my previous job: not being able to move forward with an rx until a pharmacist checks it
Hmm this is a wild card question. Compensation I believe is the number one challenge I see. I don't see that management compensate the senior technicians because of the experience and knowledge they possess. In many occasions pharmacist have pointed out that " you can train a monkey to do our jobs" And that's a horrible attitude so pharmacist have towards technician work Since we have being relegated to do deliveries to nursing units or ADM in the hospital setting.
pharmacist treating me like I am nothing since I am only a technician. I HATE when a pharmacist talks down to me, I know everything you know about medications. what they are for, and prescribed and directions and dosing. So don't talk to me like I am nothing.
Team work
WORKING WITH CERTAIN PHARMACISTS WHO HAVE TO BE WATCHED, DUE TO LACK OF KNOWLEDGE OF PRODUCTS OUR PHARMACY CARRIES OR ERROR IN ORDER ENTRY.
The quality of work and attention to detail, as well as professionalism of many technicians is not consistent.
not enough pay to afford rent
Being short staffed. Burnout. Verbal abuse from downstream customers.
Acclamating to a new job, everyone is too rushed to train well. Anywhere else the challenge is an unreliable schedule and low pay.
To be thought of as a qualified and seasoned Licensed Pharmacy Technician is great responsibility. Keep us out of "Pharmacy Politics". We will never be Directors, Supervisors or Pharmacist unless we go back to school. No competition here. What we are not is the "spanking-boy" for the powers-that-be having a bad day !
Co workers and managers
Working for the State of California, our technology issues are causing the most stress and burn out. We have very old technology and some days it doesn't even function properly. As well as printer issues and Centrack problems.
over load work
Being challenged by not fast enough to dispense medication. Retailer not going beyond enough training for their fast pace environment.
if there is an ICU pt on code blue that there is a lot of stat order
Lack of recognition for the valuable work pharmacy techs do.
The level of responsibility the technician has without the pay, there are grocery checkers making more than some technicians and the level of responsibility is just not the same.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q8 What are some of the biggest challenges you face?
Staffing. We are constantly short staffed and expected to pickup the slack and get it all done. Not enough staff scheduled so when there is a sick call it is even more stressful. Routinely schedule barely enough staff with a crippling workload then there is a sick call and expected to absorb that persons workload, this happens several times a week.
Making sure the correct medication is processed for each member
None
Not enough time in the day for work and training
Staffing issue which leads to overwork which leads to fatigue which leads to mistakes. Notification by management of changes.
PAY SCALE IS TOO LOW !!
HAVING POSITIVE COMMUNICATION WITH DIRECTORS
we never have meetings and the communication isn't there with changes in the pharmacy i'm in a hospital
Training enough Technicians to fulfill the Pharmacy Technician shortage. We also need to train the Technicians to work in the Hospital setting.
The biggest challenge i personally face is sometimes the communication is not always delivered, We face alot of of meds that aren't always avail due to buyer not ordering meds needed.
Unfair work flow
Lack of support from management
Clarity on laws and regulations with USP 797 & 800 as well as getting technicians and pharmacists who have worked many many years in Hospital pharmacy, to stop saying "back in the old days we didn't have to do this" and getting them to comply with new changes etc.
Not being able to answer patient question about medication diet changes etc
Pandemic, overworked
Over worked
Not enough time with the trainer
Our pharmacy is severely undersized..we are a large generator with only 1 chemo hood
Regarding my staff: motivation. Regarding me personally: Opportunities to advance a pharmacy technician in my current facility. The only way for me to continue to improve my career is to move and there are as many cons to that as there are pros.
Entering lot numbers and expiration dates and using a camera system to take photos of everything. We are essentially doing double the work by having to enter all Lot numbers and expirations and the pharmacist can see all the information clearly on the screen
pay rate; discriminations... some Pharmacist looks and treats technicians as just ordinary workers doing their works. We all have same goals to give excellent service for patients and others.
staffing shortages.
Being unable to work due immigration delays
Staff shortages, pay not commensurate with workload/duties, little to no training on EMR system.
As a buyer it would be back ordered medications. It is a daily challenge. And lack of wages that are inappropriate for the responsibly level I have
Communication between everyone else and the pharmacy techs. IE dr's, nurses, management , scheduling and pharmacist in charge
Short staffed, having to do other job functions such as being a cashier, evs, security
Poor management from pharmacists that can't and don't know how to do my work. Every pharmacist is supposed to oversee/supervise technicians but in clean room environments they are typically clueless and useless. They are just someone with the right degree to officially/legally sign off on a compounded product.
Very few opportunities for promotion.
Being short staffed always brings challenges to our team

PHARMACY TECHNICIAN – HOSPITAL SURVEY

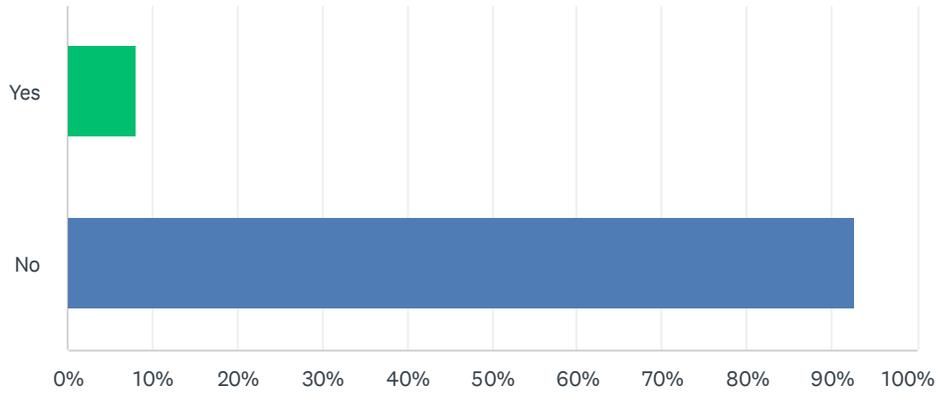
Q8 What are some of the biggest challenges you face?
Working with poorly trained and yet arrogant technicians that thinks they know it all Low pay New technicians getting paid higher than veteran techs Technicians getting blamed for errors even if meds was checked by a pharmacist prior to dispensing Lack of opportunity to grow professionally in the field
Pay - work preformed is worth much more than what is paid
Having time to train appropriately and safely (making sure you have time to check trainee's work and getting own work done)
memorizing everything
Time restraints, pressure from companies to get each day's work on time, regardless of workforce. Corp goals that are unattainable. Corporate greed, no focus on quality of work
Trust
Staffing dependable people.
Customers not being educated on processes
Getting proper advanced training
Technicians being treated as part of the pharmacy staff. We have become fillers of automation...nothing more or less
The patient thinking im another worker at mcdonald's. not taking me seriously. the pay for the amount of work i do.
Low reimbursements (PBM clawbacks/DIR fees)
the C-Suite, HR, and some Pharmacy leaders not understanding the importance of having a career ladder for technicians; when I first started working, we developed a good 5-level career ladder, later the people changed in the above areas and we started losing our levels and losing a good incentive for our career minded technicians.
Keeping drug shortages on the shelf
The biggest challenge that I see is the dichotomy between pharmacists and technicians. To be blunt, pharmacists are seen as trustworthy and pharmacy technicians are not. I see this stemming from the pharmacists inability (by law) or unwillingness to relinquish responsibility to pharmacy technicians who are unable (by law) or unwilling to accept it.
Guidance and a clear understanding of our institutional goals. That and more competitive pay which would likely lead to better retention of employees.
Staff shortages, zero respect from management or pharmacists.
n/a
short staffing
More compounding training
None really
A pharmacist believe they know it all
None
Nothing
When short staffed having to do more than what you are able too and not make mistakes
lack of better resources for techs in automation and technology fields
Idk
earning trust from colleagues
In my current role, I haven't had too many challenges.
IV room temperatures are too hot. Hazardous/ negative-pressure IV rooms while wearing two mandatory gowns in 70 degrees F is torturous.
Pharmacist response of verifying...medications
Staffing
Not enough cross trained staff who can perform all tech functions.

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q8 What are some of the biggest challenges you face?
Pay when it comes to the job. For example I work as a medication reconciliation technician and this used to be a task that a pharmacist would do on top of verifying medication orders (inpatient). The pay is similar to a tech who is filling and delivering medications. This is in fact something that not all technicians can do and there should be special qualifications and pay for those who work specialty positions.
Having technicians in our hospital pharmacy incompetent to do their jobs. Having to do their jobs on top of my job because of their failures. Having our director cut them slack because we are so short handed because of being under paid!
Pharmacist per technician ratio not accurate. Work space is poor too many pharmacy staff in our work areas.
N/a
Lack of training. With shortage of staff, we learn as we go
Short staffing
Nothing so far
Being overworked all the time, feeling bullied, not heard, and not being properly trained but yet expected to know everything.
Staffing shortages
Not being paid appropriately for the training and education I have had.
Pharmacists working remotely from home, hard to get a hold of them immediately at same time I speak with patient.
Staffing
Inadequate staffing; supply chain issues; profits over patients/staff job satisfaction.
not being respected by some pharmacists. low pay scale
The price of CA license. \$195! Our pay did not increase to warrant that.
living in California getting paid our crappy wages. not being respected because we're just techs.
Low staffing
I work for a private hmo so I don't see too many of the new drugs
N/A
Constant changing of routine procedures
n/a
Not advancing in my career only option is to become a pharmacist which is very hard and expensive.
Lack of staffing. Lack of good work areas (desk, cubicle, etc.), more phones, computers, a printer, a Supervisor who actually cares about us and how much work we are really doing... This question requires a very long and complicated answer.
Staff shortages
Getting Patients med delivered on time, changing product to bill correct product
Lack of promotional opportunities, lack of pay in relative to cost of living, not being seen as part of healthcare, many limitations.
Pharmacist treating pharmacy techs as lower class due to less classroom time
Completing assignments and helping customers with low staffing!
MEDI-CAL RX

Q9 Do you currently perform remote work?

Answered: 123 Skipped: 0



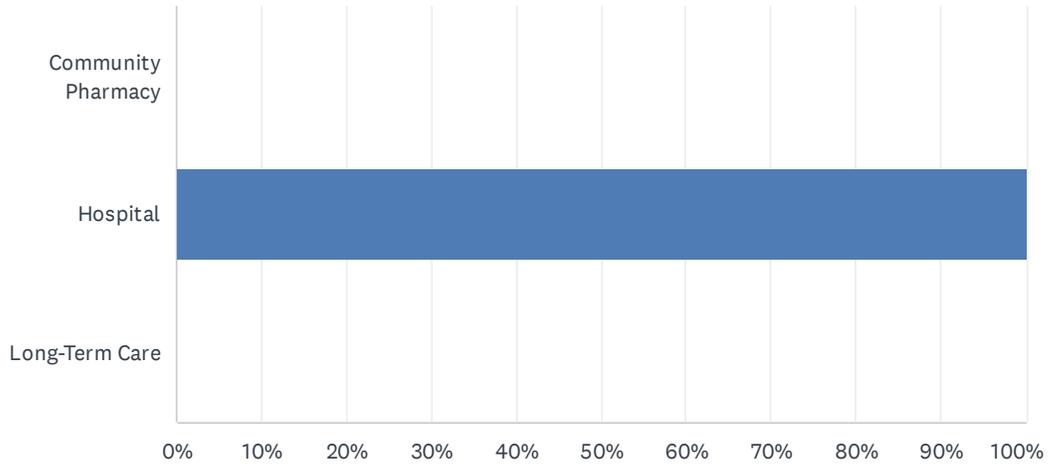
ANSWER CHOICES	RESPONSES	
Yes	8.13%	10
No	92.68%	114
Total Respondents: 123		

PHARMACY TECHNICIAN – HOSPITAL SURVEY

Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?
<p>Ensure safety of pharmacy workers, allows more flexibility for staffing and providing care to patients. BOP regulations make remote pharmacy work difficult.</p>
<p>We perform remote work but are not allowed by the leadership of kaiser to work from home.</p>
<p>I don't face any issues.</p>
<p>I am able to perform at a high level without constant distraction and interruptions, as would often happen in person. My job is not typical of tech work, though. Personally, I love remote work. I'm able to live in a more affordable area without the rigors of an extensive commute. Technology allows for a seamless operation in my position.</p>
<p>N/a</p>
<p>NA</p>
<p>It takes a little time for getting help with different things</p>
<p>not working with my co-workers</p>
<p>N/A</p>
<p>Child care is a challenge after school hours and often unaffordable. Benefit is staying home and not commuting 40 miles, saving gas.</p>
<p>We are not allowed to work remotely</p>
<p>I would love to be able to do remote work because all our job duties are able to be done remotely without challenges because pharmacists are already doing it. We would be using the same technology(phones, electronic faxing) Technicians had to call in sick often due to pandemic which caused short staffing. Sick calls and risk of exposure would decrease if able to work from home.</p>
<p>I am seeking for opportunities in remotely work. Traditional pharmacy work is so toxic and unfriendly environment.</p>
<p>NA</p>
<p>The greatest benefit is that I feel responsible for my work and I feel trusted to carry it out competently. The biggest challenge is the fact, that I am neither responsible or trusted because in fact ALL responsibility falls on the pharmacist. And how much can you trust someone who is not held responsible for his or her own actions.</p>
<p>N/A</p>
<p>N/a</p>
<p>N/a</p>
<p>N/A</p>

Q11 Please identify your work setting.

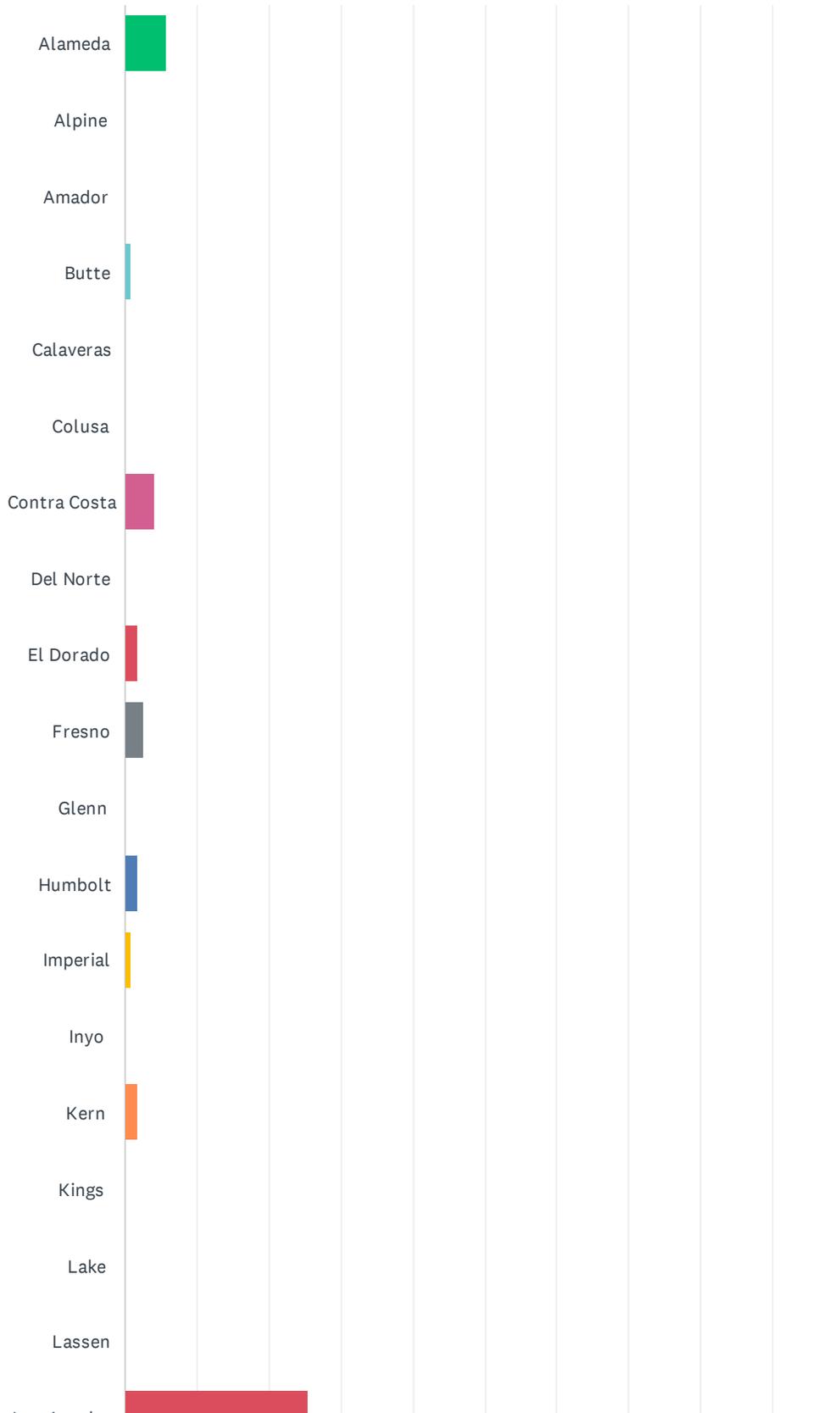
Answered: 123 Skipped: 0

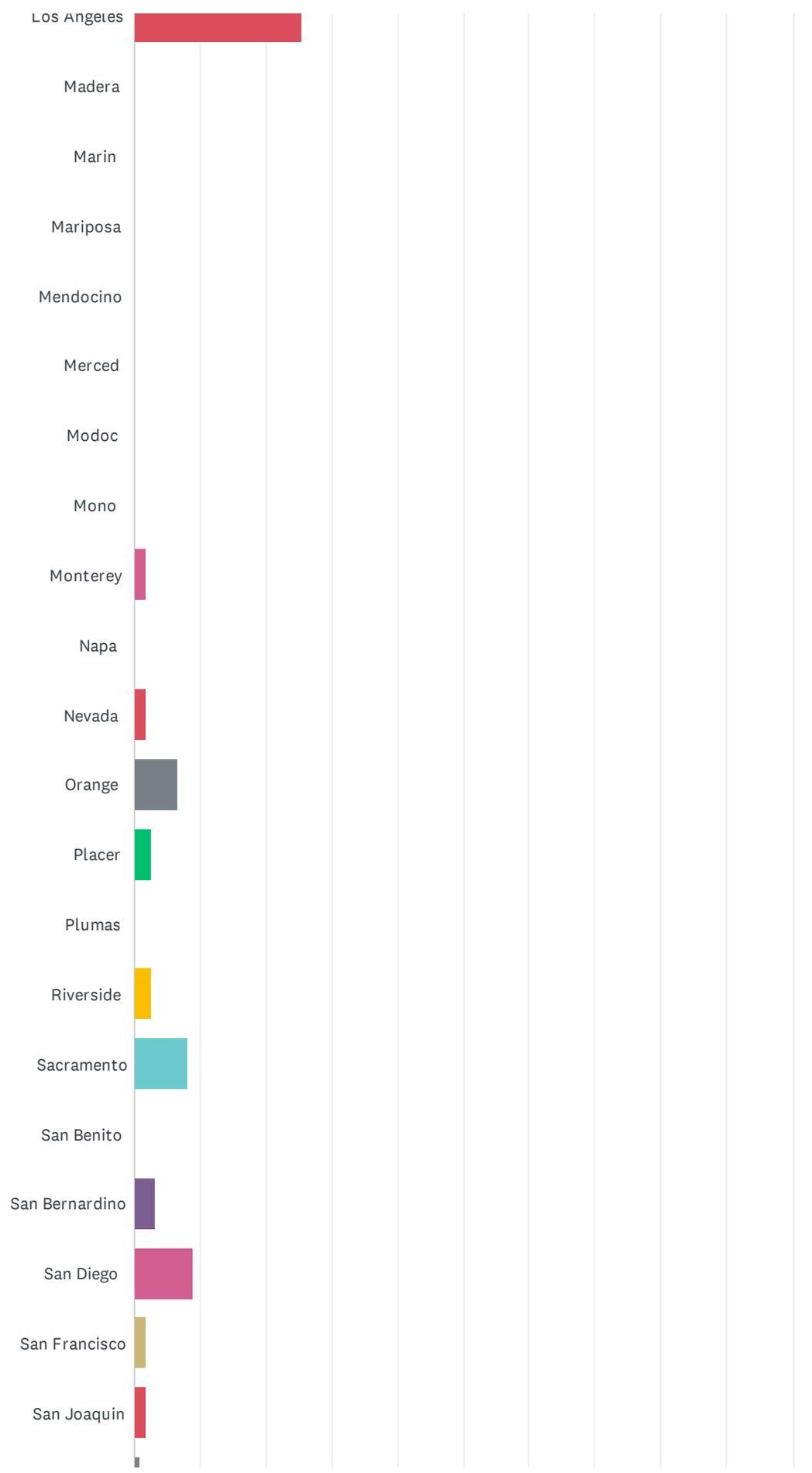


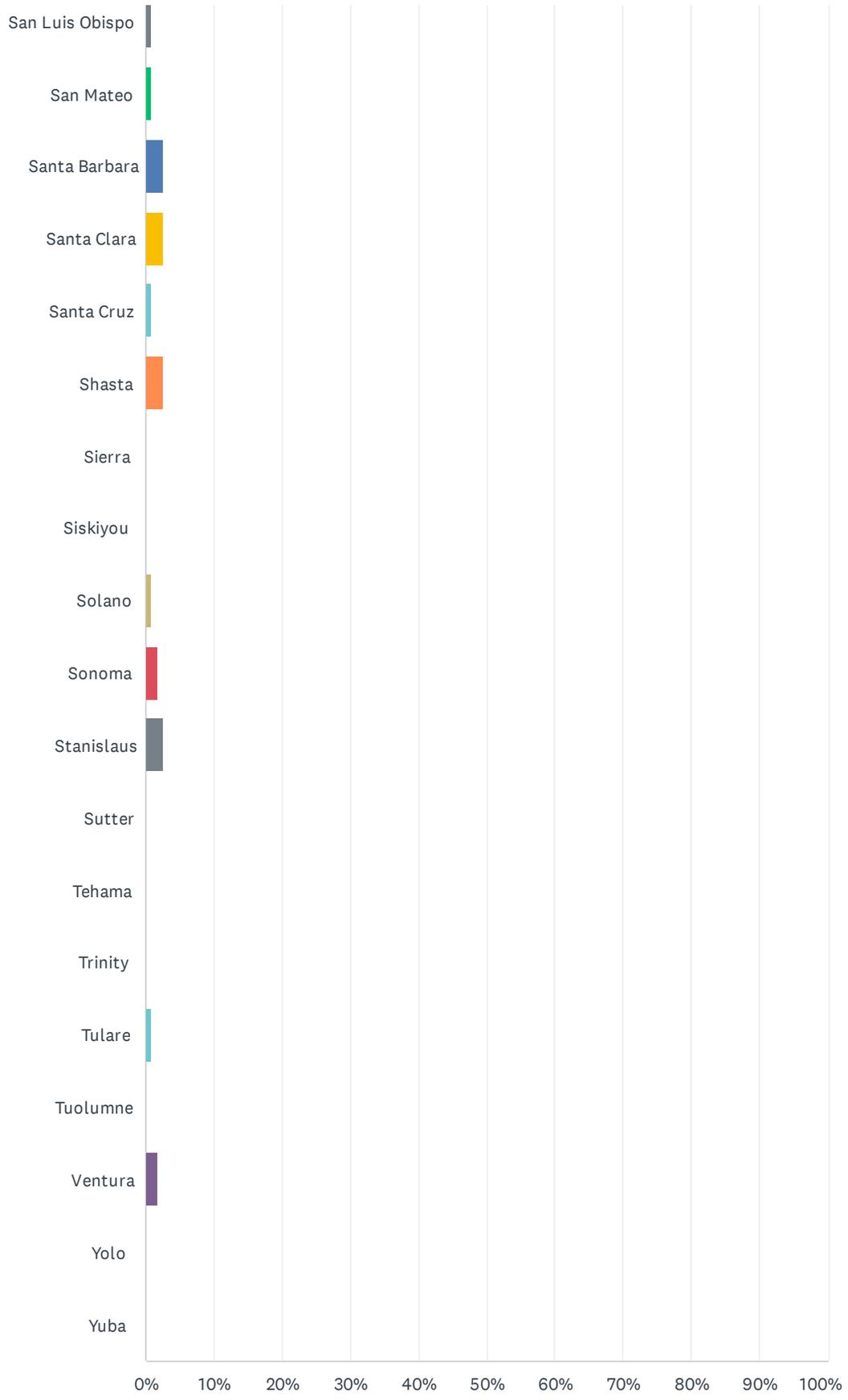
ANSWER CHOICES	RESPONSES
Community Pharmacy	0.00% 0
Hospital	100.00% 123
Long-Term Care	0.00% 0
TOTAL	123

Q12 Please identify the county in which you work.

Answered: 122 Skipped: 1







ANSWER CHOICES	RESPONSES	
Alameda	5.74%	7
Alpine	0.00%	0
Amador	0.00%	0
Butte	0.82%	1
Calaveras	0.00%	0
Colusa	0.00%	0
Contra Costa	4.10%	5
Del Norte	0.00%	0
El Dorado	1.64%	2
Fresno	2.46%	3
Glenn	0.00%	0
Humboldt	1.64%	2
Imperial	0.82%	1
Inyo	0.00%	0
Kern	1.64%	2
Kings	0.00%	0
Lake	0.00%	0
Lassen	0.00%	0
Los Angeles	25.41%	31
Madera	0.00%	0
Marin	0.00%	0
Mariposa	0.00%	0
Mendocino	0.00%	0
Merced	0.00%	0
Modoc	0.00%	0
Mono	0.00%	0
Monterey	1.64%	2
Napa	0.00%	0
Nevada	1.64%	2
Orange	6.56%	8
Placer	2.46%	3
Plumas	0.00%	0

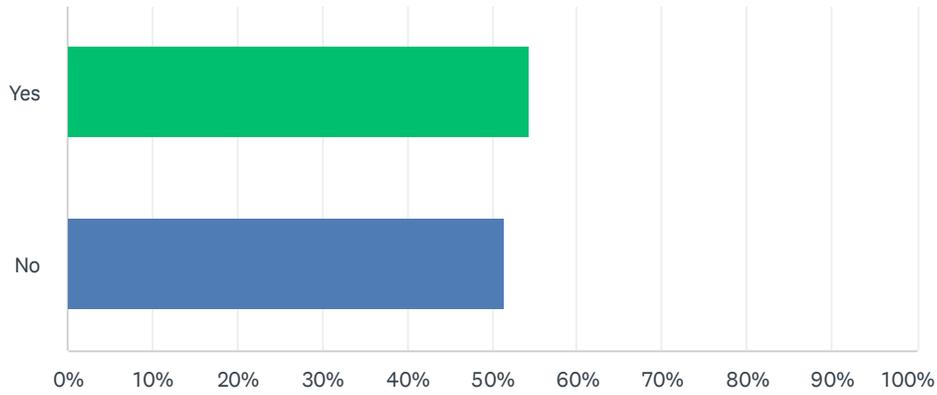
Riverside	2.46%	3
Sacramento	8.20%	10
San Benito	0.00%	0
San Bernardino	3.28%	4
San Diego	9.02%	11
San Francisco	1.64%	2
San Joaquin	1.64%	2
San Luis Obispo	0.82%	1
San Mateo	0.82%	1
Santa Barbara	2.46%	3
Santa Clara	2.46%	3
Santa Cruz	0.82%	1
Shasta	2.46%	3
Sierra	0.00%	0
Siskiyou	0.00%	0
Solano	0.82%	1
Sonoma	1.64%	2
Stanislaus	2.46%	3
Sutter	0.00%	0
Tehama	0.00%	0
Trinity	0.00%	0
Tulare	0.82%	1
Tuolumne	0.00%	0
Ventura	1.64%	2
Yolo	0.00%	0
Yuba	0.00%	0
TOTAL		122

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Ratios should be reviewed and expanded... cost and margins continue to shrink...
Double check tech for accuracy
Immunizations
Opening and closing the Pharmacy, it seems wasteful to have a Pharmacist get paid so much money to spend an hour a day opening and closing doors
none
None
Phlebotomy
I've worked as a Home Care Aide/Caregiver and I had to report to the Regional Department when medication was mishandled. Whistle-blower in other areas when you're trying to protect your job.
Vaccinations, OTC counseling
None
EVERTHING
I believe most jobs a pharmacist can do a pharmacy tech can be capable from giving. Albiet I believe that a pharmacist should only consult and handle allergy issues and change medications.
We should be able to work on a closed door pharmacy alone without the supervision of a pharmacist. The final product is always checked by a pharmacist anyways.
Authority to substitute NDC's with the same GCN.
Injections
Billing and coding, administering medication, bill collection, cpr,
Well no need to add we pretty much do it all and are transparent. we don't get much attention or credit for our work. the pay pretty much is sad
None
Accepting prescriptions from doctor's offices over the phone.
annotate non-clinical information on prescriptions
I believe that they can work from home under a mail order setting.
PATIENT CONSULTATION ON DIABETIC SUPPLIES . AND CLARIFICATIONS FOR MEDICATIONS
Learn more about insurance, tiers, etc. and how to submit Prior Authorizations especially while you have a customer on the phone and not having to place a hold on order to go to another queue or department.
i believe working from home gives the ability for a tech to fully put its main focus on working.
Process rx, get rx renewals entered , follow up on rx with MD offices .
CONSULTING
technician can pretty much perform anything at home that they do in the office.
I was a telecommuter for over 6 years before the waiver was removed. I processed prescriptions, had access to consult rphs by Microsoft Teams chat and through phone. I was able to perform all duties, aside from dispensing, as a technician from home.
I believe that Pharmacy Technicians should be allowed to call to clarify and verify orders. Proper documentation would assist in teachable moments if needed.
Working from home.
changing otc orders
we already DO everything except putting the final ok ...geez , the pharmacists cant even be bothered to do any clinical calculations except for aminoglycosides and TPN ...which I supposedthe tech could and can do in my case already
provide vaccinations, educating patients how to use a glucometer and check BP. Transfer of medication from one pharmacy to another, basic education in regards to side effects and dosing (more in detail would require pharmacist)

Q2 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)?

Answered: 35 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	54.29%	19
No	51.43%	18
Total Respondents: 35		

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
Support for continued automation
Double check for accuracy
Filling meds, Checking prescriptions for accuracy, checking in the order
Calculations of days supply, dosing, picking the correct drug from shelf
Only if that Pharmacy Technician can take responsibility if something goes wrong.
VERIFYING CORRECT MEDS ARE BEING DISPENSED
filling , final check, pharmacy operations.
NDC approval by another tech for verification
New graduate technician still need supervision. Especially compounding sterile products.
Drug counts of CII medications can always be done by a tech but should be monitored by a 2nd tech to prevent error.
If a senior tech position is available. or in training mode. or a respect given from tech to tech then yes
Verifying prescriptions (e.g. directions, correct drug, etc.)
YES AND NO IT DIPEND ON THE SITUATION AND KNOWLEDGE OF PHARMACY TECH
orders will get processed faster which customers get their medications faster.
when a tech has second doubt on calculating upd or d/s
Unless we are actually filling drugs and supplies in person .
CALCULATIONS
Pharmacy technicians should be able to supervise, should there need be, per PIC discretion. New employees and tasks may need to be supervised by experienced technicians.
Yes, Techs can check each others work.
Lead tech should train and determine who is more qualified to help with more responsibilities

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes
Yes
Yes
not at all, they dont ever watch what we do
yes
No
Yes, mostly.
Possibly but is it possible for mistakes to be made during short staff?
If I had more pharmacists during a shift, then yes! But when it's only 1 tech and 1 pharmacist and +1000 prescriptions in the queue, its hard for both to work together
Yes
NO
no. most pharmacists are clueless as to what they do. Hydrocortisone rectal cream . they would say its not the same as proctozone even though it comes with the screw on applicator.
Yes
Yes.
Yes
Not all the time. Newer pharmacists are not experienced enough to recognize certain medications and know the indications while older pharmacists are not familiar with the newer medications on market.
it all depends on where you work
Yes
Yes
yes
Yes. As a technician I have enough resources to have a pharmacist review my orders, prescriptions by phone and via a virtual setting.
YES
Can you ask the question a different way? I do not understand .
yes i do, especially that we have access to consult with a pharmacist via email
RPH is always ready to help , yes i do .
INDEED
yes we do. At any point in time we have the availability to reach out to any rph for assistance either by phone, email and web. Ever thing done in the office can be done at home.
yes, i worked on a team called Resends and we had our own group of pharmacists that we had access to all day. They could be reached by email, phone and even Microsoft Teams chat
I believe that the work I, myself, do as a pharmacy technician does not need any supervision. I am an experienced processor that sometimes know more than new pharmacists.
Yes, oversight is done by a Pharmacist.
no
if its a newly graduated pharmacist-NO
a properly trained and well educated tech will be fine. A tech must be confident to do so.

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Yes
Yes and no
Adequate, but always room for improvement.
I've feel like I've been dealing with age discrimination for sometime now. I've been trying to find work in my field and I know that I have the experience. I'm not sure what the problem is and I also am accepting for any Pharmacy Technician Trainee position.
Kind of.
No
NO
Yes
Yes
Not enough.
Yes
Overall my training was sufficient but I would have liked to engage in compounding and IV more. Although training provides quick lessons for compounding and IV, it is not sufficient enough to get my resume recognized at a hospital as a new tech.
yes but not all pharmacies have all what you learned available. so re-training will be necessary
Yes
I believe so yes .
YES
yes.
yes, i have worked for United Healthcare for over 12 years. I received in office training and when they felt it was appropriate, i was able to work from home.
Yes.
Yes.
no
I have a BA and a Tech license and been doing it for over 30 years - yes
As a formerly retail lead pharmacy tech I believe I did not have all tools I needed. I learned from asking lots of questions, floating , observing and listening to pharmacist.

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q6 What type of training did you receive or do you think is appropriate?
New hire and annual training
On job training, WebEx training, Annual compliance training
N/A
safty, and HIPAA is so improtant
OJT ALSO PHARMACY TECHNICIAN COURSE
I have not been trained in doing IV or compounding because of unforeseen circumstances on my part.
1 year private vocational training. On the job IV training, which I might add is the most lacking experience/training in public or private schools. Very little training for Intravenous work. Mostly focus on oral meds.
I've worked in various areas as a Pharmacy Technician. Most of my experience and training was from Inpatient/Outpatient in a Hospital setting and I worked in every area. IV'S, Chemo's, Billing to Customer Service. I also interned at a Mental Health hospital but because I graduated from school in 1990 from a North West College a accredited school California. It is very hard to compete with the younger students coming out of school today. My career at one time was based on the amount of experience you had and now it's not so much. I'm looking for work now..
I think pharmacy technician programs should be mandatory and longer. We learned so much about so many topics but it happened so fast that it was hard to go to in depth on everything. Especially compounding.
I was grandfathered in. I worked pharmacy starting in 1975-present. It was hands on with pharmacist and tech help
NONE
On the job sink or swim training.
Training by other techs and pharmacists with much more experience and pharmaceutical companies training
Operations & compliance: Learn their ABCs not returning drug on the proper location.
I had an extensive externship where I learned the basics of a pharmacy facility
My training primarily sets a Pharm tech up to count and package medication. There is so much more that a tech can do.
regular training at a private and expensive college
All of the above
On the job training and it was very appropriate.
constant procedure updates
We have completed learnsources and or classes on the importance of everything listed above. We also have periodic trainings regarding these duties.
OUR TRAINING IS GOOD
on board training
when training we reviewed videos and i believed to find them very well put together and helpful
We do Yearly modules about Hippaa and other things to remind us .
HANDS ON
we get web training.
when i was first hired in 2009 as a technician, i received 4 weeks worth of training. we are then also required to take annual trainings to keep up with communications and regulations. We receive emails regularly on regulation changes.
I receive annual training for HIPAA, MCARE, Sexual harassment and more. I think it is inappropriate and a waste of time to keep learning the same information, but should there be new information, there should be a way to learn the new information separately for the first year, then incorporate the new information the following year. We should not need to re-watch or relearn some rules that take up our time to perform tasks needed by our patients.
Plenty of training is provided, and given and we have resources available that we are able to provide correct direction.
none

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q6 What type of training did you receive or do you think is appropriate?

I went to the only legit pharmacy tech school in So Cal which is accredited by the ASHP ...I was already working walk-in retail and did my tech internship hours at a hospital

We would get assigned training modules, but in a busy setting you can never listen and learn much. I think its only appropriate that techs receive at home learning, sign up for CE's.

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes
Yes
Yes
No, everyone should get the same general training, then more in depth depending on the job duties
NO
Yes
Yes.
Yes and you should be able to grow according to your ability.
No
Yes and no, you're always learning something new.
YES
yes
Yes
Yes.
Yes
Yes
yes you learn something everyday
Yes
i believe the type of training depends on the functions one performs
Yes absolutely , they go over our job duties and we received the training .
ABSOLUTELY
a
yes
sdf
The company has provided very well thought out training for each role that is performed. They ensure that employees complete each level with assessment before moving to the next level to ensure that the employees fully comprehend the state laws and regulations for processing.
Yes, but a well rounded technician has more opportunity for their future rather than solely for the function of their current pharmacy, so at the same time, NO. Training pharmacy technicians to be more functional can also help the pharmacy in times of needs.
Yes.
yes
not sure how to answer this question
yes, but we should always be trained more than our daily function. Always be prepared for any assigned task, project based on work needs.

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q8 What are some of the biggest challenges you face?
More tech representation is needed within SBOP Everyone is experiencing staffing challenges, therefore we need to reconsider current ratio
Insurance billing, not enough employees , ALF Facilities understanding outpatient status and regs required for valid prescriptions, meeting Title XXII requirements, outsourcing delivery couriers
Low wages, work overload, poor benefits
short staffing, expected to do multiple jobs with little pay. Not compensated for the job we do. Not considered medical. we were open and functioning short staffed for the duration of the peak of the pandemic. No one gave us any credit, we didn't get any kind of hazard pay, couldn't work from home. Many of us have kids and had to pay for child care since the schools were closed. I feel like we are the most under rated licensed staff that exists. We were essential enough to not have to close and work under very stressful times with little to no staff, but not essential enough to get any compensation or help.
STAFF SHORTAGES
Not enough time
Training technicians that are freshly graduated. Due to lack of "real world/job" experience, it is almost like starting over for most new hires. Technician courses vocus on anatomy, but not lab results, I.V. drawing/compounding, inventory, etc. And they need to.
Age discrimination in a younger group of peers. Not being accepted because I graduated in 1999 and feeling like I'm unable to compete due to lack of diversity and demographics. chance to
Severe understaffing, underpayment, and constant verbal abuse from customers.
I work in a closed door pharmacy the challenges there are being on a 28,30,31, day fill date. Keeping new meds balanced with what the patient has left from the previous fill.
NONE
pharmacists not doing their job. or doing their job poorly. Have to pick up the slack for their sloppiness
Lack of respect from the board of pharmacy
Ratio between RPh and Techs: not enough RPh to tech ratio-which tech end up working extra to make up for missing tech due to ratio.
Not having enough experience to get the jobs I want
Finding a hospital position with no hospital experience.
not knowing it all as a pharmacy tech. or as they say a golden child
Having enough tech help. I think the ratio tech to pharmacists should be changed to allow more tech help. Large retail chains also need laws to provide sufficient staffing. They "cut" hours making the work environment extremely stressful and risk errors.
Having the pharmacist trust
understanding which function is appropriate for technician to perform
The uneasiness of contracting covid. Also working in a close proximity of my peers due to covid.
i wish there could be a faster and better way of helping patient manage their diabetic supplies
The feeling of being stuck in one area and not being able to expand or take on bigger challenges or move around to other departments.
i face overthinking my work on orders pretty often. i know the steps i do are the correct way to proceed but at times i tend to overthink but i always overcome it
Bad service at times when calling patients.
NOT ENOUGH TRAINING
the biggest challenges is having to work in the office. The wasted time on the road and also the fear of working next to someone that is sick.
communication with mdo's, very difficult to get ahold of offices or responses for patients

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q8 What are some of the biggest challenges you face?

Currently, my pharmacy is under probation for telling the truth about a bad employee. Not only did the pharmacy I work for have merchandise stolen, but also put on probation for following the law and reporting the thief. After thorough investigation, the state board should not have put our pharmacy on probation. Probation for our pharmacy has caused our customers / patients problems of their own. Insurance companies have the right to terminate their contract which caused some of our patients to have to search for another trustworthy pharmacy and community. Because our pharmacy conducted its due diligence, we were punished for negligence even though we self-reported. Because the mess involved controlled medication, all of our existing and new patients must suffer through our process of handling their meds.

None.

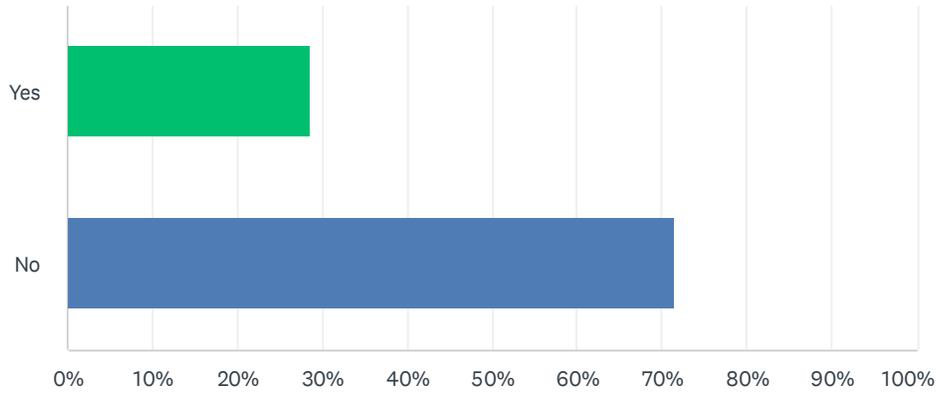
dead end responsibilities

LOW PAY

more education

Q9 Do you currently perform remote work?

Answered: 35 Skipped: 0



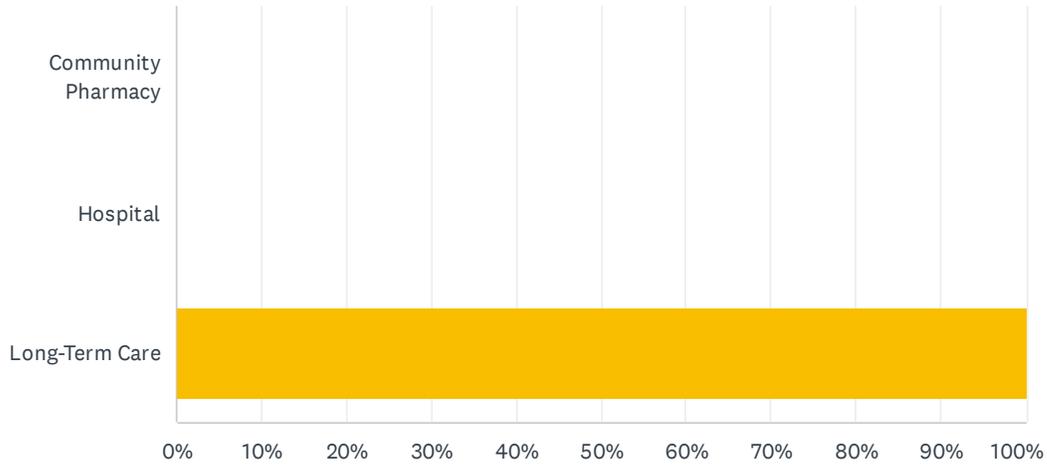
ANSWER CHOICES	RESPONSES	
Yes	28.57%	10
No	71.43%	25
Total Respondents: 35		

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q10 If yes, please describe the biggest benefits and challenges you experience?
WE ARE UNABLE TO FILL MEDS FROM HOME, WE HAD TO COME IN EVERY DAY
N/A
I would love to have a remote job.
Benefits: Knowledge of new drugs and it's health benefits. Challenges: Not enough pay to pay my tech school loan and daily needs (set minimum pay at least \$25 for educated license techs especially in California cost of living).
just adjust to the people you work with and the changes that come with it
Biggest benefits include less time travel, reduce traffic, reduce money on gas
The biggest benefit is knowing that I am working in a safe and clean environment. My well being is important to me and I also do not have any distractions. I do not have any challenges.
but if i was it would save has usage , less traffic in the city , it would actually help the environment. Challenges experience COVID , less people in office more control over any disease even the flu.
Benefits, no traffic, no gas especially with gas prices so high, not catching anything from other agents, colds/flu, able to eat better/healthier for breaks/lunches. Work better with less distractions.
the biggest benefits are i feel it gives you access to be in a safe environment where you can choose you are most comfortable to work. so far yet i have faced no challenges
The benefit will be Saving on Gas -the challenge will be my Laptop freezes at times but i just restart and it works.
the biggest benefits is having the comfort that we are safely working from home. I have a health condition and it scares me to have to go back in the office. So many of my coworker have left because of this issue. We also save so much time not having to drive to work. All the hours wasted sitting on the freeway. Not to mention all the pollutions we are creating. 1 person in 1 car crowding the streets and freeway. This time can be used to work extra hours to help out patient or to just have extra time to spend with family. It benefits mentally so much. These are different times were its scary to be out and the mental anxiety we have to deal with. It also helps us out financially. some of us don't get paid a lot so it helps save gas money. Working from home is the biggest benefits; there are no challenges.
i had to switch to a customer service position due to the waiver being removed (then added back on temporarily). the benefit of working from home, being able to drop off and pick up my daughter from school, not losing that time with her due to a long commute to San Diego from Murrieta.
When I was working from home, the biggest benefit minimal distraction and not having to commute to work. The challenge I faced was having to take the extra steps to set myself up from home and having to make a call to the pharmacist instead of having one beside me to ask questions.
Biggest benefits, is being able to have a stable work life home balance. And great flexibility and the convenience. Instead of being stuck inside an office for over 8 hours a day. It levels out many different factors.
no challenges. I can work independently , get more work done, strong communication, I have promoted in the time we have been working remotely

Q11 Please identify your work setting.

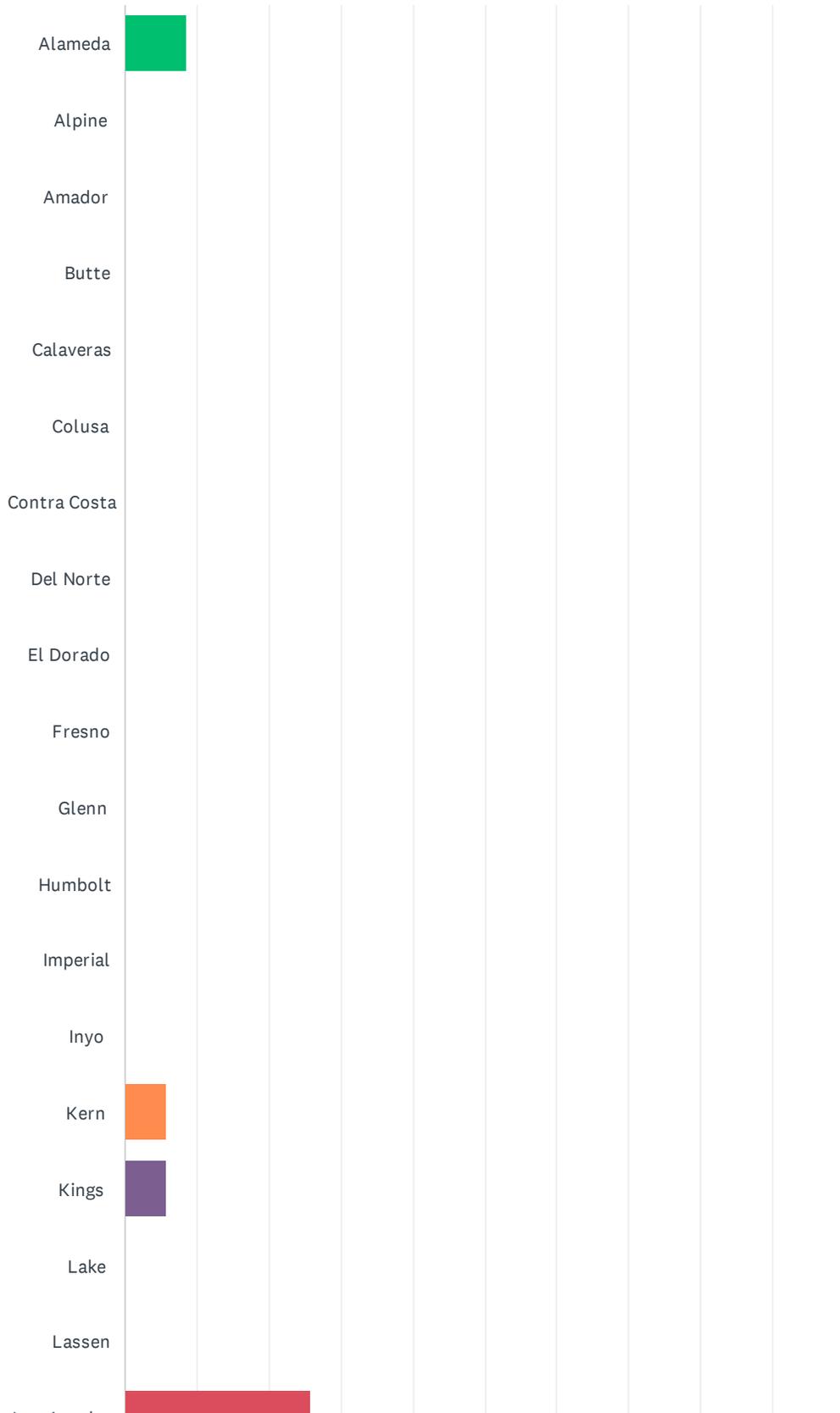
Answered: 35 Skipped: 0

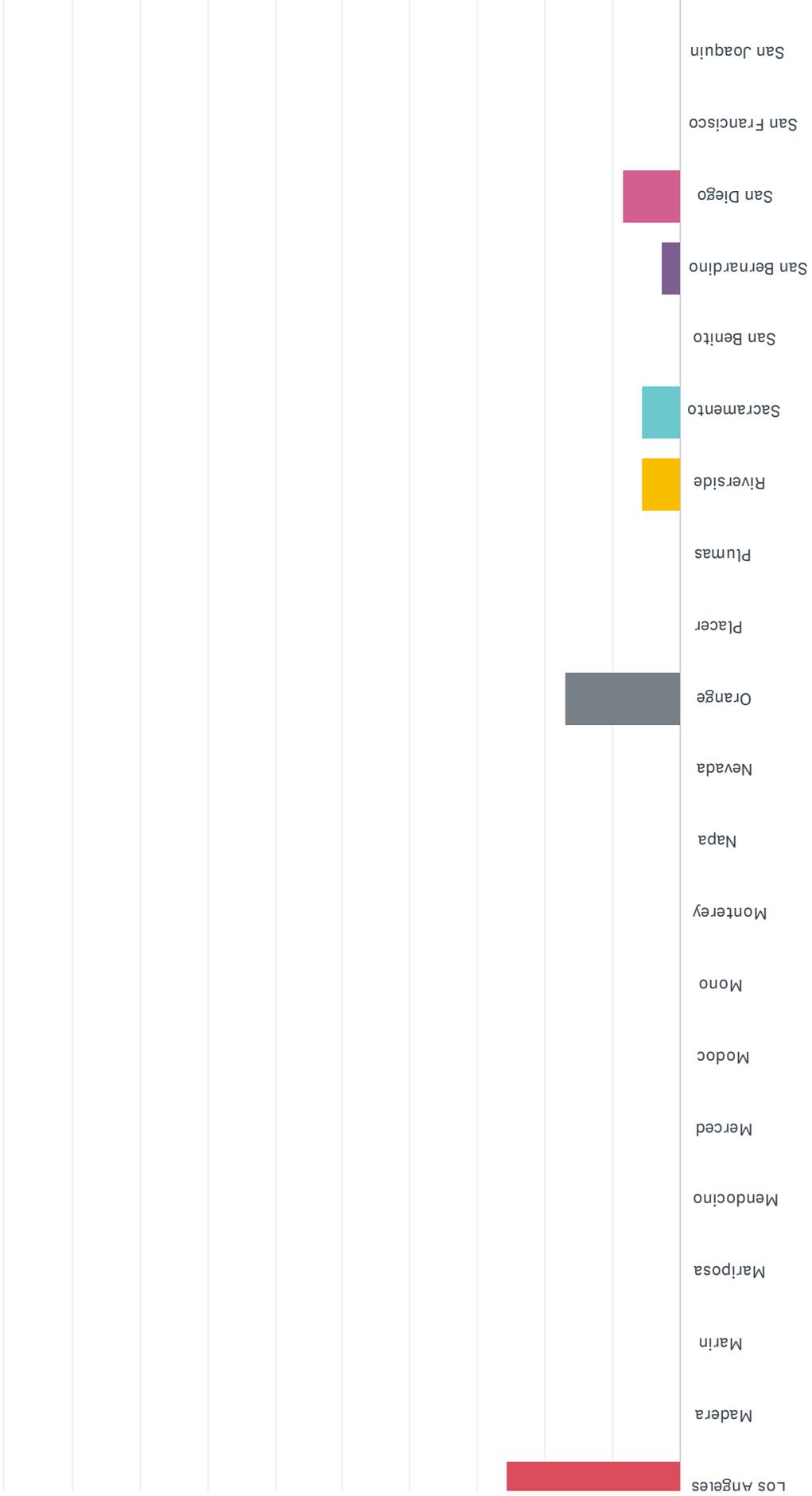


ANSWER CHOICES	RESPONSES
Community Pharmacy	0.00% 0
Hospital	0.00% 0
Long-Term Care	100.00% 35
TOTAL	35

Q12 Please identify the county in which you work.

Answered: 35 Skipped: 0







ANSWER CHOICES	RESPONSES	
Alameda	8.57%	3
Alpine	0.00%	0
Amador	0.00%	0
Butte	0.00%	0
Calaveras	0.00%	0
Colusa	0.00%	0
Contra Costa	0.00%	0
Del Norte	0.00%	0
El Dorado	0.00%	0
Fresno	0.00%	0
Glenn	0.00%	0
Humboldt	0.00%	0
Imperial	0.00%	0
Inyo	0.00%	0
Kern	5.71%	2
Kings	5.71%	2
Lake	0.00%	0
Lassen	0.00%	0
Los Angeles	25.71%	9
Madera	0.00%	0
Marin	0.00%	0
Mariposa	0.00%	0
Mendocino	0.00%	0
Merced	0.00%	0
Modoc	0.00%	0
Mono	0.00%	0
Monterey	0.00%	0
Napa	0.00%	0
Nevada	0.00%	0
Orange	17.14%	6
Placer	0.00%	0
Plumas	0.00%	0

Riverside	5.71%	2
Sacramento	5.71%	2
San Benito	0.00%	0
San Bernardino	2.86%	1
San Diego	8.57%	3
San Francisco	0.00%	0
San Joaquin	0.00%	0
San Luis Obispo	0.00%	0
San Mateo	0.00%	0
Santa Barbara	0.00%	0
Santa Clara	2.86%	1
Santa Cruz	0.00%	0
Shasta	0.00%	0
Sierra	0.00%	0
Siskiyou	0.00%	0
Solano	2.86%	1
Sonoma	2.86%	1
Stanislaus	0.00%	0
Sutter	0.00%	0
Tehama	0.00%	0
Trinity	0.00%	0
Tulare	0.00%	0
Tuolumne	0.00%	0
Ventura	2.86%	1
Yolo	2.86%	1
Yuba	0.00%	0
TOTAL		35

PHARMACY TECHNICIAN – OTHER SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
consulting patients under pharmacist direct supervision
Well trained techs can do the basic educational instruction of telling the pt how to take their meds. Basically just reading the label to the patient to ensure they understand how to take the meds. Then asking the patient if they have any questions. Super easy, little professional judgment needed there. That would save so much time for the RPh.
Immunizations, prescription refill validation checks, receiving and clarifying phone orders from a prescriber, facilitating transfers between pharmacies, receiving inventory, performing inventory audits validation, any non-discretionary tasks that do not require clinical judgment by a pharmacist
Gather medication list from patients.
Rebills
I'm not sure the extent past my experience.
Administer more vaccines not just covid
Technician product verification and Tech-check-tech in expanded settings (including retail), with the same level of requirements and structure as inpatient.
Opening and closing the Pharmacy, it seems wasteful to have a Pharmacist get paid so much money to spend an hour a day opening and closing doors
none
None
None
All immunizations
We already do enough
Tech check tech reviews- Data entry review- review hard copies for errors before they get to the Rph, will give Rph time to focus on DURs 2. OTC recommendations. Anyone can read a box and with proper training courses, techs could alleviate some weight of the rphs with certain OTC questions
Scope is already vastly ranged as-is!
clin ops pharm techs should be able to work from home. no drugs are handled
Auxiliary vaccinations ie flu, COVID, zoster, and tdap
Phlebotomy
I've worked as a Home Care Aide/Caregiver and I had to report to the Regional Department when medication was mishandled. Whistle-blower in other areas when you're trying to protect your job.
None
COUNT C2
Increase allowable verbiage
None
Modification and clarification of prescriptions as directed by the prescriber.
I am a Senior Phar Tech with 22 years of experience. Here uis my input. Immunizations from Covid19 vaccines to Shingles and we ought to be able allowed to do Phaarmacy Interns roles.
Vaccinations, OTC counseling
Pharmacy techs aren't paid enough.
None
Increasing the duties for pharmacy technicians would put more work on techs with out an increase in pay.
Anything that has to do with medications
Pharmacy technician should perform the job under rule and State regulation's guideline, I believe
Immunizations
Why would we want more duties?

PHARMACY TECHNICIAN – OTHER SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Tell patients what medications are for, because they usually ask us all the time and we feel dumb not to be able to tell them what they are for even though we know
Depending on the technicians position there is really no fine line on what he/she is required to do aside from Laws put in place but even then some RPH interpret laws differently which can add or remove work load from technicians , Financing , clinical , Providers service coordinator are some positions that many Pharmacy technicians are filling in for. Helping patients apply for Patient assistance Processing Prior authorization for clinic visits , coordination of medication deliveries for patient visits, There is too big of a gap from Technicians to RPH's Given the opportunity CPhT's can and will show strengths that will help the health care industry just as Medical assistants , Licensed vocational nurses and Registered nurse continue to do Today to help out NP, PA's and Doctors.
Schedule 2 and such
I think we do too much already, especially with lack of staff.
Restock
Vaccines,
I believe a pharmacy technician should be able to speak to a patient about medication dose
transfer rx's, give vaccinations
Authority to substitute NDC's with the same GCN.
Reconstitution, compounding
Consults on non lethal meds. (Schedule 4 & 5)
No more! Might as well be a pharmacist
A pharmacy technician can do all the required data entry and calls working from home.
All immunizations
None. The current pay is not adequate for the duties already being performed.
None. Let's at least *try* to avoid job creep, where employers make us do more without paying us more. Because we all know that's how that would turn out, don't we.
Immunizations Refill check off Minor consultation Opening and closing of pharmacies
I believe that Pharmacy Technicians are able to do any work directed to be done by the Pharmacist, as long as the skill set, educational requirements, and functional understanding needs are met.
Work at home Processing faster without distractions
Refill authorizations for non controlled medications
Not sure.
thoroughly studying indications of more drugs
Manage the operations of a pharmacy- how it is actually ran, nothing clinical, but the day-to-day functions and duties. Some pharmacists aren't cut out to be a pharmacy manager and this could add another step in the ladder for pharmacy technicians.
Receive call in RXs on non controls.
Work from home for clinical pharmacy technicians
Well no need to add we pretty much do it all and are transparent. we don't get much attention or credit for our work. the pay pretty much is sad
Maybe on certain medications can give consultations on how to take them
None
Vaccine administration and prescription transfers
calling MD to verify SIG errors, dedicated immunizers
Taking new prescriptions over the phone.
Depending on the technician, transferring prescriptions to another pharmacy. Getting clarification from a doctors office.

PHARMACY TECHNICIAN – OTHER SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
Accepting prescriptions from doctor's offices over the phone.
Mixing antibiotics.
I believe with additional education requirements we could perform routine duties like tech check tech for refills
Take new prescriptions over the phone.
Remote work
-Create an only PT Agency online so PTs won't have to go via 3rd parties to find and/or get a PT job. -Do PT Job Fairs - Purpose is to guarantee PTs w/ or w/out experience a job on the spot not disappointment and no job when they leave - Do Job Advertisements via online social media or in-person - Purpose to let PTs know that there are actual jobs out there and will hire on the spot -Create a motto for PT ex) To get the best, you must teach them to be the best - Designed or invent new ways to packet meds via competitions -open a PT collect call phone line - Purpose is for PTs to given basic info on how to use a certain or specific drug or drugs to customers or patients so they better understand the drug or drugs before buying, taking, or asking to be prescribe the medication(s).
Verbally accept change of directions and change of drugs over the phone with the doctor's office. The pharmacist can and should still review & verify the prescription order afterwards.
annotate non-clinical information on prescriptions
billing insurance
Administering Vaccines permanently
Verbal refills
No other duty should be performed if not authorized by pharmacist. Techs are authorized to blue annotate prescriptions. As well as calling RPH to verify quantity and day supply updates based on state regulation.
Anything and everything. I think a pharmacy technician does alot already.
Remote processing
accepting verbal rx's & prescription transfers
blue annotating responses from MDO without having to transfer over to an RPh
Duties can include receiving along with confirming prescription order, preparing and filling prescription, interacting with customers and answering questions, managing inventory with performing organizational task lastly create and do various specialize role or projects
We can work from home more safety and we are not retail pharmacy so we can do best work from home, we only process prescription, we are not filling Meds to be need under supervision (Pharmacist) we only process prescription and call MD office and pt , so I believe we can do it and since 2020 we work from home and we did the best work .
some cunsultations with proper training from pharmacist.
Simple tasks like the documentation of a pharmacists full name or written date could suffice when recieving a transferred prescription to delay with held time for the patient.
we have easy access to rph to answer any questions we have.
simply sig verifications
annotating clarification responses from MDO's without transferring to rph
i believe a pharmacy technician could clarify prescriptions, just annotate the changes for RPH to see
Process third party billing claims and assist with making sure prescriptions are sent out on time
I believe that they can work from home under a mail order setting.
Learn more about insurance, tiers, etc. and how to submit Prior Authorizations especially while you have a customer on the phone and not having to place a hold on order to go to another queue or department.
medication counseling
ok as it is

PHARMACY TECHNICIAN – OTHER SURVEY

<p>Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?</p>
<p>I believe a pharmacy technician can preform all the duties currently authorized while working from home for mail order pharmacy's. Technicians in mail order pharmacies primarily preform data entry work and their work is double verified by two pharmacist. There is nothing that should prevent them from doing this work from the safety of their own homes especially in the new volatile time we live in</p>
<p>working remotely if working in a mail order pharmacy because all transactions/verification are done thru computer, supervision of rph is unnecessary if all orders are done thru computer/online, rph doesnt supervise pharm tech and walk around the office to check on them, rph check pharm techs work online for data entry works</p>
<p>N/A</p>
<p>I believe the currently authorized duties of a technician is already enough.</p>
<p>Be able to work at home independently for mail order processing - pharmacists can be available via email/consult line. The prescriptions processed by the techs will all be reviewed by pharmacists for their approval before shipping, so I believe the technicians can work/process prescriptions from home.</p>
<p>corrections for all rx</p>
<p>With proper training and authorization a pharmacy technician is capable of may duties for a lower rate than pharmacist.</p>
<p>Work from home, more clinical duties</p>
<p>verifying medication, mixing medication, taking verbal prescriptions</p>
<p>Considering my personal experience, I don't knowing what else is expected of me. I work the in and out window and all that that includes. I work the fill station and all that includes. Ex. Fill, order, returns, interstore transfers etc. I also do vaccinations and all the process that is required for that, ex. Check in patients, process the paperwork, give the shot, clean the work area. We are also expected to train the new pharmacy clerks. (Is in that suppose to be done by the company?) My apologies but I don't believe we get paid enough to do that on top of the load we already have.</p>
<p>The duties of a pharmacy technician can be greatly inanced by working from home. Improvement of our numbers and patient satisfaction would be easier to reach by not being late to work as some of us have a long commute (traffic, accidents, being sick and not being able to come into office) also, being able to do more overtime as the commute of technicians could vary anywhere from 10 minutes to 2 hours which would overall increase our production rate if we simply had more time to reach our goal by working from home. Not only would that help our patients, but also us technicians in the moment and in the long run by not having to be distracted/stressing by worrying about our kids not having a sitter or a proper plan to assist our own families, not having to worry about car issues, COVID affecting our families when we go into the work place. All of these issues affect our production, patient satsfaction, technicians, from being in physical and mental situations (stress, broken down car, kids, Covid, being on time etc.). Our production will surely increase in order to improve our company in the best way possible.</p>
<p>To refill Rx over the phone</p>
<p>Verifying filled prescriptions to confirm pill accuracy after pharmacist's original verification. Writing down Doctor's voicemails. Transfer out to other pharmacies. Rebilling prescriptions without pharmacist verification.</p>
<p>Administer all vaccines besides covid vaccines</p>
<p>Completing patient paperwork's related to filling of prescription.</p>
<p>More Knowledge about medication less mistakes</p>
<p>Vaccination</p>
<p>No other duties besides talk with doctor offices and type up prescriptions</p>
<p>Cashier</p>
<p>able to annote more to help the pharماسist out. ie med list and get dea etc..</p>
<p>Administer vaccinations and basic consultations to patients</p>
<p>I think a pharmacy tech already takes care enough during a shift depending which pharmacy they work for.</p>
<p>Ask if member wants consult</p>
<p>Vaccination administration. Medication Reconciliation.</p>

PHARMACY TECHNICIAN – OTHER SURVEY

<p>Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?</p>
<p>pharmacy technicians can help with helping patients understand basic medicine understanding with OTC products as well as basic directions such as to shake a suspension or take by mouth.</p>
<p>Give vaccines and take in phone orders from physicians. Place prescription and lab orders for PharmD in system to sign.</p>
<p>Pharmacy technician can help administer single use vaccines like flu shot, hepatitis A&B, or TDAP shot etc..</p>
<p>They can type up prescriptions at home without requiring an RPH to oversee the entry at initial type up</p>
<p>1. Training position to train New techs in pharmacy workflow, and proper protocols. 2. Work from home positions for data processing (typing prescriptions...this will help workflow)</p>
<p>Currently at my place of work (Vons pharmacy) a lot of times it's hard to just my basic duties as a pharmacy Technician. Because they want me to concentrate on transferring prescriptions above anything. Not really about taking care of the patient. I haven't even had time or a chance to barely fill medications. So it's hard to answer the question when I'm not able to perform all my duties and requirements in the first place.</p>
<p>Vaccines</p>
<p>Putting orders on shelf help customers write prescriptions fill doing vaccinations clean pharmacy</p>
<p>all duties except for patient counseling.</p>
<p>accept a verbal refill over the phone</p>
<p>Pharmacy management</p>
<p>Working from home allows better focus and better results in prescription process</p>
<p>accurately prepare and processing prescriptions faster</p>
<p>Properly process prescriptions from home.</p>
<p>WORK FROM HOME</p>
<p>Be able to work from home if working for a mail order pharmacy</p>
<p>all the above</p>
<p>I think the scope of our license is sufficient</p>
<p>CONSULTING</p>
<p>Working remotely</p>
<p>If a pharmacy technician is certified to give vaccines, I believe they should be allowed to answer some of the questions a patient may have regarding time frames for a second dose of a vaccine (shingrix, Moderna, Pfizer, etc).</p>
<p>na</p>
<p>I believe I myself as a certified pharmacy technician should be able to continue working from home processing prescription in the state of California. I have been doing it for 5 years now from home and now since this covid waiver came into place, has uprooted my life. I have multiple sclerosis and can't stand or use public restrooms. This is the only position and job I can do and that is work from home.</p>
<p>certain rx clarifications, verbal refills.</p>
<p>Inputting prescriptions from remote secure locations</p>
<p>Could support in the supervision and administration of covid vaccines, administration of medications and management of services on the adequate compliance with pharmacological therapies.</p>
<p>Tech check tech. Tech checking in medications</p>
<p>Verification of refill orders, flu vaccinations, explaining how to use medical devices such as glucose monitors, blood pressure monitors, insulin administration.</p>
<p>I am a pharmacy tech analyst for a health plan. I am not sure what duties a traditional role could perform beyond what is being done today.</p>
<p>Processing remotely at home in mail order pharmacy</p>

PHARMACY TECHNICIAN – OTHER SURVEY

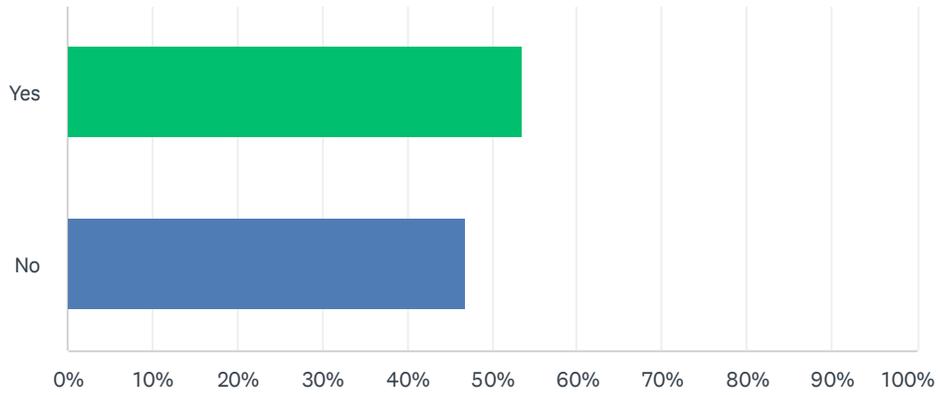
<p>Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?</p>
<p>Taking verbal prescriptions over the phone as they still have to be reviewed and approved by a pharmacist before a patient picks up</p>
<p>better customer relationship efficiency, morale</p>
<p>Obtain verbal orders, other states allow this so why doesn't CA?</p>
<p>IV room temperature regulations.</p>
<p>technician can pretty much perform anything at home that they do in the office.</p>
<p>virtual verification for all REFILL in retail settings after RPH has resolved DUR's / interactions. Taking verbal new rx's in retail setting for RPH to review upon entry.</p>
<p>I was a telecommuter for over 6 years before the waiver was removed. I processed prescriptions, had access to consult rphs by Microsoft Teams chat and through phone. I was able to perform all duties, aside from dispensing, as a technician from home.</p>
<p>i think whatever within the Tech boundaries</p>
<p>Inject all types of vaccinations not just covid.</p>
<p>to be able to work from home and process prescriptions.</p>
<p>I believe a pharmacy technician could perform almost anything. All these things can be done working from home.</p>
<p>Working from home.</p>
<p>verbal information to annotate info from mdo</p>
<p>Answering simple clinical questions such as directions.</p>
<p>N/a</p>
<p>Not sure</p>
<p>Support pharmacy</p>
<p>Taking new prescriptions over the phone.</p>
<p>Overriding consultation if a patient doesn't need consulting. Technicians have to be very careful asking patients about questions. We have to say pharmacist will be right over to go over this with you but 85% of the time the they just want to get it and go! They get irritated if they have to wait for a pharmacist to come over. We should be able to ask the patient if they have questions for the pharmacist. We can determine if they definitely don't have a question and should be able to document pt denied consultation and not have to wait for a pharmacist to come over. This would definitely help when a pharmacist is giving a vaccine and the patient has to wait until they come back just to tell the pharmacist I told her I have no questions. Patients starting a new medication definitely need pharmacist to go over with them and patiently wait for pharmacist but 85% of the time that's not the case and technicians get yelled at and scolded and also have to wait and can't help the next customer till completed. If we can ask the customer if the have any questions and if they do not we should be able to document no questions and move on to the next patient. Thanks!</p>
<p>collect accurate patient information before processing a prescription, process correct Rx, perform calculations and resolving 3rd party rejections, submit Prior authorization if necessary, contact MD and contact patient. Obtaining pharmacist's approval.</p>
<p>Work at home</p>
<p>I can't think any out of scoop</p>
<p>Responses will vary if the technician is in a hospital environment or working the retail side</p>
<p>Those that are certified should be able to do product verification. This would help the Pharmacist be able to do other jobs. I know there are other states that are utilizing Pharmacy Techs for this reason and I think it would be extremely helpful especially with the staff shortages. Most technicians are extremely careful about tasks such as this. I also think that Techs could take new prescriptions if needed. I also think that Techs can counsel patients on basic needs of medications and at the end they can say did you have any other questions and they can get the pharmacist if they did.</p>
<p>Tech check Tech</p>
<p>I believe with close monitoring Pharmacy Technicians who do not work in a retail setting should be allowed to be working from home. It has been shown that metrics and productivity are higher when people are working from home</p>

PHARMACY TECHNICIAN – OTHER SURVEY

Q1 What duties do you believe a pharmacy technician could perform beyond those currently authorized?
na
Work from home
administrate vaccine at all states
More duties? With always being short staffed we do everything except verify and QA drugs. How about giving the RPH more duties and asking corporate offices to dial down their patient calls and metrics? Technicians are barely getting by with our current incomes while inflation keeps going up. I am seriously considering quitting in order to bypass paying my TCH license renewal. I don't need more job duties.
i think techs should be able to give minor consultations in regards to certain medication like antibiotics.
we can process, reach out to md office, members for clarifications. we have a rph line we can call into for questions on meds, processing and clarifications.
More orders to be fulfilled
None
Process prescriptions working from home.
Take refills authorization over the phone
General subcutaneous and intramuscular injections.
For any new prescriptions called in and left on a voicemail from a prescriber I definitely think that the technician could transcribe and type into electronic system and if they had questions on what was being prescribed then could refer to pharmacist of course Of course all patient medication interactions, reviews, and consultations should be performed by pharmacist only
None really, only because places like RiteAid certify anyone off the street, its scary
Work from home for all but fulfillment duties
The current duties authorized are appropriate for the position.
Having the knowledge to consult patients with their medications.
Counting pills and placing label on the bottle, then have Pharmacist chk Rx and initial bottle
Inpatient setting: signing out narcotics
provide vaccinations, educating patients how to use a glucometer and check BP. Transfer of medication from one pharmacy to another, basic education in regards to side effects and dosing (more in detail would require pharmacist)
I have not practiced in a clinical setting for approximately 8 years. I work as a fraud investigator for a health plan and use my CPhT/CA licensed Pharmacy Technician training and experience in all aspects of my job.
Pharmacy technicians can perform product verifications and immunizations.
Basic point of care testing, Product Verification (Tech-Check-Tech in community settings), basic patient education that does not involve clinical knowledge
Taking of new orders over the phone. Transferring an Rx.

Q2 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)?

Answered: 200 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	53.50%	107
No	47.00%	94
Total Respondents: 200		

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
compounding, script processing, filling refills
Anyone is capable of making an error. Double-checking drug names, calculating doses and quantities is SOP. Anyone is capable of having a bad day and making an error. Even pharmacists. Scripts that are filled by machine are perfect for tech-check-tech. Unit dose meds would also fall into that category.
prescription refill validation, compounding checks, supervision and direction to other pharmacy technicians to perform tasks, training
Verifying ingredients for compounds
On the job training is important. I just didn't get enough. A set amount of time would be great. 1-2 days, doesn't cut it.
New hires need a lot of supervision and pharmacist are extremely busy and it's our job to help the pharmacist
Technician product verification can be safely implemented in a retail setting with appropriate technology and safeguards.
Filling meds, Checking prescriptions for accuracy, checking in the order
Calculations of days supply, dosing, picking the correct drug from shelf
In case of controlled it's always helpful to have another tech double and triple count
Data entry review
Processing and filling
Only if that Pharmacy Technician can take responsibility if something goes wrong.
In patient hospital med changes (dose increases or decreases).
Non sterile compounding. Filling of medication of the refill of an existing prescription.
Pharmacy techs aren't paid enough.
Spelling and correction direction, double check drug name, dose, strength, insurance before Rph approves to dispense
Data entry-verification of prescription information
Compounding depending on the setting can be stressful especially if there is a high volume of IV's and RPH has restrictive time to verify orders if a technician can verify volumes and pre and post check medication will help ease the time from compounding to patients bed side.
Recount schedules before giving it to the pharmacist to count.
I feel that pharmacist should do the final check on all work performed by technicians
New graduate technician still need supervision. Especially compounding sterile products.
Reconstitution, compounding, immunization
Confirmation of scripts and minor drugs.
Why should a technician take on more responsibility when they do not get adequate pay for the duties they perform.
There should be more than one level of pharmacy technician. We are not all on the same level. Some are much more advanced than others. But the current guidelines pigeonhole all pharmacy technicians in to one group with no true opportunity for growth. There should also be a way for pharmacy technicians to use there skills to grow in to a Pharmicest if they wish to do so similar to how medical assistance can leverage their experience into programs to become mid-level providers (ie Position assistant or nurse practitioners).
Order entry
Refill authorizations for non controlled meds
Example: oncology medications so long as tech has procedural guidelines and sufficient experience.
Tech check tech- but in a clean room. Pharmacists are being removed out of clean rooms and replaced with clunky, inefficient camera systems that do nothing but slow down the work in busy clean rooms causing unneeded and extra stress/anxiety to compounding technicians.
Loaner meds
Inputting of INR results from voicemail. Another tech can double check the results from voicemail

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.
If a senior tech position is available. or in training mode. or a respect given from tech to tech then yes
RX Transfer in/out
Some technicians might need assistance, so another check from a higher administrative technician could increase patient safety.
Verifying prescriptions (e.g. directions, correct drug, etc.)
When dispensing schedule II drugs
filling out refills,etc
non-scheduled prescription checks
- better explain and resolve issue(s) at hand - get the workload done efficiently w/out blaming game and stress - better communication amongst all staffs - create the comfort to ask for help(s) - no wall of extreme expectation(s); even if PT(s) is certify PT still have a learning curve
Conflicting allergy and medical condition indications with the patient's other prescriptions.
Medications that have shows a high number of errors by single technician checks.
A lead technician can provide coaching and feedback for the company procedure adherence and work instructions.
Depending on the level of experience of the tech performing the task, a review or second opinion may be required but I don't believe supervision is needed in most cases.
depending on the job role of course and jobsite of which event the type of service is provided either at a hospital or retail pharmacy then yes for a computer job then no due to everything being checked via electronically from basically anywhere
reviewing processing information of a script; strenght,directions, qty.
typing of the medication and directions can be done through tech check tech to ensure directions are written correctly and before printed for the patient
day supply, refill qty
orders will get processed faster which customers get their medications faster.
accuracy
If they are newly trained in a queue, or need a subject matter expert for certain kind of specialized medications, another experienced technician can provide help remotely (email, chat, phone line dedicated for such purposes).
yes filling and processing orders to perform proper accuracy to better benefit patient
Processing non controlled medications and basic pharmacy work flow. A Knowledgeable lead tech can be a great asset in providing directions an guidance for tasks that would not require a pharmacist. This could greatly alleviate pharmacist work load and reduce the occurrence of medication errors.
we could do tech check when verifying medication if unsure just like we do when a prescription is a bit unreadable
If unsure of an order you received, I know some techs are newer than others and other techs have been in the company for years who have more knowlegde all around the IRIS sytem/errors/orders/resolutions. Virtual Tech to tech help is a must in certain situations, but we do have resources where we can ask questions which help our overall numbers and production.
I believe a lead pharmacy technician should do all the tech check tech duties rather than any regular technician. They should have their own special credentials not equal to pharmacist but higher than regular techs.
Make sure we're doing the right thing and in accordance with pharmacy law.
verify each others work processing ie checking meds
Make sure dispensing right medications and dosages
Tech-check-tech in the outpatient setting for refill medications.

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

<p>Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.</p>
<p>Only for techs that are not completely confident in the proper and organized workflow management. 1. Cashier stations should not be processing orders. 2. Typing stations must type all proper information (md notes, expiration dates) 3. Filing stations (apparently non certified techs aka techs in training can count too, that's a problem, I believe only certified techs should count --- rite aid)</p>
<p>Not Necessarily to be supervise but it's always good to have a second person to double check.</p>
<p>warehouse supplies can be check by another pharmacy technician.</p>
<p>yes if there a senior tech and understand how to work orders prescriptions it can be helpful</p>
<p>CANT THINK RIGHT NOW</p>
<p>Pill names, strength, ndc all match same in clinical pharmacology,</p>
<p>CALCULATIONS</p>
<p>Everything should double checked</p>
<p>rx processing on certain meds</p>
<p>The preparation of medications for parenteral administration and correct compliance with sterility measures, compliance with oral treatment schemes</p>
<p>Checking medication before compounding</p>
<p>Refill verification Dosage calculation Injection administration Compounding</p>
<p>In my role, I am a Senior Pharm Tech and the other pharm tech processes appeal case work. I do think I could supervise that type of work for accuracy.</p>
<p>Checking supplies for infusion.</p>
<p>All compounds.</p>
<p>retail - virtual verification of refill orders following RPH DUR/interaction clearance inpatient- Omni pull QV and IV room premed orders after the RPH has approved the original order/compound</p>
<p>Tech checking boxes filled by another tech. Tech checking fills for stocking automated dispensing cabinets done by another tech. Techs checking pills in outpatient setting filled by another tech for refills</p>
<p>Yes, Techs can check each others work.</p>
<p>Some seniors techs should be allowed to assist pharmacist with simple clinical clarity</p>
<p>Pharmacy Technicians should do a tech check dispensing medication and reading prescriptions. It would decrease medication error.</p>
<p>due to a lot of management needed of information</p>
<p>I've always believed that's a good practice to build a strong team I believe also at the senior Tech should be involved in the interview process with the pharmacist</p>
<p>If a tech has been trained and taken a certification test they should be allowed to tech check tech. For example, I work in a home health pharmacy and with the compound worksheets there are lot numbers that a tech will pull for compounding. Our Pharmacist checks to make sure that its the correct NDC, Lot, expiration and qty before we take it in to be compounded. Now a tech can be just as capable of checking those things as well. I Think tech can also check first fills as well but the RPH should be the one to check and make sure it was inputted correctly. I will say in most situations techs tend to be stricter when it comes to things than that of a pharmacist.</p>
<p>When typing prescriptions or completing a call to the patient for diabetic supplies, a tech could be double checking the work prior to the pharmacist getting the final check</p>
<p>simple compounds</p>
<p>Again, technicians do not need any more job duties. Put another RPH in the pharmacy if one can't get it done. I do not get paid enough to be more liable for medication misfills.</p>
<p>for inpatient settings techs should be able to check floor stock batches and prefilled medications.</p>

PHARMACY TECHNICIAN – LONG-TERM CARE SURVEY

Q3 Should some functions allow for supervision by another pharmacy technician (e.g. tech check tech)? If yes, please provide examples.

yes, we have implemented standard procedures and the lead techs review work and make sure processes were followed correctly for the RPH to review. they also provide a phone line of techs that are trained in certain "queues" where we pull work.

Schedule 3 control medication w/ surveillance camera on save time from RPH!!

-Serious errors have been found -Reduce the amount of time pharmacists spend on checking medications

Yes, checking if the tech processed a prescription correctly and if they filled the prescription accurately.

Return drug expired

I think technicians should be able to rely on each other if there are questions about any component of the pharmacy but of course refer to pharmacist if unclear

Any processing functions

Checking over another pharmacy technicians prescription order.

Filling the Rx

Inpatient : pyxis med refill pull

Lead tech should train and determine who is more qualified to help with more responsibilities

Product verifications allow another technician to check another technician who filled the prescription.

Final Check of prescription (verify that drug bottle/ NDC matches final product/ label), ensuring that pharmacist has completed thorough Clinical/ DUR check and regiment review

PHARMACY TECHNICIAN – OTHER SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
yes
I don't currently working such an environment. But when I last worked in a compounding pharmacy I did.
Yes
Yes
No
Yes
Yes
Yes, as long as we maintain open lines of communication.
not at all, they dont ever watch what we do
yes
No
Yes
Yes
Yes to some extent
No
Yes
I work in clinops. have plenty of oversight, but they rph is not physically with me. they are working from home.
Yes I do.
Yes, mostly.
Possibly but is it possible for mistakes to be made during short staff?
Yes
YES
Yes
Yes
Right now yes. I do most of my job functions with little to no pharmacist oversight since I do billing, clinical history gathering and patient care and prescriber coordination.
too much as a matter of fact
If I had more pharmacists during a shift, then yes! But when it's only 1 tech and 1 pharmacist and +1000 prescriptions in the queue, its hard for both to work together
Pharmacy techs aren't paid enough.
Sometimes
Yes
Yes
Yes, pharmacist level 1 review Rxs 1st then other Rph level 2 (Dur, DDI), then Rph in filling department to check again before sending to patients, I believe we are working under pharmacist's supervision very closely
Yes
Yes
No
Depending on the specific positions as some pharmacist don't work directly with CPhT for example clinical pharmacy technicians.
yes
depends
Yws
Yes
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
yes
Yes.
Yes
Yes, in some areas. But others could use more strictly watched
No
Yes, even when working at home because a pharmacist is just a call away and they can check our work and view the prescription.
Yes
It depends where you work some companies have better policies.
In my current job, yes, but only because I'm no longer working in retail. Retail pharmacies constantly overwork their pharmacists to dangerous levels.
Yes
I believe that I do have sufficient oversight by a pharmacist, but I do also believe that my current pharmacist supervisory situation does not align with BOP regulations.
Yes we have available pharmacist via phone for any additional questions
Yes
Yes.
Yes
As a technician who has worked in sterile compounding for over 15 years, the pharmacists I work with look to me for oversight. In most clean rooms in hospital organizations most pharmacists lack most if not all skill/experience to be working in a clean room.
Yes
Yes our tasks are non discretionary so we should be able to work from home like the pharmacist are
it all depends on where you work
Not currently working
Yes
No. As of 2022, pharmacies are short staffed and grossly undermanned.
i want better quality pharmacists
yes
Depending on the pharmacist. No
Yes
Yes, if given the opportunity and knowledge I grasped during my schooling, intern and extern.
Yes.
yes
yes
Pharmacists are mostly overwhelmed by trying to meet the number of RX To be filled and customers to be counseled, so no. They would need a second person to be able to oversee properly.
YEs
Yes, even when a RPH is on site, when needing assistance we call the RPHs on the phone. Which is very sufficient.
Yes, if needed you may request more oversight
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes, and in most cases more oversight than needed.
yes, and we can always call the RPH line if needed
Yes with our resources answers and questions are just around the corner
We are not retail pharmacy and should work side by side with RPH , we only process prescription and if we do have question we can call the RPH for consult same thing that we do at the office .
yes.
Yes even though the pharmacist has little time to they do their best to ensure the oversight is being done to ensure smooth operations in their facility
yes, and we do, there are many options in place that give the pharmacist the chance to verify
yes
yes
yes
no
Yes. As a technician I have enough resources to have a pharmacist review my orders, prescriptions by phone and via a virtual setting.
Can you ask the question a different way? I do not understand .
yes
yes
Yes i do. Everything i touch currently in my role at mail order is reviewed by a rph. feedback is provided incase of a error being made. and we all are held accountable to our quality.
yes
For a home delivery pharmacy, there are more opportunities for pharmacist oversight as prescriptions and patient profiles are handled by multiple technicians and pharmacists, alike.
Yes.
yes
absolutely
yes and no, due to the lack of employment and the low staffing of certain employers there isnt sufficient amount of pharmacy personal to over see everything, only under our job role here at Optum typing prescriptions does not need an RPH on site for us to properly work our role. I have been fully capable of working and learning through training to complete the work load assigned without RPH on site, its not a side by side like closed door, hospital , retail pharmacies have, we do not have medication on hand that need reviewing by RPH
Yes
no, the pharmacist do not guide us. we work on our own, even at times when we do have questions about insurance or what a medication is used for we just look it up on our phones or computer. Pharmacists are just as overworked as we are especially when our company CVS keeps cutting hours. Sometimes they just don't want to be bothered.
In my case I am the only tech working with the pharmacist, and there are days where is extremely busy, therefore there is no time for anything
Yes, as a technician I believe we have more than sufficient oversight by a pharmacist. They are always readily available to talk to over the phone whenever an answer is needed. All of our orders are put into a steps of verifacation which helps not only the techs, but pharmacists as well in otder to deliver our patients medications in a timely manner.
Yes
Not really because I've seen pharmacists work so fast that they just verify without actually looking at whats on the screen because it is so busy they just want to get it over with. I feel the pharmacies should by law have extra hours without any metrics in order for techs to help do the tech check tech so there would never be any mistakes nor any wrong medication dispensing.
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes
yes
Yes
No our work gets reviewed by a pharmacist does not need to be in the same room as each other
No
yes
Yes
By experience i worked on close door and regular pharmacies, i feel that on a close door pharmacy you have more oversight by a pharmacist because theres more roles for a pharmacist than just verifying your work and signing off that everything is correct with the prescription.
No
Yes
yes
Yes
Yes and no; yes, some rph are efficient and some rph are not.
yes
Yes. But all pharmacist need to understand each stations duties and enforce them. Some pharmacist are careless.
Sometimes yes and no. I have learned more from pharmacist that were covering shifts then the pharmacist I work with.
Yes
Yes
yes
yes
Yea
Yes, all pharmacist's are available by phone call, text, instant messaging
yes
Yes I believe that I have more than enough supervision.
YES
Yes
yes
yes
INDEED
Yes
Yes.
yes
Yes I have plenty of pharmacist oversight working from home. If I ever need help on an rx, a pharmacist is just a phone call away.
yes
Yes
I don't have experience yet, I don't have to comment
Yes
No
My day to day role does not require oversight by a pharmacist.
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Yes. I work for a mail order pharmacy so I have a larger pool of pharmacists to check my work and to reach out to when I have a question
yes. we are held accountable on every level
Enough oversight? We have too much oversight and we're treated like assistants instead of fully independent adults.
No.
yes we do. At any point in time we have the availability to reach out to any rph for assistance either by phone, email and web. Ever thing done in the office can be done at home.
YES
yes, i worked on a team called Resends and we had our own group of pharmacists that we had access to all day. They could be reached by email, phone and even Microsoft Teams chat
somewhat
Yes
yes
yes we do. Working from home and the office is no difference. We call to get help from the the pharmacist. we don't have them sitting next to us side by side. There are so many resources that we can get.
Yes, oversight is done by a Pharmacist.
Yes
Yes
N/
Yes they do.
Yes. They answer my questions and support as team.
For insurance billing purposes, yes.
Yes
Yes
yes
Yes
Absolutely if a question does arise
Yes, in my current position but in previous one not as much as I would think there needed to be.
Yes
One pharmacist is not enough. They verify, QA, answer phones, consult, do COVID tests, give COVID and other vaccines. There should be at least two RPH on duty if all of these are happening at once. So my answer is no.
i believe so
yes, rph are easily accessible. we have different phone lines for different rx questions we have for the rph. they are just one phone call way.
yes
No, still need pervision authorization.
Yes
Yes
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q4 Do you believe as a pharmacy technician you have sufficient oversight by a pharmacist?
Depends entirely upon the pharmacist (& pharmacist/tech relationship) and the health care system, or entity within which they work.
Yes, my pharmacist is very good about answering any and all questions
Not at chain stores , having pharmacist work drive through is a joke
Absolutely
I can only speak for myself with my personal ethics and within my scope of experience. I feel the oversight was sufficient.
No
Yes
Yes. As a technician working in Oncology.
a properly trained and well educated tech will be fine. A tech must be confident to do so.
Not applicable, but from what I have witnessed in clinical settings during inspections is that 1:1 ratio (RPh to TCH) supervision is important.
Sometimes too much. In most community pharmacies, pharmacy technicians perform administrative and managerial duties, as well as their regular pharmacy technician duties. Yet, they are still relegated to low pay and lower positions than pharmacists who know nothing about management.
depending on pharmacy setting- in some retail setting, it seems pharmacists are too busy with other tasks to properly oversee technicians
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
yes
Yes.
Depending on the resources of the organization or store. More training programs or certifications/education is needed to support a higher-level pharmacy technician role.
Yes
Not enough. Repetition is key.
Yes
Not compounding. Not in retail pharmacy
Yes.
yes
YES
Yes and no
Yes
I believe not everyone has full understanding of how the DOAC clinic works. so the training for new people could definitely be better. there is also no appropriate job description for clin ops techs.
I believe as technicians we need more clinical skills and professional judgement training.
Adequate, but always room for improvement.
I've feel like I've been dealing with age discrimination for sometime now. I've been trying to find work in my field and I know that I have the experience. I'm not sure what the problem is and I also am accepting for any Pharmacy Technician Trainee position.
Yes
YES
No
Yes
Pharmacy laws, operations, and compounding on the job training and education is needed.
No.
Kind of.
Pharmacy techs aren't paid enough.
Yes
Yes
Yes
We are trained and communication is sent out to employees all the time by company
Yes
Yes
Yes
Yes I believe I have appropriate job training to complete daily tasks , although tasks themselves are very routine further education and more job duties will help the healthcare industry in providing better patient care and adherence with medication .
no
no

PHARMACY TECHNICIAN – OTHER SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Yes
Yes
Yes
yes
Not enough.
Yes
Yes.
No
Yes, usually our training is all online. I do not work in a compounding pharmacy.
Yes
Training is important. Technicians and Pharmacist should receive ongoing training by their companies on how they are to carry out their duties especially when new laws are past.
Yes.
Depending on the area of pharmacy you are funneled in to yes and no
I work in Clinical Operations, not in a Pharmacy. I support a Pharmacist in an Ambulatory setting where I do not believe that the current practices of Technician training are standardized to the level required to effectively support the Pharmacist in an Ambulatory role.
Yes
No
Yes.
Yes
Yes, but only after years of work.
Pharmacy ops, and HIPAA yes. Compounding n/a
yes
yes but not all pharmacies have all what you learned available. so re-training will be necessary
Not currently wirking
Yes
no
yes
no
Yes and given the opportunity to do the work repetitively.
Yes
yes
yes
Everything I learned about compounding is not enforced in a retail setting pharmacy, it would be nice to be able to keep practice compounding techniques even while in retail in case I decide to switch to a just compounding facility. Also continued education classes are necessary.
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Yes, we have what is called U-Learns to assist with continued education.
I believe there is more then enough training and thankful for it.
Yes
Yes
yes
Yes I do believe that 100 %
Yes
yes
yes, It is always being updated to ensure we are up to date with all laws regulations and compliances and if any questinos are of concern they do address it to leave no unanswered questions for technicians to be aware of.
yes
yes mostly but i would like some more experience with compounding
yes
Yes
yes
Absolutely. Yes.
Yes.
yes
yes
yes, Optum has had amazing training and has showed us how to comply with all laws and still perform the duties required. Never have a had another job and in the pharmacy field who protects patient information.
Yes
yes
Compound does not apply to our store. Other education is provided online along with testing to ensure we have understood, but every year is the same information.
Yes, we had and have appropriate training to perform all of the duties specied. Our company is very great with teaching us techs/pharmacist the laws/regulations of being in the pharmaceutical industry.
Yes.
Yes i have been trained by many pharmacy managers who have taught me all the correct ways of doing work that i now train any new hires
No
Yes
Yes I recently took PCTE Course help me understand policies procedures and medications
Yes, compounding.
We do not compound medications or touch medications . We follow hippa guidelines
No
yes only no to compounding we do not do that at our pharmacy
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
Yes but also that is why you should go to school to learn the basics and then once working at the pharmacy them showing you how they work on that pharmacy.
We technicians don't do compounding in the outpatient pharmacies, however , I do feel that I can do the rest of the things mentioned in the question with full compliance.
Yes.
I have the appropriate training from my company
No, each of those mentioned above should have a technician assigned, phar oper tech, HIPPA tech, and compounding tech.. it will give each technician a chance to become a professional in each area.
No, in retail pharmacy is fast paste environment, trainings like compounding is time consuming. Which most of the time rph just mixed or compound it themselves because faster and feel peace of mine from easy mistakes by technician.
Yes
No, the company does not provide us time to due proper training.
Absolutely Not!!!!
Yes
I believe my job training and education gives more than enough knowledge to perform my duties.
YES BEEN IN HEALTHCARE FOR 20 YEARS
Yes
Yes I believe I do. We have months long training and refresher to keep us up to date on all procedures.
yes
Yes
Yes, Our instructor was excellent. But it is necessary more practices.
Yes
Yes
My current position does not provide direct patient care, drug processing or compounding. I did receive a lot of training regarding compliance in my role and HIPAA expectations.
Yes
Yes
yes
Yes
No.
yes.

PHARMACY TECHNICIAN – OTHER SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?
yes
yes, i have worked for United Healthcare for over 12 years. I received in office training and when they felt it was appropriate, i was able to work from home.
yes
Yes though I think technician training lacks on providing adequate training for compounding
yes
yes. we safety work from home without having anyone around us. we can freely talk to patients without having the noise of other conversations going on in the office.
Yes.
Yes
Yes
Yes
I do not.
Yes
No
Yes
Yes
yes
Yes
As a pharmacy technician you're always evolving knowledge wise cross training in the pharmacy is Paramount as always if you have questions check with the pharmacist
Yes. I learned all of mine with on the job training and my employer does an amazing job of making sure we are trained to the most current regulations
Yes but could benefit from REAL, FREE CEU course offerings
Yes
yes I do
yes
Yes
Yes
Okay trainings at Rite Aid have become a whole different monster. I stand at a register or computer simultaneously doing computer trainings and filling or typing prescriptions every week. There is no down time to sit down and listen/ watch these trainings while on the clock. We are always short staffed.
it depends on the facility
yes, absolutely. we are required to take learn courses that goes over material like operations, laws, HIPAA, compliance. the company also provides all of the equipment needed to be successful. they even pay for an encrypted private internet line we use to log into our system. high security.
yes
Absolutely

PHARMACY TECHNICIAN – OTHER SURVEY

Q5 Do you believe you have appropriate on the job training and education to perform your duties safely, including the areas of pharmacy operations, HIPAA compliance, and compounding?

Yes. Although I do wish there were specific certifications for non sterile compounding and that relevant job experience within the sub genre of pharmacy was not necessary for certification. I believe it limits the ability of the technician in their conquest for continuing education and higher pay because most jobs require some type of knowledge to be hired to compound but then the compounding certification requires job experience to get certified it is a catch-22.

No definitely not at chain pharmacies , most techs there have never been properly trained or educated. The company does not allow for pharmacy employees to even listen to their training videos properly, they have to let them play while working across the pharmacy no where able to hear the training.

Yes

No. Different companies and institutions perform pharmacy operations differently, and the preferences in operations and duties to maintain compliance with law and HIPAA compliance.

Yes

Everything but compounding.

Yes

As a formerly retail lead pharmacy tech I believe I did not have all tools I needed. I learned from asking lots of questions, floating , observing and listening to pharmacist.

Not applicable, but from what I have witnessed, there is a wide variation in the type of training and education TCH's have. Much of which seems to come by on the job training. For TCH's who compound, there should be additional educational and credentialing requirements in place.

Yes

Depending on site/ pharmacy setting- personally think on the job training site needs to be certified and monitored by BOP or organizations such as PTCB/ ASHP to ensure the on-the job training and education are indeed appropriate

Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q6 What type of training did you receive, or do you think is appropriate?
hands on training
I am an military trained tech. I KNOW that most techs are not trained nearly as well as they should be for the safety of the patient or the benefit of the RPh. Or the industry in general.
On the job practical experience training from other pharmacy technicians and pharmacists is typically how pharmacy technicians are trained. Additional continuing education and company sponsored training is necessary to maintain knowledge over the practice area and regulations to ensure quality care.
Pharmacy tech school and PTCB
At least a week at each que.
I receive 1 month of training and 5 month with guidance before being independent
I went to a vocational school but learned more while working
On the job training and external courses. More training in compounding is warrented if scope grew to include more types of compounding.
safty, and HIPAA is so improtant
OJT ALSO PHARMACY TECHNICIAN COURSE
I have not been trained in doing IV or compounding because of unforeseen circumstances on my part.
Six week intense class for certification and license
On the job. For Covid immunization online training and on the job practice with saline on fellow technicians with pharmacist watching
Annual compliance trainings, hipaa and osha annual trainings on top of sexual harassment
OTJ training, courses online, CPhT training
A complete Pharmacology lesson plan, but I believe my externship was the most beneficial tool besides the obvious S.O.P. when filling a script.
I was an out patient tech so I came to clin ops with customer service skills, problem solving skills, benefit skills, and the others in the clinic do not have those. I had to ask around a lot of extra information to be better at the job
I recieved training through a technician program as well as on the job which I believe gave me the necessary preparation before I began to work. Many technicians who get training solely on the job can't last in the field because they become overwhelmed and lack the necessary knowledge to perform tasks effectively.
1 year private vocational training. On the job IV training, which I might add is the most lacking experience/training in public or private schools. Very little training for Intravenous work. Mostly focus on oral meds.
I've worked in various areas as a Pharmacy Technician. Most of my experience and training was from Inpatient/Outpatient in a Hospital setting and I worked in every area. IV'S, Chemo's, Billing to Customer Service. I also interned at a Mental Health hospital but because I graduated from school in 1990 from a North West College a accredited school California. It is very hard to compete with the younger students coming out of school today. My career at one time was based on the amount of experience you had and now it's not so much. I'm looking for work now..
I received stepped on the job, as well as a vocational school course taught by a pharmacist. I think training should consist of more schooling, perhaps an associate program. Additionally, structured training at facilities. This varies to a great degree at various facilities.
REGULAR
I was grandfathered in as a tech
On the job.
CE thru Pharmacy Technician Letter and no other training. More needed to be appropriate.
IMMUNIZATIONS training
I think pharmacy technician programs should be mandatory and longer. We learned so much about so many topics but it happened so fast that it was hard to go to in depth on everything. Especially compounding.
Pharmacy techs aren't paid enough.
CE

PHARMACY TECHNICIAN – OTHER SURVEY

Q6 What type of training did you receive, or do you think is appropriate?
I received in the job training many years ago.
I received all the knowledge I need for my work.
Meeting, training courses, email communication by company to employees, continuing education (CPhT), email from board pharmacy
I went to a vocational school. I have also been with my company for 10 years and a lot of the information you need to know just takes on-the-job experience.
In terms of school, it was fine. Everything else is so specific to individual jobs.
I think going to pharmacy school is best and on the job training
Yearly and monthly tests that require me to be on top of state laws and in compliance with HIPPA regulations
osmosis
I was not given enough training regarding handling of patient insurance cards
Pharm law
I have an actual pharmacy diploma and was trained for hospital and retail setting
Both online and physical training
in house
Operations & compliance: Learn their ABCs not returning drug on the proper location.
I think being a cpht should be required to put pills in bottles. State certified techs don't even take the time to learn what acetaminophen is
Hands on continuing education classes at local health offices
8 hour paid training
We received group online training.
Schooling
I was grandfathered in and learned on the job. I was only as good as the training my Pharmacist was willing to give and allow at that time. Now, the Pharmacists don't want to do anything and get paid 2/3's more than a technician. Who bears the weight of the physical and the mental duties of the pharmacy.
Continuing education to re-up my national certification.
Certificate mills that pharmacy technician schools hour I do see as a necessary evil but it could be better I did not learn much of anything until I was actually hands on
I believe Technicians can receive additional trainings (specific to specialty areas) and work within standardized protocols to effectively take supportive roles in the Ambulatory Care setting.
We received hipaa review, annual information privacy and security training, health care fraud, waste, and abuse and code of conduct, and additional online training if needed
additional certifications
On-the-job training as well as online material.
Program that provided training courses online
I went through a vocational training program. It was a bit overboard but I'm glad I went that route.
Shadowing an experienced tech, direct pharmacist supervision on new tasks.
Clinical operations technicians needs a minimum of 6 week training. A week for every tech shift we have to learn then another week to display they are able to function appropriately and safely. Even further training is needed if cross training other clinics
regular training at a private and expensive college
I was trained in the pharmacy
All of the above
NPTA Course
on the job training
Hipaa training, and on the job training.

PHARMACY TECHNICIAN – OTHER SURVEY

Q6 What type of training did you receive, or do you think is appropriate?
On the job training like modules.
On the job training and it was very appropriate.
Hands on training is always the best
I have done extensive training in my field of expertise (compounding and leadership) and I believe we need more training opportunities like this offered
on-the-job training
Received vocational training from WVOC. Would like refresher courses to be available for folks who are returning to the pharmacy tech position.
-warehouse: count, sort, fill, and packet meds.; fill a form if drug(s) are out of stock, compound meds., pull off and put back drugs from shelves, input data of the prescriptions filled into the computer to print label, always clean work area and tools every day and when handling new meds each time -observant: field trips to pharmacies to get the feel of the environment. duties, and status -clinic: greet customers, little inventory, count, sort, fill, and packet meds.; notify senior PT of out of stock(s), compound meds., pull off and put back drugs from shelves, input data of the prescriptions filled into the computer to print label, operative services, check-in patients/customers, receive boxes of meds and restock meds, always clean work area and tools every day and when handling new meds each time
Continuing education, on-the-job training and learning, learning modules and courses
constant procedure updates
learn source
In class, online, in person.
Online courses
U-learns, and one on ones with those who specialize with the assistance needed.
I received on the job training and work from home training, on top of classes before starting my first position.
data entry, prescription processing, state reulations
PTCB National Certification
we always learning resources availbale to us and learnsources training frequently via internet
Appropriate training would be know the basics of pharmacy tech duties and as far as the training OptumRx (where I work) brought more than enough training provided on the very first day of the job
I trained to work many queues while I am working from home and there is no different if I work from office it is same result
i received training through microsoft teams
documentation of any updates being done for medications or procedures of handling medications.
communications(written) zoom meetings/ interaction
I receive both hands on and over shadowing training
did a month long training with company
i received DE, Tech exp, pcc, MD tech line
i had my ptcB training on-line working from home and did very well. I also passed my ptcB exam
We have completed learnsources and or classes on the importance of everything listed above. We also have periodic trainings regarding these duties.
on board training
my training has been sufficient
ongoing updates
i received a 5 week in person training on everything i need to be successful in my role
all of it
I received both in class and hands on training. 'Refresher' courses would be beneficial to answer any technician questions regarding procedures, legislature and general material.
On the job training as well as CE courses

PHARMACY TECHNICIAN – OTHER SURVEY

Q6 What type of training did you receive, or do you think is appropriate?
Extensive training is provided for new hires (4-6 weeks) that goes over the system we use to process the prescriptions. There are modules dedicated for HIPAA compliance (we don't do compounding at our pharmacy).
class room training as well as ample communications to access on these subjects.
Included in our 6 week training we went over training online and we have JOB AIDS that have been reviewed and our available for us to see at anytime to keep patient information private. We also work in a closed door room with no one to see during ours work hours
The training I received was like a class you take at a College that goes over in detail on how to do the job and to utilize the proper resources for situations you are unsure of.
Pharmacy rules and regulations
Yearly education is on bloodborn pathogens, Medicare B, HIPAA. I think education on updates of medications and all law surrounding the pharmacy should be provided.
We received all virtual training which taught us HIPAA compliance laws, situations, what information technicians can receive and give out to patients or if it requires a pharmacist's authorization we transfer calls to them in order to fulfill the patient's requests without going out of our HIPAA/privacy protocols. We also have been trained on what to do when we are moving away from our work computers which will help protect our company/patient privacy at all times. We have computer cards that can only be accessed by technicians individually with a code and once removed, our computers shut off into the main screen so no information is shown to anyone. We were properly trained to work these protocols for every moment we are not near our work computers.
We receive on the job training via webinar, or email, etc
All basic and extensive pharmacy tech training to be a lead pharmacy tech and train all new hires including techs and pharmacists
The majority of my training was for the grocery store and not enough for the pharmacy.
Training on per areas of production.
PCTE
We have continues training at the pharmacy
Office setting no medication filling performed
4 weeks training
when i was at school i felt i did not get the proper training i have gotten hands on felt that i waste my time in school, though when i got my 1st pharmacy job and got the proper training was so happy and was excited to learn new things everyday im now in my 13 years as a pharmacy only 9 been a tech and working remote and love it
Training for administering vaccinations of course after receiving Training pass exam for eligibility
I went to technical school to get my certification and license and in my opinion it was the best decision i made. Got to learn all the basics, how to perform the math and also compounding certification.
Modules , schooling, laws, etc. All explain compliance in it's completeness
On-the-job and continuing education.
I received training on the laws and regulations as well as how to keep the highest level of quality to the patient when filling their medication
Web training, research on their own, on the job with a professional in each of those areas
Vaccination and compounding
I receive HIPAA training and receive the training annually
Computer modules, not appropriate because there's no one that can answer questions when we do ask. Big problem is they have techs training in areas that techs have no business being in. For example, we train on western union protocols when that's not offered in the pharmacy. Or why train on control box protocols when techs can not file anything in those boxes. All I'm saying is training on tech specific duties and knowledge is needed rather than training in all areas of business that don't require techs to do.
I did receive any real on the job training it was learn as you go, which was stressful.
Rite aid training

PHARMACY TECHNICIAN – OTHER SURVEY

Q6 What type of training did you receive, or do you think is appropriate?
So far all trainings
compounding
basic laws. basic trade/generics. most other training best done on the job
Computer based training and on the job experiences that no computer training can prepare you for
16 years of in office training
yes, because I received virtual training and it was so easy and fast to learn it was very beneficial
I completed a 2 year pharmacy tech program at a community college
MA IN HEALTHCARE
what ever training the company provides
Hippa training
on the job training and CE courses
HANDS ON
All of the refresher training we receive yearly and if anything new arises we are trained via teams and the training is sufficient.
HIPAA, pharmacy operations (register, processing, filling, etc), inventory and stock
I have all training that has to do with the pharmacy
I had a month long training and always have refreshers on everything and we are always up to date with all state laws.
training on new medications
Went to college for training, did an internship, and complete CE lessons every 2 years
Calculate doses, prepare solutions, sterile drug preparation.
CE and training provided by employer
Continuing education credits that include hands on training not just videos.
Virtual, online modules, hands on training, research and development of my own skills.
We have a set training class and up skilled classes as well. Our work provides resources and job aids to assist and keep up to date all processes.
HIPpa training, processing training. CEs to upkeep my license
virtual training in a class environment, training tutorials and programs
Too broad of a question, this needs to be broken down into specific areas of pharmacy i.e. retail, specialty, inpatient, etc.
N/A
we get web training.
Advanced certificates in Med rec, Virtual verification, Drug diversion and billing are all related to my inpatient work. However, very little of my advanced training is used in my 25 years continual retail experience
when i was first hired in 2009 as a technician, i received 4 weeks worth of training. we are then also required to take annual trainings to keep up with communications and regulations. We receive emails regularly on regulation changes.
everything with Tech duties
I was trained in military. I believe the current programs do fairly well but should focus more on medications and usage of them and interactions and less on knowing disease states.
hipaa and processing rx's and pharmacy operations
we train via webex
Plenty of training is provided, and given and we have resources available that we are able to provide correct direction.
Constant refreshers and general job trainings
Continuous online yearly training for HIPAA and company policy's to protect members
N/a
I have not received training, but I would have training on billing insurance and using the pharmacy's software.

PHARMACY TECHNICIAN – OTHER SURVEY

Q6 What type of training did you receive, or do you think is appropriate?
Team, Hipaa, new software, compliance
COMPUTER TRAINING IN EVERY ASPECT!!
Company training. On the job training. Daily company updates. Technician for 26 years.
graduate from accredited school pharmacy and accredited Continuing Education online.
We have access to a websife where all procedure are outlined
Yes we have yearly mandatory compliance training
The training you received In order to receive your tech license from the state of California is adequate but as always it's the techs job if you don't know the answer to a situation and ask there are no stupid questions it builds a better team unit
I have been trained by critical point as well as my own training to take the CSPT test. I also took it upon myself to get the CPHT-ADV certificate to further my education. I think that in pharmacy tech schools they need to have good training on compounding as I think that is seriously lacking. I do think that most employers do a great job of getting Techs up to speed on how to compound but I think Techs who have not compounded should have to get a certification on chemo therapy mixing, I have seen Some great techs who learn things great being green to mixing and I have seen some bad techs who have a hard time with mixing.
Initial and monthly/yearly refreshers
Annual compliance, Health & Safety, etc
I did classroom work to become certified then 150 hours of externship with a retail pharmacy under the direct supervision of a Pharmacist. The rest of my training was hands on with a large PBM
quarterly learnsources and quizzes
PowerPoint; we can always go back to a website where they have all the PowerPoints and Job aids listed
I haven't had a job at retail pharmacy yet.
Time away from the pharmacy in a separate area for learning. COVID has taken over our world. This is not the same pharmacy as it was five years ago. The population is growing and there is zero down time. Please take a moment to visit local high volume pharmacies to get an actual idea. Those "regional" chain managers and directors are all lying to you. It is a complete mess at the store front.
i feel a minimum of a week is sufficient per area of practice before one is left on their own.
I received many different training including processing, handling clarifications, processing claims, prior authorizations, researching claims, faxing md offices. everything it takes to get the prescription to the finish line we are trained in.
hands on training
By RPH instructor training school of pharmacy.
Immunization training
I took a one year course to be trained as a pharmacy technician.
Yearly online training at work
USN Pharm tech school. I have reservations regarding some current pharm tech programs' integrity.
I recieved self study training of my own accord to become a technician. I went through a rite aid training program. I had a lot of on the job training as well as reading materials and some online training modules.
I personally attended a pharmacy tech school but that's rare at chain stores
All of our training and refreshers are appropuarte
I think it depends on the setting in which the technician is employed to determine appropriate training. A Licensed Technician is required to test for the position with some employers. Is a Licensed Pharmacist required to test for each employer with their license?
More training on some things that a pharmacist can do.
On the job hours is the best training.
tech shadowing when working Anti Coag and PHASE clinic, trained by technician while compounding in Oncology.
We would get assigned training modules, but in a busy setting you can never listen and learn much. I think its only appropriate that techs receive at home learning, sign up for CE's.

PHARMACY TECHNICIAN – OTHER SURVEY

Q6 What type of training did you receive, or do you think is appropriate?

My training was different than most as I started out in nursing school and changed to pharmacy, so I have a deeper education in physical sciences, disease states and pharmacology. I also did a self-directed internship at a nonprofit community health center dispensary for 13 months before I took my first pharmacy job. I had the benefit of working closely with medical, dental and pharmacy staff in collaboration. I learned a lot.

School, PTCB CEs

Sterile and non-sterile compounding, hands on experience to practice what learners have already learned in their training/ education programs

I received HIPAA training at my current job. That should need to be Tech Specific and reviewed yearly.

PHARMACY TECHNICIAN – OTHER SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
yes
NO! Pharmacists receive standardized training and are able to choose their practice setting. Techs should as well. It would improve and elevate the profession as a whole. Companies should embrace this and not suppress the advancement of technicians. As the country's population ages well trained technicians will become more essential.
Yes. More technical functions such as compounding techniques require more skills and knowledge to perform properly.
No
Yes
Yes
Yes
Yes, however a general overview of the various tasks in a practice setting is required.
No, everyone should get the same general training, then more in depth depending on the job duties
NO
Yes
Unsure
Yes
Yes
Yes
No, for technicians, unless IV was acquired in school. Yes, for pharmacists!
yes.
No we are taught a broad range of pharmacy skills. However the skills for inpatient settings tend to be not as detailed as outpatient due to the fact that we usually have to start in a retail setting.
Yes.
Yes and you should be able to grow according to your ability.
Yea. Inpatient or infusion settings require a greater degree of training.
YES
Yes
No. If you work in a pharmacy as a technician, you should be able to do all of the functions one is expected to do.
To be vital in all aspectsof pharmacy each technician needs to get a basic level of on the job training in all areas : law, medication history and reconciliation, medication safety, insurance billing practices, compounding, injectables and infusion, enteral nutrition, durable medical equipment, inventory control, etc. If the technician main job duties fall in one of those focuses then the employer should provided indepth training on the topic.
yes
No
Pharmacy techs aren't paid enough.
No
all pharmacy techs would be the same.
Yes
Yes, 100%
Yes
I don't really understand the question. Do we need different school? No. Your job can train you.
Yes
No trainings cover the bare minimum to pass as satisfactory, there is not type of challenge that makes CPhT's feel as they are making a change with patient care.
yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
yes
Yes.
Yes but the other way around
Yes
No
Yes because each process can be different.
Yes
It's the same story. The more you do something the better you get. If you like it you will perform even better.
No.
Definitely yes
Yes, I believe that basic Pharmacy Technician knowledge is sufficient in certain areas, but additional and specialized trainings should be required based on the level of service/functions performed.
Yes our company provides online training to help better our functions
Yes
Yes.
Yes
Most definitely. Not all technicians have the skill nor acuity to be working in a clean room.
Yes
yes
yes you learn something everyday
Yed
Yes
Yes
yes
Only if in a hospital setting. Hospital setting techs should have additional training.
yes.
Yes
No. All training should be standard
yes
yes
yes
No, if train well, do well. Train poor, do poor.
Yes
YES
yes
Yes
no
Yes
Yes
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes, on the job experience/training increases the knowledge needed to perform daily functions and enhances capabilities.
yes
yes it definitely does, every employee has different roles but once again OptumRX brings enough if not more information about these roles/functions before starting
Yes
yes
Yes I strongly agree. Every step is necessary when being trained in order to maintain a high level of professionalism in the public eyes and behind the scenes.
yes
Yes, although there is a general consensus for anyone who works in a pharmaceutical setting.
Yes, because each job function we do is a bit different. From billing to just regular Data entry. There's things we have to know.
yes
yes
yes of course without the training we received I wouldn't be able to perform my role, now I am fully able to complete everything on my own without supervision. Our jobs is at desk, never did the RPH come to our desk to see how we are doing as all communication is remote, via email or headset call.
yes
yes, where I work we do not handle compounding, so that would be something that I would have to learn.
No its just general
Yes, we get trained, we work from the basics, we continue being trained and then we continue to grow. Believe we all start from the basics and from there everything starts to make sense and we improve our production/numbers every day we are focused and willing to strive.
No Hipparchus, privacy and security matters are trained across boards with the most importance
Yes because all pharmacy techs can do the basic pharmacy work but it takes a higher level tech to do more such as inventory management and being in charge of other techs and managing them to make sure the pharmacy staff is on par and doing the work that's needed to be done
Yes
Yes
Yes definitely
Yes
Yes
Yes
yes, every job area is different and training you can/allow to do

PHARMACY TECHNICIAN – OTHER SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes
Yes but also knowing the basics on different areas of a pharmacy helps out alot.
No, we all have to pass the exam, we all know what's ethical and unethical. Knowing several things is a requirement for the job, as technician or pharmacist .
No. I believe all training needs to encompass all functions within our licensure and scope of practice.
yes
Yes
Yes,
No
Yes.
No, doesn't matter what functions you perform. But you should have levels of training for each place you work, because all places are not the same.
No
Yes
yes of course also, hands on helps
Yes
YES WHICH WE CAN WORK FROM HOME
Yes
yes
yes
ABSOLUTELY
Yes
Yes
yes
Yes we get all the training we need for each job we perform.
yes
Yes
Yes and No. I think we must prepare best we can, regardless of the position you occupy, but whoever occupies positions of greater responsibility should be more qualified.
Yes
Yes
Yes. But, to ensure continued growth and the ability to move into different roles, training beyond your current job duties is needed.
Yes, the longer you have been working you become more knowledgeable in certain areas so after you're more experienced you can move to next level of training to do more.
Yes. Pharmacy clerks In CA are able to process prescriptions just like a technician but are not required to do any type of training or license test. Technicians who work hands on with medication or compounds will require extra training to be compliant with safety and health regulations on top of the processing requirements
yes
Yes
No.

PHARMACY TECHNICIAN – OTHER SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
yes
I don't think techs should be excluded from learning prior to working the functions. However, I do think that performing some functions should be determined by those techs who have completed the related training specific to the tasks (only able to check other techs after completing training)
The company has provided very well thought out training for each role that is performed. They ensure that employees complete each level with assessment before moving to the next level to ensure that the employees fully comprehend the state laws and regulations for processing.
yes
If you are talking about on the job training, obviously. If you are talking about the initial training, no. I think everyone should receive same training initially and then have either work provided additional training or work with schools to provide additional training based on where the technician winds up working. I.E, sterile compounding, non sterile compounding, customer service
yes
yes
Yes.
yes
Yes
Yes
Yes. For example, the PTCB has a separate certification for sterile compounding. That is perfect for those going into the hospital field.
yes, level of knowledge needed for performing job
No
I believe training is definitely important!
yes
yes
Yes
Cross training is imperative due to Staffing shortages pandemics in house training is key
Yes, I think ever tech should be able to perform the duties of a retail pharmacy. Those are the basics. I also think that there should be an addition school or education that techs can take for the basics on compounding and the rules and regulation on it.
Yes
Yes
yes, because I never worked in the hospital setting, I would not need to know the role or function for those technicians and those who are in the hospital setting would not need to know the workings of a PBM
yes
Yes
I hope I'll.
No, I believe everyone should be trained and informed on all functions in the pharmacy. It is the only way to build a prepared and well functioning team.
yes of course
I believe there needs to be a standard of training for entry level techs. everyone should be coursed in the basics. after that is mastered then we can start training in different functions based on business needs.
yes
Yes
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q7 Do you believe the level or type of training depends on the functions you perform?
Yes
Yes
An education in the fundamentals of inpatient and outpatient services - count & pour, dispensing, compounding, IV admixture, prepackaging, parenteral nutrition as a minimum standard. Adequate to include specialized material and equipment handling i.e. chemotherapeutics or radiological materials as OJT specific assignment within an entity's SOP and EH&S protocol.
Yes, there are different levels of knowledge required for different functions but every company is also different so even though you may know the formulas at one facility it might change if working at a different facility. But a good baseline of knowledge is key for basic retail pharmacy which is achieved through national certification.
It can
Yes
The pharmacy technician can be in retail, clinic, hospital and insurance billing settings. The employment setting dictates on the job training being received. The question how do all technicians maintain industry standards from various industry levels?
Yes
Yes
Yes
yes, but we should always be trained more than our daily function. Always be prepared for any assigned task, project based on work needs.
In my opinion, it shouldn't. TCH's are an integral part of pharmacy practice and need to have a very solid foundation to add value to the team, provide safe/effective support to their RPh's and act in the best interest of patients at all times.
Yes, but there should be opportunities for higher training. There should also be different requirements for different positions. For example, a Pharmacy manager should be required to have management experience and not just a license. Technicians who manage pharmacies should have additional credentials available for them to complete to differentiate from those who do not.
Yes- I strongly favor technician levels where experience, knowledge and professionalism of the learner are evaluated before they are able to complete more complicated/ advanced tasks in pharmacy
Yes

PHARMACY TECHNICIAN – OTHER SURVEY

Q8 What are some of the biggest challenges you face?
language barriers
HR underestimating my capabilities, low pay and ageism.
COVID related challenges that prevent the expansion of telehealth services or remote work to be performed outside a licensed facility. The scope of the pharmacy technician is limited and heavily relies on the pharmacist to perform. Maintaining adequate staffing levels is an ongoing challenge.
Pay that allows me to live in the state.
Not enough training. Not knowing what's expected of me. Insurance billing.
When in office i had fear of contracting Covid
No career advancement as a Pharmacy Technician, more work, more responsibility. No wage increase or opportunity for advancement
Hourly budget cuts with same or increased workload and both expected and mandatory tasks.
short staffing, expected to do multiple jobs with little pay. Not compensated for the job we do. Not considered medical. we were open and functioning short staffed for the duration of the peak of the pandemic. No one gave us any credit, we didn't get any kind of hazard pay, couldn't work from home. Many of us have kids and had to pay for child care since the schools were closed. I feel like we are the most under rated licensed staff that exists. We were essential enough to not have to close and work under very stressful times with little to no staff, but not essential enough to get any compensation or help.
STAFF SHORTAGES
Not enough time
Billing issues
Having to do so much multi tasking because not being adequately staffed!
Understaffing and having resources from our managers and or open communication
The state just licenses anyone. You should have proper schooling before getting a license for any work in the pharmacy. Mistakes tend to happen more by those who used OJT to obtain a license
Being judged as incompetent due to things outside of my control, or being the opposite to a stereotype!
there is no job description for clinops. I am listed as out patient tech. there are others that get paid more than I do and do less work. I do not handle drugs, or cash, and no rph in the room but I am not allowed to work from home
Technician pay is so low that it's difficult to be able to have as a sole source of income. I have to work two jobs in order to pay rent. I also wish we had more chances to become knowledgeable in the clinical information about medications or vaccines.
Training technicians that are freshly graduated. Due to lack of "real world/job" experience, it is almost like starting over for most new hires. Technician courses vocus on anatomy, but not lab results, I.V. drawing/compounding, inventory, etc. And they need to.
Age discrimination in a younger group of peers. Not being accepted because I graduated in 1999 and feeling like I'm unable to compete due to lack of diversity and demographics. chance to
The quality of work and attention to detail, as well as professionalism of many technicians is not consistent.
PATIENTS
Counseling questions
Working for the State of California, our technology issues are causing the most stress and burn out. We have very old technology and some days it doesn't even function properly. As well as printer issues and Centrack problems.
Mental fatigue, and lack of time and resources to complete more training to prepare for all tasks of my job
no enough people...we need MORE techs. Also a more liberal call outs policy... No written warnings when one need to call off out due to STRESS
Severe understaffing, underpayment, and constant verbal abuse from customers.
Pharmacy techs aren't paid enough.
Under staff and pay

PHARMACY TECHNICIAN – OTHER SURVEY

Q8 What are some of the biggest challenges you face?
Lack of recognition for the valuable work pharmacy techs do.
Making sure the correct medication is processed for each member
Trying to find the solution how to help patients as they enter gap or do not have money for high copay medications
Metrics set by corporate! Even though they say they don't count them but they send daily emails with the info about who's not making it. Also the customers abuse! I work in a retail pharmacy and the customers can be really hard on us for things that are beyond our control. We don't have much support when it comes to defending ourselves against the verbal abuse.
Overworked.
Dealing with angry patients and also rude pharmacist
Biggest challenges I face is being under appreciated for the work that is provided , Technicians are very neglected and labeled expandable for the position , Too many RPH's make it a point that all technicians are replaceable and the position itself isn't of worth.
stress
staff shortages
Sterilization with covid
Need better support for pharmacy technician burn out
Not being able to answer patient question about medication diet changes etc
short staff
Ratio between RPh and Techs: not enough RPh to tech ratio-which tech end up working extra to make up for missing tech due to ratio.
The tech to pharmacist ratio is not sufficient to meet the deadlines and metrics. Staff shortages.
Bais and discrimination
Hazard pay, favoritism, overload of responsibilities for technicians. The pay and training for technicians is unacceptable.
Some of the biggest challenges would to go back to working in office and not being able to process prescriptions from home anymore because of high gas prices. Most of my paycheck will go to gas and I won't be able to make a sustainable living.
Short staffed
Working retail is difficult because you see people at their worst after they waited for hours at the doctor's then expect their Rx to be ready. Usually most retail never have enough staff to keep up with the sheer number of Rx coming in. Or the legal amount of counter space.
Corporate pharmacy owners who care too much about faceless numbers over legitimate patient care.
Consistent hours Jobs that pay a living wage Respect for all of the time that pharmacy technicians dedicate to there job
Working in unlicensed space in an Ambulatory setting. Only being able to be recognized as an Outpatient Pharmacy Technician, unable to have a Clinical/Ambulatory Technician job description because BOP only recognizes Inpatient or Outpatient Technicians in licensed Pharmacy spaces.
None
Staff shortages
We should be able to pay for license renewal online via credit-debit cards.
Calculating insulin doses
Poor management from pharmacists that can't and don't know how to do my work. Every pharmacist is supposed to oversee/supervise technicians but in clean room environments they are typically clueless and useless. They are just someone with the right degree to officially/legally sign off on a compounded product.
Being respected as a vital part of the process.

PHARMACY TECHNICIAN – OTHER SURVEY

Q8 What are some of the biggest challenges you face?
Having time to train appropriately and safely (making sure you have time to check trainee's work and getting own work done)
not knowing it all as a pharmacy tech. or as they say a golden child
Not currently working
Having enough tech help. I think the ratio tech to pharmacists should be changed to allow more tech help. Large retail chains also need laws to provide sufficient staffing. They "cut" hours making the work environment extremely stressful and risk errors.
1 RPH = 1 tech filling With staffing shortages, this has become detrimental.
anxiety in regards to patients
Staffing shortages.
The patient thinking im another worker at mcdonald's. not taking me seriously. the pay for the amount of work i do.
Having the pharmacist trust
Understaffed and underpaid.
lack of compensation based on skills
insurance billing
commute
-multitasking with no backups and staff shortages, especially on a busy day -understanding the programs and its layouts of each different pharmacies to read and input data: clinics, warehouses, and hospitals with minimal training
Hard to read hand-written prescriptions and incomplete prescription orders by doctor offices. Slow turnaround time from doctor offices when dealing with prior authorizations, change of drug requests. Medications being recalled. Medications becoming long-term out of stock.
understanding which function is appropriate for technician to perform
process rxs
Trying to not make mistakes while there is a zoo of noise, phones, pharmacist and staff arguing and customers standing in a line, a drive through window and covid vaccinations.
Frequent law changes
No challenges with the workload. But not being able to work from home. As doing so is very cost efficient for both company and Pharmacy Technicians. The cost of renting the space, gas, and safety.
Currently, the back and forth working from home and back in the office. Having kids and the sickness level.
Unable to perform remote processing - commute and rise in gas price pose a challenge to come into the office
Learning how to maximize the performance of the database/tools provided to improve work flow etc.
having to commute to wrk , with Covid always fluctuating is a big challange because we want to feel safe and do our wrk in a timely matter for the patients , and when people start missing wrk it put more stress on other team members , working from home has helped so much , and we never never feel left out we get the same acknowledgment as of working from the office
very few huge challenges are brought to me. It could be that a protocol or procedure is not being followed
going back to office it is very hard to me , so I prefer to stay working from home .
i currently do not have any challenges. i work for mail order pharmacy, and company provides us with different programs to use or job aids for many scenarios that we encounter.
The constant changes being done with medications from recalls, out of stock to the way some have to be written before typing them and sending it to the patient
the biggest challenges are the distractions when working in the office as compared to working at home
where to locate WI for diff scenarios. But once you get use to where to look everything is a breeze
long wait times when calling MD offices
not being able to resolve a hold or problem help a patient especially elderly patients

PHARMACY TECHNICIAN – OTHER SURVEY

Q8 What are some of the biggest challenges you face?
THE NEW NORM WORKING FROM HOME DURING COVID\ HAVING COVID AND TELLING YOURSELF THAT EVERYTHING WILL BE OKAY.
The uneasiness of contracting covid. Also working in a close proximity of my peers due to covid.
The feeling of being stuck in one area and not being able to expand or take on bigger challenges or move around to other departments.
insurance handling
financial
after the state waiver expires i wont have the ability to work from home when i do not physically handle any medications all my work is done via the computer inputting prescriptions or making phone calls to the prescriber or member.
going back to the office even if we can work from home for mail order pharmacy because in person rph supervision is unnecessary if every order done online is checked, validated, reviewed and supervised online by an rph, if other state allows pharm tech to work from home, why cant California allow it too?
Overworked and not compensated accordingly.
As of right now. The CA BOP is forcing us technicians to be on site working when the job function at my company is perfectly fine working at home. We've been working at home prior to COVID, then CA BOP changed it during COVID times to go back into office to process. I fear going back to office due to me experiencing COVID and having to go to multiple Dr's office and suffering from long term issues. So going back into office can risk me getting covid again. When I already work at home during covid and work has been fine.
Being able to work from home relieves a lot of stress from technicians (commute time, gas). Allowing to work from home helps the technicians be more focused and helps with accuracy and efficiency.
working in office has many distractions. I feel I am far more focused working from home.
as far as my role and my job none. I am fully capable of completing it, but as far as being present in office there is plenty. I took my job because it is a way better opportunity than my previous pharmacy jobs but my commute is very far, I take 3 different freeways with extremely heavy traffic, not to mention dangerous. While in office on the way back home there was always an accident. Now having more insight and knowledge my roles is very demanding when it comes to over time 10+ hour shifts. All that I was able to perform working from home. Going back in office ill be basically be there sun up to sun down, and my family needs me. I took this role to better my family but seeing how much of a difference me working from home has made I dont want to go back in office.
tech pay / salary. I feel techs are worth more given the skills can obtain and perform
Having to finish tasks while the clock is ticking without really getting a break. At CVS prescriptions drop one after the other all day and they have to be filled within minutes of each other , as well as customer calls and inventory! what the company expects from us is very overwhelming , especially when they cut hours and one person is doing the job of three people. This is when errors can happen.
Not having enough support/staff/coverage. Ex. If they open 25 vaccin appointments for the weekend and there is only 1 pharmacist and 1 technician. How is it expected that all appointments + filling + typing + calls + out window, can be taken care off in a timely manner.
Some of the biggest challenges I face are - one of them being Covid, it has changed the world and will continue to show us how dangerous certain public spaces can be to your patients, techs, your company and even our own families. It is not easy knowing that there is a virus that can put us in harms way when we go into office. Two, worrying about being on time to work, some of us have long commutes - as per me, my route is 35 minutes away. which is a long commute especially if you have Overtime due early in the morning and there's traffic which will affect production and numbers.
The new changes of today
Being understaffed and working with only minimal hours all because pharmacies have to follow certain metrics to be on target. That does not make it easy for us techs to finish a whole day's of work within 4-6 hours while being the only tech for the day

PHARMACY TECHNICIAN – OTHER SURVEY

Q8 What are some of the biggest challenges you face?
The Computer Program EPS, and having to work as a Pharmacy Clerk also because it interferes with getting my work done.
Drive thru , dropping of prescription while knowing there's a line of cars.
Speed I think going to fast makes more mistakes in trying to reach those goals
Scheduling
Going back into office when I can do my job with a computer at home
Dealing with peoples attitudes and lack of staff
the constant Over time, heavy loads due to lack of employees
To get more training and perform further duties other than allowed
The workload was too much, working mandatory 10hr days and every other sunday was too much.
Pharmacist looking the other way when they are not in compliance with the pharmacist to technician ratios. Looking away when assistants or technicians screen for consult. Technicians and assistants that continue to do these things even though it's unethical and lead to possible patient harm.
Staffing issues.
Working in an office has its difficulties and some jobs that require work that is not required in a specific setting should be completed in a home setting as necessary for work-life balance. If the appropriate tools are present to monitor and ensure the highest quality of care for the patient, the technicians should be able to work at home.
Having to stay in the scope of practice. I would like to be more help to the PharmD that I work with.
Biggest challenge is when we have to do vaccination on top of current duties that we perform in pharmacy like filling, phone call, type new rx, and py pick-up medications
I dont face any challenges working from home. Working from the office causes more time spent on the road, higher gas prices impact my life. I am more tired when I get home due to stress on the road.
Lack of training, lack of teamwork protocol, the expectations from pharmacist to complete all the work; corporate making us due more work for future days that adds stress, like why can't we just work on todays work.
Force to do things that are not important to the job or the patients. Also not being trained correctly or given the tools to really learn. It's been very stressful compared to when I did my internship at a outpatient hospital pharmacy.
Upset customers, the phones ringing all day, not enough staffing.
Helping the customes and face thier tantrums and store manager never stand for our support never
time...time to perform all the duties required.
jobs wanting hospital training before you can work there.. hard to do when no one will give you a shot to learn.
Overwhelming volume. The removal of a central refill facility in combination with new kp app features has made our daily workflows insurmountable
Driving to work, increase cost of food, gasoline.
my company consistently changes the way we process prescriptions but, we learn to adapt to the changes and always learn new things
self-criticism
DRIVING TO WORK... WE NEED TO WORK FROM HOME LESS STRESS
Not being able to work from home in California while working for a home delivery pharmacy. We do not see clients, there is no need to be in an office.
none
I love working remotely the biggest challenge ahead will be having to go back into the office in a noisy environment again
NOT ENOUGH TRAINING

PHARMACY TECHNICIAN – OTHER SURVEY

Q8 What are some of the biggest challenges you face?
I think all around working from home is more beneficial we have closer access to restrooms less chance of injury or infection and with gas prices currently at an all time high it is way more beneficial for us to stay home plus we get more time back out of our day to not have to sit in traffic to and from work
The biggest challenge so far was trying to help patients keep calm during the pandemic. People were angry, and upset and we were able to work through all the issues.
na
Having to find a job that allows me to work from home. I have spent so much money on my Technician License and now I can't work from home after 5 years because of covid. If covid never happened we would still be working from home.
not being able to continue working from home
Going into a worksite when we have the same supervision and ability to work from home. It's even more secure and less distractions and errors
I think now, It is live without part of my family,
backorders of medication
Pharmacist and patient trust Pharmacies are understaffed Under paid for the amount responsibilities and training that had to be learned to meet pandemic demands
Being looked at as less than knowledgeable because I am not a PharmD.
Working remotely is only temporary but for mail processing should be allowed. As patients are provided care over the phones and not in person. Working remotely allows us to focus only on the patients and no office distractions. so if we can get remote working allowed that will lessen my challenge.
Right now for mail order pharmacy technicians we process the prescriptions and speak to members on the phone. We do not interact with actual medications. Currently we have a waiver to work at home which is safer and more efficient than working in the office. Being able to continue to work from home is the biggest challenge for us
returning to office. commuting and time constraints
Pay. Technicians are severely underpaid which is why so many have left the profession and we're now faced with a technician shortage. Pay techs more.
IV room temperatures are too hot. Hazardous/ negative-pressure IV rooms while wearing two mandatory gowns in 70 degrees F is torturous.
the biggest challenges is having to work in the office. The wasted time on the road and also the fear of working next to someone that is sick.
my biggest challenge is in the retail setting. The pay for retail compared to inpatient is a HUGE reason techs don't remain in retail. The turnover is drastic. The stress of performing in retail and lack of staffing is UNSAFE. There NEEDS to be ratios and MINIMUM staffing requirements in place with a reasonable pay to KEEP techs in the retail setting. In patient has those standards and pays their techs a much more reasonable rate to keep a team together.
communication with mdo's, very difficult to get ahold of offices or responses for patients
the long distance drive
Currently none.
not to be able to work from home and do my job in a safe enviroment. being in office and covid chalenges me.
the biggest challenges we face is having to work in the office. with everything thats happening now we don't feel safe. some of us have health conditions. Some of us have to travel very far. Wasting some much time on the freeway when that time could be use with family or work. not to mention the all the pollutions we are creating by having so many people drive to work.
None.
freedom to do my job
Working in the office
N/a

PHARMACY TECHNICIAN – OTHER SURVEY

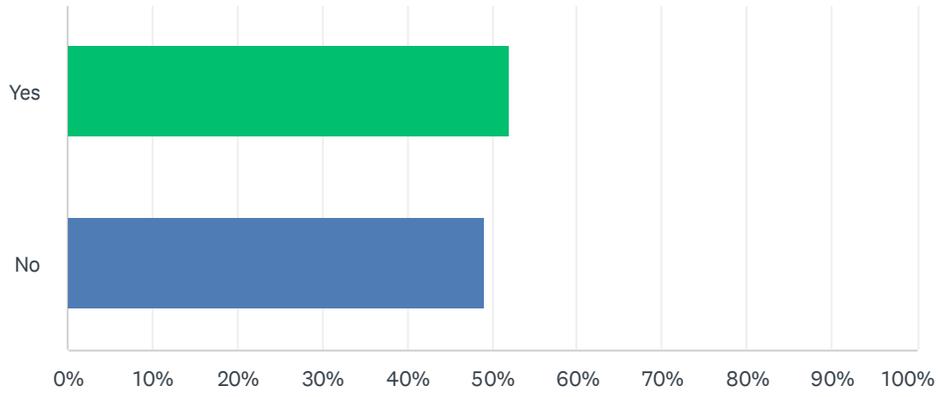
Q8 What are some of the biggest challenges you face?
Learning pharmacy software and dealing with customers.
so much overtime. I am working 7 hours extra a week (6 days a week) Being able to work from home would help release so stress.
The phones ringing off the hook and rude, mean obnoxious customers
All the new tasks we are now required to do with no extra help. Vaccines, vaccine questions, covid testing, covid questions, mask questions etc. . Handing out free mask in the pharmacy just added more work and questions for pharmacy. All this would be fine if we had adequate help and the “never leave pharmacist alone rule”was enforced. Pharmacist should never be left alone without a trained pharmacy clerk or pharmacy technician. Store manager should not count as pharmacist not being left alone.
None
safety if working in office specially during the pandemic
Short staffing
Staffing shortages
Not being paid appropriately for the training and education I have had.
More Travel Time, Overtime demands, Lack of scheduling flexibility
Rx volume, understaffing, attrition, non-competitive salary
Being in an a large office setting and the constant exposure to covid when all of our employees could be working safely at home
overtime
Staying safe
I'd think how to deal with patients regarding insurance.
Where to start? Short staffed. Overworked. Taking antidepressants which don't work because customers are angry and abusive. I would say the abuse is the worst part. I no longer like human beings. Before COVID there were existing issues like lack of compensation and rising cost of living. Pharmacist who sit around not doing anything while we run around pulling our hair out. Unable to take vacation time because of always being short staffed. I miss the days when you could tell a customer they were no longer able to use your pharmacy because they were rude or out of line. Corporate has made it so that everything is our fault and the abuse has just become worse over the last ten years. The customer is always right and I just want to throw myself off a bridge. I get screamed at or verbally abused at least once a day. I used to be happy to help the public. I miss the golden years of pharmacy. I am glad I decided against becoming a RPH, Instead I am pursuing research.
living in California getting paid our crappy wages. not being respected because we're just techs.
There really is not challenges I face while working from home. it actually has eliminated any challenges that I would have having to drive into a physical location. Everything I need or think of can be taken care of working remotely.
working in the office
Identify who wrote the prescriptions from which doctors.
None
Not being able to work from home and I have medical conditions that make it hard for me to go to the office.
Understaffing
Difficult to answer succinctly and completely.
In compounding pharmacy in California the pharmacy tech to pharmacist ratio limits business output. I think there also needs to be more accessible training to anyone aspiring to expand their knowledge. Free online modules for pharmacy techs to keep up with their ce credits. Pharmacy techs do not make enough in pay to pay x amount for their required ce's.
No enough help allowed by the company too many mistakes
High work loads, over time, METRICS focused on quotas and quantity vs quality

PHARMACY TECHNICIAN – OTHER SURVEY

Q8 What are some of the biggest challenges you face?
The Technician license is not given industry recognition or equality in compensation. Staying up to date on industry changes.
not getting any respect from a Pharmacist.
Having pharmacist trust you.
n/a
more education
TCH's who lack the requisite skills and/or education to perform the functions they are often asked to perform. I do not believe that the body of compounding knowledge required to prepare safe/effective medications can be learned solely on the job by following a Master Formulation as a guide or watching another TCH or RPh perform the formulations.
Lack of respect from pharmacists
Lack of support from profession in helping technicians to advance in their career/ knowledge, and insufficient pay level for technicians who are capable and knowledgeable
Staffing.

Q9 Do you currently perform remote work?

Answered: 200 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	52.00%	104
No	49.00%	98
Total Respondents: 200		

PHARMACY TECHNICIAN – OTHER SURVEY

Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?
N/A
Ensure safety of pharmacy workers, allows more flexibility for staffing and providing care to patients. BOP regulations make remote pharmacy work difficult.
Not having to pay for gas and work clothing.
Feeling safe health wise. No Fears of Covid, less social anxiety. Better financially. No Challenges
Only benefits, better communication, more flexibility and improved work/life balance.
WE ARE UNABLE TO FILL MEDS FROM HOME, WE HAD TO COME IN EVERY DAY
N/A
Covid testing under supervision of nurse practitioner that wasn't actually at our store and when first started out it was challenging when ran into something not familiar with
I would love to have a remote job.
I am able to perform at a high level without constant distraction and interruptions, as would often happen in person. My job is not typical of tech work, though. Personally, I love remote work. I'm able to live in a more affordable area without the rigors of an extensive commute. Technology allows for a seamless operation in my position.
Connectivity using VOIP and VPN because calls and connections dropped and pharmacists and technicians become unable to use software or speak to patients.
Pharmacy techs aren't paid enough.
It takes a little time for getting help with different things
I leave far away from office, time of the traffic in the morning could take 1.5 to 2 hours and evening about 1 hour, it costs me time on freeway and the cost for gasoline is really high now, please let us continue to work from home, we do not make a lot money for gasoline
I wish I did!!
I do not work remotely but the benefit I would see is the compensation will be better suited for CPhT's daily life spending. Being under paid and having large gas bills from daily driving to and from work brings more stress to the technicians.
Benefits: Knowledge of new drugs and it's health benefits. Challenges: Not enough pay to pay my tech school loan and daily needs (set minimum pay at least \$25 for educated license techs especially in California cost of living).
The only thing wrong with remote work is no social in person
I have no challenges. It is a plus to be able to work from home because all of the duties I perform are the same in office and with gas prices and inflation it saves me money and pharmacists and supervisors are only a phone call or email or message away.
Benefits helping my medical condition and still being able to work full time. Have a private office at home. Quite not a lot of distractions
No having the technology support that I need to effectively do my job
No distractions and faster processing
I would love to be able to do remote work because all our job duties are able to be done remotely without challenges because pharmacists are already doing it. We would be using the same technology(phones, electronic faxing) Technicians had to call in sick often due to pandemic which caused short staffing. Sick calls and risk of exposure would decrease if able to work from home.
just adjust to the people you work with and the changes that come with it
be comfortable at home, helps reduce general workplace anxiety, there are no downsides to working remotely for me
work life balance
real-time feedback
Work-life balance is better. No commute.

PHARMACY TECHNICIAN – OTHER SURVEY

<p>Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?</p>
<p>*Benefits: 1. Better attendance because no longer dependent on transportation and potential issues, such as engine problems, flat tires, congestion, road closures, traffic accidents, hazardous driving conditions due to weather. 2. More productive because less time walking back and forth to the bathroom, walking through the building, trying to find a parking space, preparing food and snacks in the morning or the night before. 3. Better physical and mental health because I have more time sleep and rest. Commuting on busy streets & highways are tiring. 4. Save money on car insurance, gasoline, car maintenance, dining out, clothes, and shoes. 5. More time to spend with family, such as helping kids with homework and playtime. 6. Less office drama. *Challenges: 1. None</p>
<p>Biggest benefits include less time travel, reduce traffic, reduce money on gas</p>
<p>none</p>
<p>I would love to be able to perform the clerical portion of work in a quite place so I can concentrate. In a pharmacy there is too much going on so it's easy to get distracted.</p>
<p>Biggest benefits is knowing I am safe within my home. Also being able to have a balanced work and home life. Working from home creates less distractions from those in the office. Challenges would be the amount of money spent on gas and traffic. Distractions from those around you when trying to conversate with the customer.</p>
<p>I love being able to have some free time before I start my shift and the level of comfort being at home for myself and my kids. It can be difficult only when it comes to new training if its not hands on.</p>
<p>Be able to focus on the work without distraction, better work/life balance</p>
<p>Improved work life balance Custom work environment Less need for Sick Days Potential For Flexible Schedule Ability to Work More Hours if needed Easily Improved Ability to make decisions sound and reasonable Decisions Less Distractions</p>
<p>COVID infection #1, and performance , i wrk better and the communication with out patients on the phone is much better and clear, there is no other backround noise .And we never feel out of touch with any updates because we constantly have email coming through and we have a good support system , working from home has been great and i hope they will let us continue doing so</p>
<p>in a list: gas saver, less distractions, germ spreading. meal preping, traffic jams,</p>
<p>the biggest benefit is save time for me , gas , food , less traffic will be at the street ,and more safety .</p>
<p>the biggest benefit is staying safe from covid and better life/work balance.</p>
<p>Biggest benefit i find to remote work is the fact of being able to assist with any OT needed especially during peak season. Not having to worry about traffic, traffic accidents (involved or not) and always knowing you will be at work on time with out delays. Flexibility to still spend time with family before or after work or in some cases actually be able to do both depending on time of work.</p>
<p>health safety, better focus, easy to access any option(policy, pharmacist, other tech, saves on money (ie; gas, time) mostly my work is better, higher numbers, accuracy increased.</p>
<p>BIGGEST benefit is not worrying about being late, makes attendance easier to keep up with. Easier in doing OT don't have to worry about getting home late or getting stuck in traffic. Let's me be independent. Helps me find the answer to my question vs asking the person sitting next to me. Less distractions. Working in a quick place. More enjoyable. Challenges would probably be internet.</p>
<p>Better work/home balance, less time being stuck in traffic which lets me do overtime at a more convenient time, less distractions since I am not surrounded by multiple agents. Less chance or risk of getting infected with the flu or covid due to having copd</p>
<p>the biggest benefits is i cancentrate more by working at home because im all alone and no distractions at all and now in days with high gas prices not having to drive to work is a big benefit because im saving money in gas</p>
<p>The biggest benefits is not having to wake up 2hrs in advance just to get myself and my kids ready for school, saving gas , able to focus better with no noise around and not just not having to be in traffic</p>

PHARMACY TECHNICIAN – OTHER SURVEY

<p>Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?</p>
<p>The biggest benefit is knowing that I am working in a safe and clean environment. My well being is important to me and I also do not have any distractions. I do not have any challenges.</p>
<p>Benefits, no traffic, no gas especially with gas prices so high, not catching anything from other agents, colds/flu, able to eat better/healthier for breaks/lunches. Work better with less distractions.</p>
<p>saving money on commute, more relaxed in my own space so feel more able to get work done, time saver</p>
<p>financial benefits - no after school child care and traveling expenses(gas, car maintenance, car insurance)</p>
<p>temporarily i am working from home. the biggest benefit currently is that i am more productive, better focused and the gain in my work life balance has significantly improved. I am happier and more engaged and i have improved in the quality of my work as my pharmacy has involved with the times in better tracking on the work im doing real time. I see people who are not pulling their weight being identified a lot faster and action being taken vs when in office.</p>
<p>biggest benefit is cost-cutting, most pharm techs received minimum wage, if we work from home, we cut cost of gas and food allowance, we will be able to save more and have time for our families and be with kids whose also studying from home</p>
<p>Benefits: 1. Allows for more time to my day by eliminating the otherwise 25mile/1 hour commute to and from work. 2. Reducing stressors brought on by congested traffic and gas costs. 3. Opportunity to work more independently and focused in the comfort of my own home.</p>
<p>Benefits is work and person life balance. When I work at home i feel less pressure when i do my job. I find my production levels are the same or even higher being at home in my comfort zone. As of right now with COVID and people still getting sick, it's scary for me to go back into office especially since I was sick with covid and the second time i had it was really bad with long term lung issues. I know at home i wont get sick and wont get my family members sick. While if im having to go into office i have to deal with others who possibly are get or I can get them sick and causing more issues. So PLEASE CONSIDER EXTENDING OR EVEN MAKING IT PERMANENT FOR WORK AT HOMES IN MAIL ORDER PHARMACY WHERE WE ARE JUST PROCESSING PRESCRIPTIONS. Production levels are the same. Our company has procedures set up for us to protect the patient's information. We've been working at home prior to COVID, so WE CAN DO THIS!</p>
<p>You're saving time on commute (and southern California traffic is one of the worst in the nation), and gas prices have been soaring. The relief on time and financial burden while working from home helps with stress tremendously, so the technicians can focus more on the tasks/duties. I really don't see any challenges from working from home, as the work is being monitored, and all new prescriptions are approved by pharmacists before going to fulfillment centers.</p>
<p>my numbers are higher, my errors are fewer, I can focus, no interruptions as found in the "in office" forum.</p>
<p>I have no challenges working from home. I have all tools and was trained properly to be able to complete my tasks. Where to begin the benefits of working from home. THERES SO MANY! Do to the circumstances we were able to work from home, and although due to a world wide pandemic. I have been able spend more time with my family who is the most important thing to me. I am crying as im typing this. I have been able to get them ready for school, pack lunches, close to their school in case of emergency. homework help, and most importantly they have been safe with me, coming from a history of my parents always working hard and away from me being with my children is extremely important. Coming from a history of having a man molest me when me parents were at work in these crazy times I am extremely cautious with my two children. I dont have to stress about the 2+ hour traffic and 3 freeways I take to and back. Being with the company I saw first hand how demanding overtime was, I was able to do that from the comfort and safety of our home while still being there for my family. Going back in to office with the traffic and the long hours ill never see my family and they are so attached to me and need me specially after everything that has happened. I would continue to save so much on car maintenance and insurance, not to mention the obscured gas prices in California. I could continue to save so much money on a baby sitter. My youngest son tells me "when are you going back to work mama?" then hugs and cries and tells me he doesnt want me to go back. I pray that the BOP will change its laws and allow us to continue to work from home, if not now knowing how much less stressful it it to work from home will look for a different role. Thank you for your time, and the opportunity to have been able to be home</p>
<p>Not worrying about traffic and a challenge would be the increase in gas prices in contrast to your average tech salary</p>

PHARMACY TECHNICIAN – OTHER SURVEY

Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?
the benefits are that I know my way around the pharmacy and can do any task. The challenge is the awful heart pounding feeling of not being able to finish on time because you don't have enough help. you feel like a robot
BENEFITS: I am less worried/stressed out due to my car not running so well (breaks down) and not making it to work or being late which affects my production/numbers in order to have out patients satisfied and healthy with their medications. I am more relaxed and efficient when I am at the comfort of my own home, knowing I won't be infected with Covid and possibly infect others in the workplace and at home. I don't have to worry/stress of being late to work and start my production to assist our patients as soon as the morning comes. CHALLENGES: None, I feel more efficient working from home compared to being stressed working from the office.
Being able to focus on patient care.
Yes I feel like at home I am more focused because there are less distractions and I have more time to do overtime since we don't commute to work
I am a parent working remote has helped my anxiety has helped my son see more more and improved my job duties I'm more focused no distractions
Helps with gas, no need to wake up early to fight traffic
benefits:being able to hear the pt better due to agents next to me and being able to spend more time with my family not get stuck in traffic alot and able to perform better,challenges if the computer system goes down have to wait for it to be online as well as being on the job site
Benefits are less commuter time. Challenge is not having co-workers meeting in person.
The biggest benefits are the ability to work in a location that I feel comfortable in. I am not obligated to go into the office which requires a long commute and instead of focusing on the traffic and what I must do before or after work, I can focus on my job as it is. The ability to work at home allows me to have the comfort of not having to focus on driving which takes lots of energy away and minimizes the stress of a job. Especially during COVID as we got to work from home, I realized the majority of my job stresses were due to the commute and when it was taken away I was able to really focus on what I needed to focus on, which is the job at hand. The measure in place at OptumRX allows the supervisors and managers to closely monitor and continue to improve on effective work that is accurate and keeps the patient first. If these measures were not in place, it would make sense to keep people in the office for monitoring purposes but in-person monitoring is not required nor as efficient as the dashboards we are given. Due to the company's high standards, when some agents go home to work, it is very obvious in our data that they are not taking the job seriously. This causes escalations and causes them to lose their job. It is a challenge to fire people however it helps filter the people who really care about the patient and care about their job. As a supervisor who works with agents in Texas and California, the location of the job does not matter, it is the person who is working that matters. One of the challenges of a remote position is the lack of company culture. This is a good thing in the fact that it keeps the agents working and focused but the in-office culture of pot lucks or the company culture was diminished from before. Of course there are other creative ways to keep the team engaged but it is easier to engage the team when in office, however it does not weigh so heavily that the employees prefer an in-office position.
Benefit- I am able to be there for my family and are happy because of it Challenges- Time spent on the road (1.5 hours) to drive to work causes high stress due to traffic and high gas prices. Very little time spent with family causes an imbalance work life
We need that position available.
we save on time driving to work.. saves gas..money. better for environment. We are more productive at home, and we have a bigger sense of responsibility when we're at home.
less distractions at work. save time, gas, ENVIRONMENT. Generally happier employee.
more focus, better production, less errors
the biggest benefit working remotely is saving gas right now we are going through a hard financial crises and the gas is just going up and its a way of helping the world less cars in the streets avoiding daily commute it also helps with time management we get to be with our families longer and closer. Challenges, working at home we dont get to interact in person as much

PHARMACY TECHNICIAN – OTHER SURVEY

Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?

I'm currently temporarily working from home and i think it's definitely a great benefit such as more time and flexibility to work more hours if needed, less stress due to commuting on the road, and my office space at home helps me work more efficiently (less noise compared to office)

LESS STRESS, LESS GAS, MORE SLEEP, BETTER FOOD, LOOK BEEN REMOTE FOR 2YRS.... IT SEEMS SILLY TO DRIVE 60 TO 100 MILES A DAY THRU TRAFFIC GET UP 1 1/2 HRS TO GET HOME... SAME...

I am much more relaxed and perform work better. I do not have to spend hours driving just to get to and from the office. There are no challenges, unless my power goes out at home.

More productive and very happy to go to work everyday

Benefits: Save a lot of money on gas. It contributes to the environment not having me drive, less stress sitting on the freeway so it reduces the stress in my life. It allows me extra family time as on my lunch and breaks it allows me to get chores completed so when I am off work I actually get more family time which again lowers my blood pressure and the stress in my life. I haven't encountered any challenges. In fact my internet is better from home then in the office with 300 more people using an internet connection. I have a secure location for work and it has improved my life immeasurably. I am not sure I can afford today's gas prices when we have to go back into the office soon. Really there isn't a need to have a brick and mortar location when all our work is on the internet. I have IM's for any questions I have and a pharmacist is always available instantly and actually is easier than in the office environment. Meetings are performed over teams in the office so it doesn't change from being at home. It is just better for us, better for the environment and I am more proficient and less distracted so I make a lot less errors.

The biggest benefits is saving money on gas not having to worry about getting sick from others at work not sitting in traffic to and from work the luxury I don't see too many challenges when weighing out the pros and cons it seems all around more beneficial to remain remote

working a home is the best thing that happen. I don't have any distraction going on. I'm at work on time. breaks and lunch is at home easy to eat. Even if I feel a little down I still can work not have to call out sick. As for traffic I don't have to leave 1 hour and half to get to work because there is a lot of traffic. I think the business can save money by keeping people working at home. I really like working at home. I really do hope we can stay working at home.

I believe I myself as a certified pharmacy technician should be able to continue working from home processing prescription in the state of California. I have been doing it for 5 years now from home and now since this covid waiver came into place, has up rooted my life. I have multiple sclerosis and can't stand or use public restrooms. This is the only position and job I can do and that is work from home.

benefits are flexibility of being home and not having to come in the office, many people are available to help me virtually, not limited to whoever I would be working with in office. challenges would be any technical difficulties.

The biggest benefit working from home is I'm more focused on accuracy. When I talk to patients and doctors it's one on one no side noises, miscommunication and less errors by being distracted by what going on in office. It's more secure, I'm the only one with access to my desk. By not having to drive back and forth to office I'm not fighting traffic on the freeway and overall less stressful. I'm able to do my job at a much higher level when working from home . I still have all the abilities to do my job and a pharmacist available at all times. It makes for a better experience for all when a technician can put their all into what they are doing with your prescriptions and health without all the challenges and expense of commuting

It is nice, because I can administrate my schedule. But It is my work in Venezuela not in USA.

I haven't experienced many challenges. The biggest benefit is a better home/work life balance.

Benefits: no distractions, allows primary focus for processing and providing best care for patients. Since mail order delivery, we also get a view of patients who stay remote and can't go out and about so we are understanding their environment too. Our work does a great job in monitoring our work, coaching if needed and all resources available for assistance. Personal health being, less stress over commute to work, low immune system remote helps reduce illness. Better turnaround time, flexibility given. Remote happier so more positive attitude better performance.,

PHARMACY TECHNICIAN – OTHER SURVEY

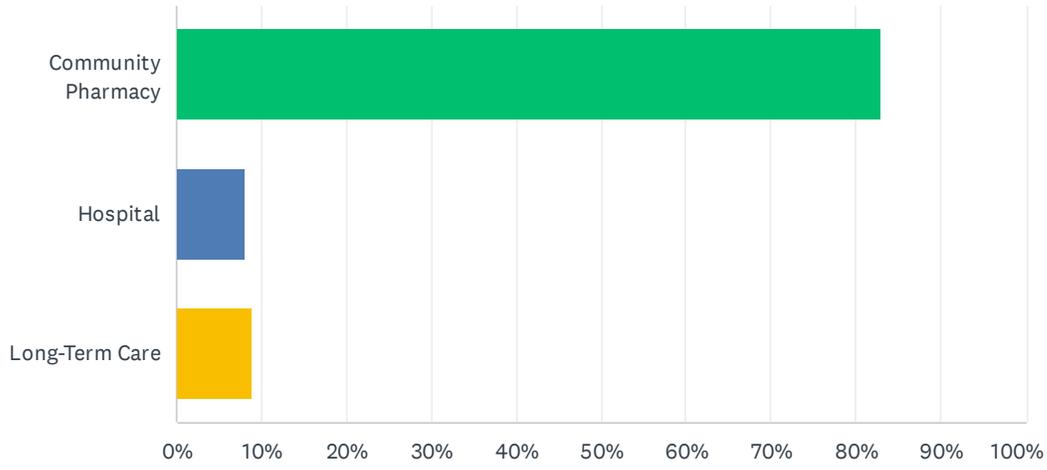
<p>Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?</p>
<p>Challenges: uncertainty if/when we will be required to return to the office. Safety concerns during this pandemic. I experienced fewer health issues over the past year as I was exposed to others in the office who had colds, flu or Covid. Benefits: less distractions. Ability to focus more on what the patient needs and help them. Less time in the year being sick as I'm not exposed to others.</p>
<p>it beneficial to work at home because i am more efficient with my work/home balance.</p>
<p>WFH has proven that not every technician needs to be physically present in the pharmacy to do all of their work. We save on auto expenses and our time by working from home and it's created a better work-life balance. No big challenges experienced here.</p>
<p>N/A</p>
<p>the biggest benefits is having the comfort that we are safely working from home. I have a health condition and it scares me to have to go back in the office. So many of my coworker have left because of this issue. We also save so much time not having to drive to work. All the hours wasted sitting on the freeway. Not to mention all the pollutions we are creating. 1 person in 1 car crowding the streets and freeway. This time can be used to work extra hours to help out patient or to just have extra time to spend with family. It benefits mentally so much. These are different times were its scary to be out and the mental anxiety we have to deal with. It also helps us out financially. some of us don't get paid a lot so it helps save gas money. Working from home is the biggest benefits; there are no challenges.</p>
<p>i had to switch to a customer service position due to the waiver being removed (then added back on temporarily). the benefit of working from home, being able to drop off and pick up my daughter from school, not losing that time with her due to a long commute to San Diego from Murrieta.</p>
<p>the long distance drive to and from work, traffic, gas prices are the challenges for me</p>
<p>Biggest benefit is there is no commute and it's more comfortable at home. Challenges are staying focused and not allowing distractions because I am at home. Productivity has remained consistent with in office reports for employees</p>
<p>The biggest benefits is that employees can safely work from home. There's no wasted time setting on the freeway. We can use that time with our families or work extra hours to help patients get there medications. We can work focus on our work without the distractions of other employees. Some of us have health conditions so work at home is much safer. Plus it also helps with the environment by not burning so much wasted gas. If a company can provide their employees, the equipment to work from home then it should be allowed. It will create less traffic for those who really need to get somewhere.</p>
<p>Biggest benefits, is being able to have a stable work life home balance. And great flexibility and the convenience. Instead of being stuck inside an office for over 8 hours a day. It levels out many different factors.</p>
<p>Benefit is the flexibility and time in my day being spent for work versus personal, better work life balance, no commute, saving money and wear and tear on my car is less. No challenges faced</p>
<p>Yes, because of the waiver. One of the biggest benefits is not worrying about traffic and being able to work any time during the shift to assist the growing demands of mail order pharmacy. Some challenges are none</p>
<p>N/a</p>
<p>I able to get the restroom, water and less worry about driving to in traffic. I believe I am more productive.</p>
<p>N/a</p>
<p>benefits: less stressed and more focused</p>
<p>safety</p>
<p>N/a</p>
<p>NO CHALLENGES AT ALL Benefits include increased productivity, greater accuracy and quality, NO COMMUTE time (Sometimes up to 2-3 hours per day) added to already 8-12 hour shift requirements</p>
<p>Benefits: Safety of own home/space, elimination of commute and travel time</p>

PHARMACY TECHNICIAN – OTHER SURVEY

Q10 Do you currently perform remote work? If yes, please describe the biggest benefits and challenges you experience?
<p>Benefits being no commute, more time to focus on work. Not being exposed daily to covid and other illnesses. Productivity is higher. Some challenges is the virtual part of not being able to meet with my team in huddles and meetings. Getting that employee engagement is also a challenge.</p>
<p>No challenges. I have been working remote for over 6 years as a CPHT. I wake up not stressed about gas, traffic, current weather, or time i have to commute to work. I'm able to have a balanced work/life schedule but still put in the extra work if needed by the company. The current state also eases the anxiety of being around co workers.</p>
<p>Benefit: less stressed and more focused</p>
<p>The biggest benefit is the quality of life. I'm happier, able to save more money and reduce my carbon foot print. working remotely is the best idea the company has come up with.</p>
<p>yes. i believe i am more focused and am able to help patient more efficiently and completely.</p>
<p>None</p>
<p>I have a medical condition and being able to work remotely during the pandemic has helped me be more productive, more focused with less distractions versus office work. I also call out less working remotely at home, versus when I had work in the office, pre-pandemic. I also worry less of catching COVID or other diseases that I might bring home if I worked in the office. I work for a national home delivery pharmacy and I feel it is unnecessary to force us to have to work in the office to process prescriptions, that will be double checked by 2 other pharmacists after I process it. We have a pharmacist who verifies it and a second pharmacist who works in our Fulfillment centers that checks our work before the label and medication is processed and shipped out.</p>
<p>I would return to technician roles if the opportunity for 100% remote work were available!!!</p>
<p>I wish there was a biggest platform for remote work</p>
<p>There are NO CHALLENGES and the ALL benefits of remote work including financial savings from no commute, less stress, healthier lifestyle due to being able to fix fresh lunches.</p>
<p>no challenges. I can work independently , get more work done, strong communication, I have promoted in the time we have been working remotely</p>
<p>I don't practice in a clinical setting.</p>
<p>Yes and No, depending on work task/ schedule. For remote, limited access to certain computer software and programs, equipment</p>

Q11 Please identify your work setting.

Answered: 200 Skipped: 0



ANSWER CHOICES	RESPONSES	
Community Pharmacy	83.00%	166
Hospital	8.00%	16
Long-Term Care	9.00%	18
TOTAL		200

PHARMACY TECHNICIAN – OTHER SURVEY

Q11 Please identify your work setting.	
Community Pharmacy	Compounding pharmacy
Community Pharmacy	Not currently employed. But I have worked in all three settings, as well as mail order and clinical.
Hospital	Non-profit health-care system in a leadership role
Community Pharmacy	Specialty Pharmacy
Community Pharmacy	Retail Pharmacy
Community Pharmacy	Auditing
Community Pharmacy	Retail pharmacy Vons
Community Pharmacy	Managed care
Long-Term Care	CDCR CCHCS (state prison Pharmacy)
Long-Term Care	DEPARTMENT OF CORRECTIONS
Long-Term Care	Retail
Community Pharmacy	Small clinic pharmacy
Community Pharmacy	Chain pharmacy
Community Pharmacy	Retail
Community Pharmacy	Manufacturing
Community Pharmacy	School
Community Pharmacy	we are in an MOB, individual offices
Community Pharmacy	Clinic Pharmacy
Long-Term Care	Home infusion clean room compounding.
Long-Term Care	Unemployed but desperately looking
Hospital	Finance/Purchasing for entire health system that includes retail, infusion, and inpatient hospital services.
Community Pharmacy	SPECIALTY PHARMACY
Community Pharmacy	Call center setting
Hospital	Ca. Department of State Hospitals locked down facility.
Community Pharmacy	Specialty pharmacy
Community Pharmacy	Specialty Pharmacy
Long-Term Care	Dual NPI Long Term Care & Retail Pharmacy
Community Pharmacy	Specialty. Oh and Pharmacy techs aren't paid enough.
Community Pharmacy	Retail pharmacy
Hospital	State prison
Hospital	Health Insurance
Community Pharmacy	Mail order pharmacy. Optumrx
Community Pharmacy	Retail
Community Pharmacy	Refill center
Community Pharmacy	In house pharmacy clinic
Community Pharmacy	RUHS Community and Kindred long term care hospital
Community Pharmacy	Specialty pharmacy
Community Pharmacy	retiring
Community Pharmacy	N/a
Community Pharmacy	Retail pharmacy
Hospital	Ambulatory clinic
Community Pharmacy	University Clinic

PHARMACY TECHNICIAN – OTHER SURVEY

Q11 Please identify your work setting.	
Response	Other (please specify)
Long-Term Care	Retail - closed door
Community Pharmacy	Retail
Community Pharmacy	Insurance company. PA tech
Community Pharmacy	Correction integrated pharmacy
Community Pharmacy	Mail order Optum rx
Community Pharmacy	Insurance
Community Pharmacy	Prison setting
Community Pharmacy	Mail order pharmacy
Community Pharmacy	Clinical pharmacy
Community Pharmacy	Office space, part of Ambulatory/Clinical operations - unlicensed space
Community Pharmacy	Home delivery pharmacy
Community Pharmacy	Speciality pharmacy
Community Pharmacy	Cancer Center
Community Pharmacy	Retail pharmacy
Hospital	Oncology Center
Community Pharmacy	Retail pharmacy for a big chain
Hospital	clinical pharmacy
Long-Term Care	Prison Facility
Community Pharmacy	Not currently working
Long-Term Care	My previous responses apply to why I left community pharmacy
Community Pharmacy	Education
Community Pharmacy	PBM
Community Pharmacy	College pharmacy
Hospital	and also retail pharmacy
Long-Term Care	Worked for CalPERS overseeing pharmacy benefits for 1.5 million members
Community Pharmacy	None
Community Pharmacy	Compounding education
Community Pharmacy	educational
Community Pharmacy	Remote
Community Pharmacy	could not forward, unless answer, but not pharmacy related
Community Pharmacy	Mail order pharmacy
Long-Term Care	mail order pharmacy
Community Pharmacy	mail order
Community Pharmacy	Walgreens Retail Pharmacy
Community Pharmacy	MAIL ORDER
Community Pharmacy	Independent pharmacy
Community Pharmacy	Mail Order Pharmacy
Community Pharmacy	Mail order pharmacy
Community Pharmacy	Clinical Pharmacy / Home delivery
Community Pharmacy	Mail Order Pharmacy
Community Pharmacy	HOME DELIVERY PHARMACY/MAIL ORDER
Community Pharmacy	Mail order Pharmacy
Community Pharmacy	mail order pharmacy
Community Pharmacy	Mail Pharmacy

PHARMACY TECHNICIAN – OTHER SURVEY

Q11 Please identify your work setting.	
Response	Other (please specify)
Community Pharmacy	mail order pharmacy
Community Pharmacy	mail order pharmacy
Community Pharmacy	mail order pharmacy
Community Pharmacy	mail service pharmacy
Community Pharmacy	MAIL ORDER PHARMACY
Long-Term Care	Mail Order Pharmacy PBM
Long-Term Care	Home Delivery Pharmacy, no face to face with customers
Community Pharmacy	mail order pharmacy
Community Pharmacy	mail order
Community Pharmacy	Home deliver pharmacy
Community Pharmacy	mail order pharmacy
Community Pharmacy	Home Delivery Pharmacy
Community Pharmacy	MAIL ORDER PHARMACY
Community Pharmacy	Mail Order Pharmacy
Community Pharmacy	mail order pharmacy
Community Pharmacy	Mail order front pharmacy technician, no medication on site
Community Pharmacy	Office type setting and work from home office
Community Pharmacy	CVS retail pharmacy
Community Pharmacy	Retail pharmacy
Community Pharmacy	Home Delivery Pharmacy
Community Pharmacy	Mail order pharmacy
Community Pharmacy	Retail Pharmacy
Community Pharmacy	Inside grocery store
Community Pharmacy	Retail Pharmacy (CVS).
Community Pharmacy	office
Community Pharmacy	Retail CVS pharmacy
Community Pharmacy	Other : Mail order pharmacy
Community Pharmacy	PBM
Community Pharmacy	mail service/ home delievery pharmacy
Community Pharmacy	Retail pharmacy dispensing, processing, customer care, refillings
Community Pharmacy	Close door pharmacy
Community Pharmacy	Outpatient pharmacy
Community Pharmacy	Managed care & education
Community Pharmacy	PBM
Community Pharmacy	Nephrology dept.. support for Renal PharmD
Community Pharmacy	Retail pharmacy
Community Pharmacy	Mail order pharmacy
Community Pharmacy	Rite Aid
Community Pharmacy	Grocery store pharmacy
Community Pharmacy	Rite aid
Community Pharmacy	Retailpharmacy
Community Pharmacy	Home Health Infusion
Community Pharmacy	chronic infusion pharmacy
Community Pharmacy	Mob and specialty clinics

PHARMACY TECHNICIAN – OTHER SURVEY

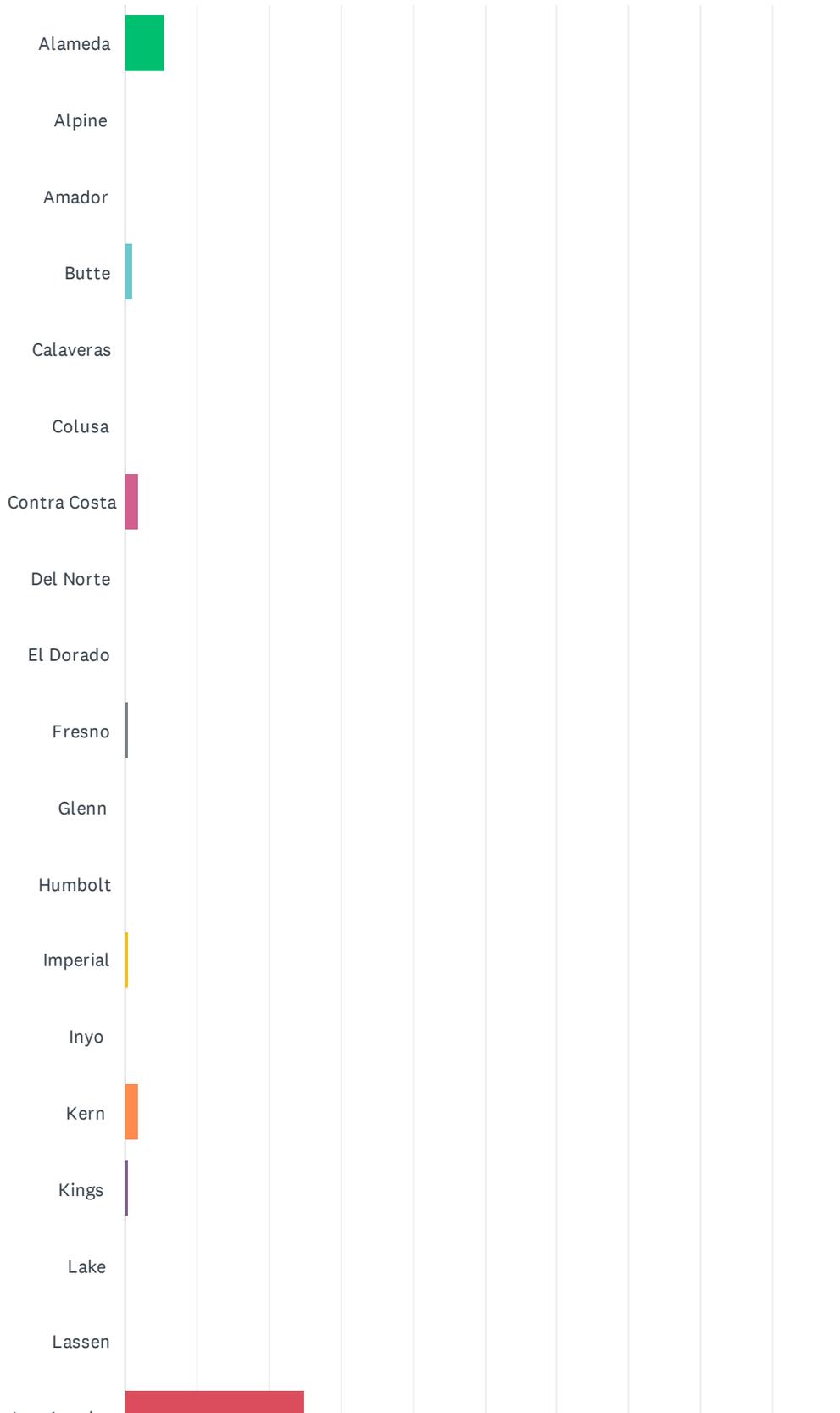
Q11 Please identify your work setting.	
Response	Other (please specify)
Community Pharmacy	Mail Service - HDP
Community Pharmacy	Optum rx pharmacy
Community Pharmacy	Home delivery (pbm)
Community Pharmacy	MAIL ORDER PHARMACY
Long-Term Care	PRISON
Community Pharmacy	Mail order pharmacy
Community Pharmacy	Medical Facility
Community Pharmacy	mail order pharmacy
Community Pharmacy	Home delivery pharmacy
Community Pharmacy	Mail Order Specialty Pharmacy
Community Pharmacy	Mail Order Pharmacy
Community Pharmacy	In the future I prefer this, Now I don't working for USA.
Community Pharmacy	Homecare Infusion
Community Pharmacy	Education training
Community Pharmacy	Pharmacy Analyst for a insurance owned by a health system.***this question does not allow you to only select other. You must select an option above. I picked community pharmacy, though that is not accurate.
Community Pharmacy	Home delivery
Community Pharmacy	Mail order pharmacy
Community Pharmacy	home delivery pharmacy
Community Pharmacy	Specialty/Home Infusion
Hospital	Oncology
Long-Term Care	mail service pharmacy.
Community Pharmacy	I work 40 hours as an inpatient buyer and 1 day a week as retail tech
Long-Term Care	Mail Order Pharmacy
Community Pharmacy	wah
Community Pharmacy	ambulatory care
Community Pharmacy	mail order pharmacy
Community Pharmacy	mail service pharmacy
Long-Term Care	PBM
Community Pharmacy	Mail order
Community Pharmacy	Home delivery pharmacy
Hospital	Pharmacy benefits
Community Pharmacy	Not in a pharmacy work setting yet. Planning on going into community pharmacy.
Community Pharmacy	Mail Order Pharm
Community Pharmacy	RETAIL Pharmacy
Community Pharmacy	Retail
Community Pharmacy	mail order
Community Pharmacy	mail order pharmacy
Hospital	Amcare clinical outpt
Hospital	Hospital and Retail
Hospital	Home Infusion

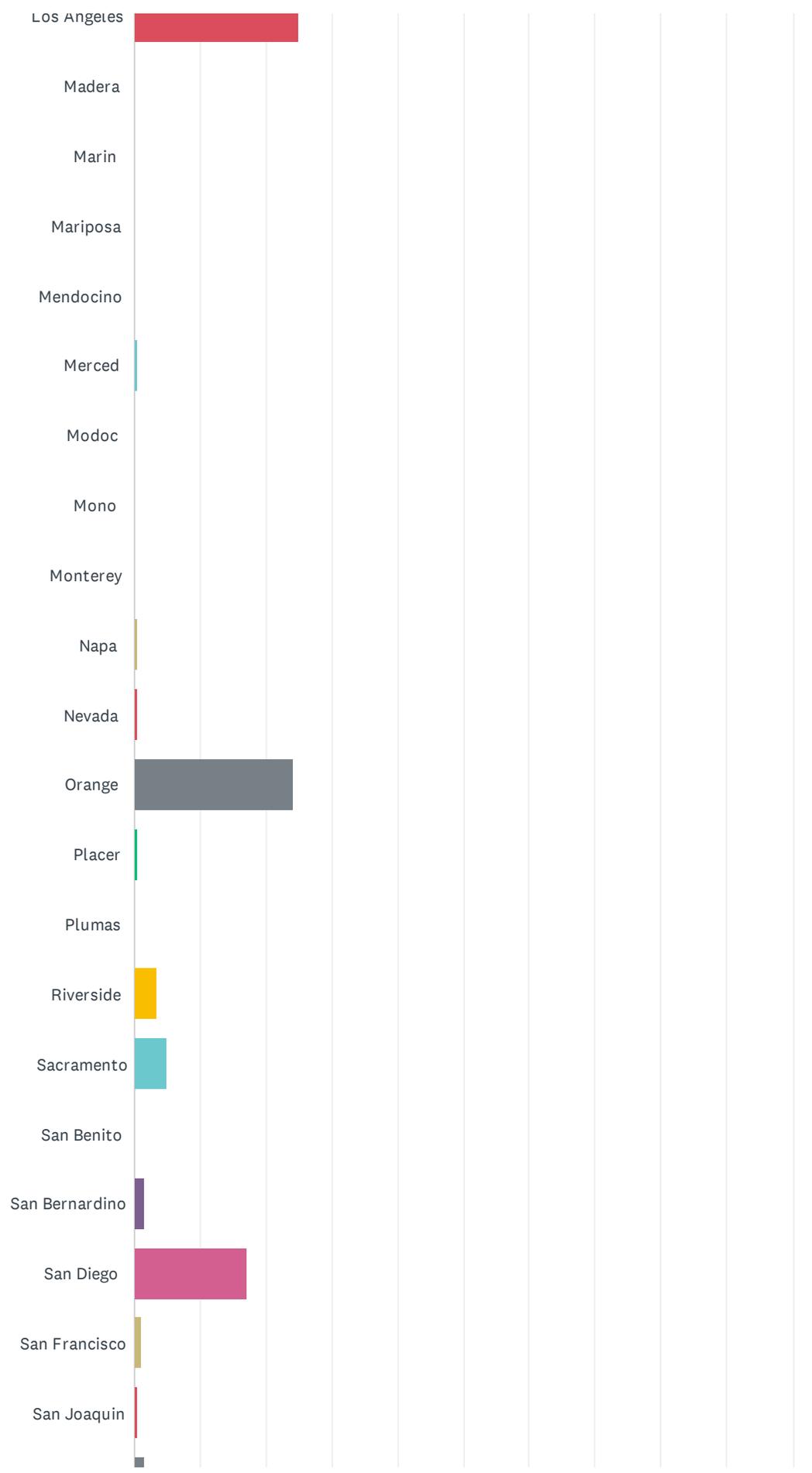
PHARMACY TECHNICIAN – OTHER SURVEY

Q11 Please identify your work setting.	
Response	Other (please specify)
Community Pharmacy	Mail Service
Community Pharmacy	Specialty Pharmacy
Community Pharmacy	PBM mail order
Community Pharmacy	Mail order pharmacy
Community Pharmacy	Mail order
Community Pharmacy	Looking for a job
Community Pharmacy	Chain, Rite Aid
Hospital	i am currently not working as a pharm tech but have worked over 10 years in both hospital and retail pharmacies.
Community Pharmacy	Mail order. (home delivery pharmacy)
Community Pharmacy	work at home
Community Pharmacy	Retail pharmacy
Community Pharmacy	Retail pharmacy
Community Pharmacy	Home Delivery Pharmacy (National Mail Order Pharmacy)
Community Pharmacy	Retail pharmacy
Community Pharmacy	Process Engineer. Not Pharmacy technical work at present.
Community Pharmacy	Compounding Pharmacy
Community Pharmacy	Chain store
Community Pharmacy	Mail service pharmacy
Community Pharmacy	previously Retail pharmacy
Community Pharmacy	Repackaging pharmacy
Community Pharmacy	Store
Hospital	Ambulatory Care Pharmacy (PHASE, Oncology)
Long-Term Care	Clinical Pharmacy
Community Pharmacy	Health Plan
Community Pharmacy	Administrative
Community Pharmacy	Specialty Pharmacy
Community Pharmacy	Student Health Pharmacy

Q12 Please identify the county in which you work.

Answered: 200 Skipped: 0







ANSWER CHOICES	RESPONSES	
Alameda	5.50%	11
Alpine	0.00%	0
Amador	0.00%	0
Butte	1.00%	2
Calaveras	0.00%	0
Colusa	0.00%	0
Contra Costa	2.00%	4
Del Norte	0.00%	0
El Dorado	0.00%	0
Fresno	0.50%	1
Glenn	0.00%	0
Humboldt	0.00%	0
Imperial	0.50%	1
Inyo	0.00%	0
Kern	2.00%	4
Kings	0.50%	1
Lake	0.00%	0
Lassen	0.00%	0
Los Angeles	25.00%	50
Madera	0.00%	0
Marin	0.00%	0
Mariposa	0.00%	0
Mendocino	0.00%	0
Merced	0.50%	1
Modoc	0.00%	0
Mono	0.00%	0
Monterey	0.00%	0
Napa	0.50%	1
Nevada	0.50%	1
Orange	24.00%	48
Placer	0.50%	1
Plumas	0.00%	0

Riverside	3.50%	7
Sacramento	5.00%	10
San Benito	0.00%	0
San Bernardino	1.50%	3
San Diego	17.00%	34
San Francisco	1.00%	2
San Joaquin	0.50%	1
San Luis Obispo	1.50%	3
San Mateo	0.00%	0
Santa Barbara	1.50%	3
Santa Clara	1.50%	3
Santa Cruz	0.00%	0
Shasta	0.50%	1
Sierra	0.00%	0
Siskiyou	0.00%	0
Solano	0.50%	1
Sonoma	0.50%	1
Stanislaus	0.50%	1
Sutter	0.00%	0
Tehama	0.50%	1
Trinity	0.00%	0
Tulare	0.00%	0
Tuolumne	0.00%	0
Ventura	1.50%	3
Yolo	0.00%	0
Yuba	0.00%	0
TOTAL		200

Attachment 2

Pharmacy

Technician

Listening

Session

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
2/24/2022	UC Davis Hospital / Sacramento County. He has experience in retail, institutional, specialty and drug diversion.	1)In TN they allow techs to receive oral/new prescriptions over the phone. CA should look at allowing techs to receive verbal orders; it is safe enough for this to be allowed.2)Hospitals should be allowed to sign off on competencies that are not learned in schools.	Everything is automated; TCH scans unit dose package to make sure it is correct, then have pharmacist verify, then machines receive as well. Tech check tech with use of automation could replace this duplicative process. RPH could sign off TCH competency. Med rec can also be done by TCHs.	Yes, we have plenty of oversight regardless of where in the hospital we are working.		There needs to be more training specific to what TCH duties are. For example, Texas requires 6 months of compounding training before entering the room. Especially with sterile compounding TCHs should have more mandates and training; I don't think TCHs right out school should work in compounding.	Checks, the multiple level of checks is redundant and time consuming.	Telemedicine-Increase in technology is a benefit.

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
2/24/2022	Retail / Glen, Tehama, Shasta, Butte	We are at the limit of what we can do, driven by staffing and hours are being cut.		My pharmacist is redirected from conducting his primary job as RPH and he can not provide sufficient oversight.	Personally my training is appropriate, but I don't think many corporate locations training in retail environment for TCHs have the best result.	Yes, training should vary to a degree based on types of duties.	There is a huge staffing issue; TCH hours are being cut in community pharmacy. There is patient safety issue. If my pharmacist is running a flu clinic, covid clinic, selling extra things, cash register, answer phones my pharmacist is taken away from primary duties. If we had the bodies we would be ok, but in my store I am in the only assigned technician.	No
2/24/2022	Retail(CVS) / Orange	Due to covid we are allowed to vaccinate and we should be allowed to go beyond just covid vaccinations (influenza vaccine), with proper training.	It is a good system but we don't use it so much in retail.	We have sufficient oversight.	Yes, I have more than ample training.	Yes, as more complex duties are given to TCHs we need more specific training and supervision.	Staffing shortage. We need more hours to serve community better. I do not work 8 hours. We don't have the ratio of RPH to TCH. There is a huge deficit. We are answering phones, checking patients in, and conducting patient care calls continuously.	No

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/2/2022	San Diego/Retail	Tech check tech including highly trained and nationally certified workforce. Have technicians check pharmacists too.		High oversight with pharmcsits watching pharmacy techncians. Have pharmacists closer and hight pharmacists to technician ratio capable with remote processing	Training is great. Well layout trainings in person and online. Would be nice to have some centralized location for all techs to receive CE trainings that are free.			Working remote. No challenges working remote. Only processing. Extremely high oversight with remote. Significant benefits include worklife balance and protection from illness. Efficiency improved and less environmental impact.
3/2/2022	Retail/Orange county	Vaccines with appropriate training	Don't have lead pharmacy technicians but a pharmacy manager.		Receive a lot of module training		Not currently being able to help pharmacists.	
3/2/2022	LA/ Hospital	Technicians should be given the authority to work at the top of their license.	Tech check tech sterile compounding		If PTCB certified. There is not sufficient training for sterile compounding available including the need for more IV training.	Need more steile compounding training for technicians and staff.	Not a lot of technicians in leadership roles in sterile compounding. Qualified technicians should be seen and heard.	Did not routinely work remote.

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/2/2022	San Bernadino County/Retail	Allow administration of vaccines noting that is has been rewarding to provide the care. Scope of practice needs to open up to include data review and product review under supervision by a pharmacist.	Tech check tech	Yes and detailed out supervision for vaccines			None. A good team at their worksite.	Not working remotely.
3/2/2022	San Jose Inpatient	Advanced technician. Send medications through the hospital when ordered by an RN after verification by another technician.	Tech check tech is value added in an acute care setting but unclear if there is a value add in a retail setting.	Yes, pharmacists are always present to ensure patients are not harmed.	Suggested that California require minimum training or certification and require continuation for acute care require sterile processing or manipulation certification.		California does not utilize technicians to the fullest potential. Noted that technicians can do unit inspections and tech check tech, but pharmacists need to be on the floors.	Not working remotely.

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/14/2022	Sacramento County/Hospital System and Clinical Pharmacy	CPA for technicians in anti-coag, assess f/u therapies, review INR tests. In primary setting provide training on how to use an inhaler. In point of care clinic for patients to come and test and have technicians handle normal results and pharmacists handle abnormal results. Should be able to train patients.	Technician supervisor position will be starting next month.	Yes, there is sufficient oversight	Yes, appropriate training, on line and on the job.	Yes based on what you are being asked to do. Some jobs may require more training.		Doing hybrid. Good communication with all employees. Very few and no challenges from working at home.
3/14/2022	SF County/Hospital	Answer some indepth questions espially if they can be easily referenced in Lexicom.	Restocking pyxis	Yes, sufficient oversight. Technicians can provide input	Good, but could be better. More academic training - junior college or college. Current training is more operational versus training on drug interaction training.	Yes	Being able to hire inpatient technicians. Making it difficult to recruit. Accreditation or program to gain experience, compounding etc.	Not working remotely.

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/14/2022	Pharmacy buyer and pharmacy technician instructor	Need to expand the scope to provide quality patient care	Tech check tech. Med rec. Look up information and share via an internal messaging system to send information to RNs.	Yes	Yes, usually site and facility specific. Like Boards that require completion of an accreditation program	Yes. Provide opportunities to understand drug information	Training	Not working remotely.
3/14/2022	Sac/Technician instructor (ASHP accredited)					Yes	Recruiting students and the salary	Working hybrid
3/14/2022	Home delivery/Orange County		No on tech check tech		Need to have good training to support pharmacist. Receive training and ongoing training.		Not everyone can meet the high level of performance	Working at home demonstrates can be done quite effectively. Good systems in place. Increased efficiency and allowed for people to work more consistently.
3/14/2022	Acute care/Santa Clara	Supervisor, management, 340B technicians, meds to bed. Maximizing use of technicians as operations grow.	Tech check tech, especially with technology. Frees up the pharmacist	Yes as well as support	Yes. Training is fluid. Encouraging technicians to seek speciality training such as compounding.	Academic training is missing and some area specific training	There are not enough skilled technicians to do the job. Technicians should be recognized as a professional.	Has an opportunity and is a benefit

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/14/2022	Institution (prison)/Sacramento		Tech check tech		Yes		Pharmacists do not appreciate that pharmact technicians are there to support the pharmacist, not replace the pharmacist.	No
3/14/2022	Managed care/Sacramento	None	Med rec, vaccines	Yes	Yes, classroom and on the job	Entry level technician should be broad-based. Should be ASHP and ACPE accreditation	Staffing is the biggest challenge	Yes
3/14/2022	Inpatient/Sacramento	Tech check tech, should be an option for facilities. IV dosing (allow caluclating dose), filling crash carts, check for drug compatability	Tech check tech	Yes	Yes, but more training is going to do more clinical training.	Yes. Per job duties	Staffing, academic requirements should be added	No
3/14/2022	Home delivery/San Diego	Provide the med list to a facility when contacted, release DEA numbers		No	Yes, would like to be trained more in certain things	Yes. Only trained is certain items, but would like training in other areas.	Staffing	Yes

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/20/2022	Retail/Orange County	COVID vaccine and flu vaccine is good to lift off the pharmacists shoulders. Should be made permanent if technician has proper training. Technicians to accept transfers would also assist pharmacists.	Allow technicians to provide training to other technicians on operational issues. Technicians should play a role in getting the copy from another pharmacy.	Yes	Yes. Needed to take a test before providing immunizations.	Some technicians need more one-on-one training by another technician	Limited to technician functions. Increase the ratio.	
3/20/2022	Retail/Orange county	Vaccines	Tech check tech	Yes. Sometimes need to wait for pharmacists because of the ratio and crunch time.	Technicians need to be thoroughly training in outside training. Should be more than in-house training.		Keeping up with pharmacy law changes.	
3/20/2022	Retail/Contra Costa County (grocery store)	Be able to verify prescriptions, e.g., quantity, directions, drug names. (Would increase productivity and cut down wait time.) More training would be required.	tech check tech		Hand-on training is good, but additional training helpful. Ongoing training would be helpful	Need to have time for training.	Doctor's staff don't know drugs and requires checking. Ongoing training and staffing	No, but sees the benefits.
3/20/2022	Retail/Alameda County	Prescription processing from remote location to help individual stores. Vaccines	Allow technicians to help each other. Good way to learn more.	Yes, friendly and helpful.	More training to be more accessible on line in lieu of courses that require payment. Continuing education		Stress, opened up for walk-ins.	

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/25/2022	San Diego/Hospital	Unclear of additional duties.	If non-controlled items are received, tech check tech should be allow instead of pharmacist sign-off	Yes, but hospital buyers do not have a direct supervising pharmacist. Drug shortages are a challenge and would appreciate having a pharmacist available to assist with clinical information i.e. identify alternative medications.	Provides training to back-up buyers.		As a buyer needed more education on the compounding laws. e..g outsourcers and DSCSA law.	Do not work remote.
3/25/2022	Riverside County/Mail Order (PBM)							Remote worked well. Allowed to work at full capacity. It is a great option to have. Benefits less distractions, privacy in place. Challenges may include individuals that don't like to work alone.
3/25/2022	San Deigo/Retail (Grocery)	Tech check tech in retail, other vaccines beyond COVID,	Tech check tech	Yes	Yes		None	No

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
3/25/2022	Ambulatory Care/San Francisco			Yes. Pharmacists working remotely and on-site.	Do not believe there is appropriate training	Yes	Morale and staffing among the technicians. Can't perform remote work. Rely on public transportation with has been a problem with COVID. Losing out on hours because cannot work from home.	Not allowed to work from home. Short staff because can't work remote. Benefit would improve morale, being safe and saving money. Less stress because would not need to rely on public transportation to work.
4/2/2022	Outpatient/Southern CA but live in Contra Costa County		tech check tech in outpatient (e.g., refill rx)	Yes to some extent. Pharmacists currently perform a number of nondiscretionary tasks.	Most training is on the job. Employers could do more.	Yes, depending on the functions (e.g., compounding oncology meds)	Call centers. Were forced to bring back staff to physical locations. Staff were working remotely. It was tough to bring staff back. Could do better with telehealth. Staffing is a challenge and high turnover.	Work remotely. Allowed to be safe while continuing to do work. Validations can be done remotely, data entry, verifications can be done remotely. Pharmacy Law prevents some of the provisions for remote work.
4/2/2022	San Diego County/Outpatient setting (urgent care)		Tech check tech (should depend on who is certified, lead technician) Indicated that as many eyes on a prescription. Question liability etc.	Yes, high pharmacist to technician ratio.	Training technicians in compounding should be mandatory core training.	Yes	Changed from a patient care to a mailorder pharmacy in COVID. Emotional challenges and stresses. Burnout is a reason technicians are leaving the field.	Did not work remote.

Listening Session Date	Type of practice setting and county	Possible duties beyond those currently authorized?	Possible functions that allow for supervision by	Do you have sufficient oversight?	Do you have appropriate training?	Should training requirements vary based on type of	What are your biggest challenges?	Do you currently work remote? Benefits? Challenges?
4/2/2022	Outpatient/Sacramento	<p>Do not like tech check tech in outpatient. Believes opportunities to expand in leadership and administrative functions. Strengthening compounding ability. Administration of Pharmacy benefits. Want to assist consumers understand cost and coverage issues. Programs to assist patients with coverage. Also, serve as the front line of defense. Allow technicians to identify red flags and corresponding responsibility and reconciliation of controlled substances.</p>		Yes	Yes, but there are ways to expand on it.	Yes. Compounding was provided as an example	How can we strengthen resiliency? Concern about losing workforce. Hard to keep up with how quickly things changes. Need to keep people informed.	Discussion of remote work if very important. Provides for safety and allows to be more productive. At times feels isolated but technology can assist with that.
4/2/2022	Inpatient psychiatric/Bay area			Yes, work with amazing pharmacists.	Yes		Separate IT from pharmacy practice. They should be more integrated. Create challenges and the need to develop workarounds.	

Attachment 2

Pharmacist

Listening

Session

Listening Session Date	Licensed and practicing in CA / Type of setting	Have you already provided feedback via survey or prior session?	Possible duties beyond those currently authorized.	Possible functions that allow for supervision by another technician (eg tech check tech)	Do you have sufficient time/resources to provide oversight? Appropriate training?	Do you believe appropriate training is provided?	Should training requirements vary based on type of duties?	Do you currently have techs working remote? Benefits? Challenges.
3/2/2022	Independent community Pharmacy	No	Vaccines			Yes		Challenges of remote work same as anyone working remotely. Benefits social distancing, have a HIPAA compliant system. Have provided more assistance and suggested it should be a permanent regulations.

Listening Session Date	Licensed and practicing in CA / Type of setting	Have you already provided feedback via survey or prior session?	Possible duties beyond those currently authorized.	Possible functions that allow for supervision by another technician (eg tech check tech)	Do you have sufficient time/resources to provide oversight? Appropriate training?	Do you believe appropriate training is provided?	Should training requirements vary based on type of duties?	Do you currently have techs working remote? Benefits? Challenges.
3/2/2022			<p>Tech check tech could be used in retail setting. But if patient has new prescription in profile, there needs to be a system to alert or released by the pharmacist after checking the profile. Otherwise, with no changes in the profile check check check would probably be more accurate.</p>					

Listening Session Date	Licensed and practicing in CA / Type of setting	Have you already provided feedback via survey or prior session?	Possible duties beyond those currently authorized.	Possible functions that allow for supervision by another technician (eg tech check tech)	Do you have sufficient time/resources to provide oversight? Appropriate training?	Do you believe appropriate training is provided?	Should training requirements vary based on type of duties?	Do you currently have techs working remote? Benefits? Challenges.
3/2/2022	Abulatory Care		Was on the CPA committee and got tech check and got tech check tech policy. The study done at Cedar showed that tech tech is probably better, because tech focused on just the right drug pharmacist check is thinking about millions of other interactions and other stuff.	It would be very beneficial to adjust the pharmacist to technician ratio to a simple 1 to 2 as pharmacist. Would feel confident supervising 2 technicians. This would be especially helpful as the role of pharmacy technicians expand. Tech immunizer was a great idea during the pandemic, but some of my techs are not comfortable doing its because they did not get appropriate training. If they attend in person training class, so I'm assuming that they believe that that would be resolved if the technician attended an in person training class.				

Listening Session Date	Licensed and practicing in CA / Type of setting	Have you already provided feedback via survey or prior session?	Possible duties beyond those currently authorized.	Possible functions that allow for supervision by another technician (eg tech check tech)	Do you have sufficient time/resources to provide oversight? Appropriate training?	Do you believe appropriate training is provided?	Should training requirements vary based on type of duties?	Do you currently have techs working remote? Benefits? Challenges.
3/3/2022	CSHP		Supports increasing use of technicians including vaccines, possibly ability to receive telephone prescriptions	Yes, tech check tech is a possibility to expand to the outpatient setting and require the checker to be an advanced practice pharmacy technician with the caveat if same provisions exist where pharmacists are provided clinical pharmacy services.		Supervised techs in many environments. Incumbent on PIC to ensure Techs are adequately trained for the jobs they are performing. Have Tech demonstrate abilities - Aseptic compounding - calculations, ability to draw up correct dose. Multifaceted - Immunizations: board delineate the training requirements. Immunizations require additional training. YES - specific training requirements are based on the duties necessary in the setting. There is certainly a baseline of training needed.	Yes	N/A

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3/3/2022	Pavilions (grocery chain) and has worked at CVS	First time commenting on this topic	Vaccines - Mixed feelings - pharamcists need help but few techs that she would actually trust. Most techs are not interested or not comfortable giving vaccines. Verbal Rxs - yes after some experience - and familiarity with medications. Tech check Tech not feasible in a retail setting - not enough techs in retail settings.			No-not sufficiently trained. On the job training by RPH/Tech- takes away from workflow. Difficult to get seasoned Techs-setting them up for failure. Not a lot of software or computer training. Utilizing a Supervising Technician-this would be an additional body to do this job-someone to train new Techs instead of RPH. RPH does not have time. Inconsistency with Tech schools-remember it is not a requirement in CA! Extremely expensive and for some it is not worth going to tech school - just get experience in PHY as a clerk.		N/A

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3/3/2022	Hospital				Does not have sufficient resources to train. To train a Tech - you have another Tech train them, which means you are paying for two people. Difficult to get technicians to be competent.	Compounding training is needed in a hospital setting. Schools could definitely provide more training in hospital practice.	Difficult for some of them to do compounding. New Techs she only gets them for a while. Challenging to get them to practice well at compounding.	N/A

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3/3/2022	HMO setting - management. Will this be better for the RPh or will it mean more work for the RPH?	no	Techs in her setting do not give vaccines. Techs have shared with her that they are not comfortable giving vaccines - not enough training. One reason they come to work in her organization.	The study done at Cedar showed that tech tech is probably better, because tech focused on just the right drug pharmacist check is thinking about millions of other interactions and other stuff.	Caliber of techs are different. Online class, different quality of techs, grandfathered in, techs not fully trained or haven't been to a rigorous program is challenging for the RPh to manage.	Training is crucial if we plan to expand their abilities. On the job training at her place of business - not every place a Tech works has this luxury to provide adequate on the job training.		N/A

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3/3/2022	HMO in management							Exercised remote work waiver for our PHY call center. Especially helpful during surges of COVID and childcare issues with COVID. Using the remote waiver has helped to maintain patient care.

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3/3/2022	Hospital for 30 years, now retired	Yes, this is in addition to previously submitted comments on the survey.				Advanced Practice - they need two years of experience. If work environment has supervisory position - then maybe that program or organization can train the person. It would be good if the schools were accredited. Students need more time in externships.		N/A - in HSP setting. RPHs do not have remote work in her setting either.

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3/3/2022	RPH in outpatient in HMO setting				RPH has challenges in supervising techs with limited time. No accountability. Trainers must be qualified.	So many schools - standards are not improving.	Pre-requisite training based on duties.	
3/12/2022	No comments provided							
3/20/2022	No comments provided							

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3/21/2022	Licensed in CA but not practicing; currently working in retail/Arizona	No	Safely and accurately accept verbal authorization for refills, perform transfers, communication involve straightforward interaction and trascription. Works in QA and notices issues are with human error and wouldn't matter if the human was a pharmacist or tech.	In favor of increase ratios as she has in AZ of one pharmacist to four techs. In favor of higher ratio but should be up to the PIC.	Depends on the pharmacist comfort level.	Yes, training should allow for techs to accept verbal authorization for refills and perform transfers. Training is appropriate for the techs. Currently the exam provides that solid foundation for them, um, without crossing over into clinical advice, but helping patients through those complicated medical processes. But I do think that some additional training maybe warranted.		No

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3/21/2022	Kaiser	No	<p>Encourage the Board to remove statutory and regulatory barriers to licensed techs performing nondiscretionary tasks under their direct supervision and control of a pharmacist outside of a licensed pharmacy by changing CCR 1793 by removing "in a pharmacy" to possibly "related to the provision of pharmacy services" as an approach. Encourage the Board to seek a statutory change to business and professions code, 4038 to remove the the words in a pharmacy from the definition of the term pharmacy technician. Remove the barrier as it has been for pharmacists. Board acknowledged benefit of having techs work outside a licensed pharmacy during COVID. Tasks that could be done outside a pharmacy include obtaining and entering information into the patient's pharmacy profile obtaining, documenting medication histories, which techs can currently do in a hospital and communicating with other members of the patients, healthcare team.</p>					<p>Yes, encourage the Board to seek statutory change to permanently allow PICs to authorize techs remote work</p>

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3/21/2022	Retail/Specialty Outpatient Pharmacies; in FL as Retail/Remote Prescription Processing Pharmacy/WA at mail order prescription fulfillment center.		Refill automation cassettes where the product is gonna be verified by a pharmacist and where the inputs are captured by a barcode scan.	Tech check tech	Working to stay in ratio and adherence to the restricted list of tasks; Appreciation for different ratios of technicians and when they may, or may not be appropriate. Recommended implementation of allowable exceptions to the technician ratio.	Current model is appropriate.	Training requirements at a company level can and should be and are focused on job. Require periodic training review and reassessment as it's currently.	Doesn't have a strong opinion on this. Telephone processing center helps the pharmacy staff.

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3/21/2022	Retail in CA and IN	No	<p>Not sure if the tech could be checking the cures for for us, because even there a train so, whether to check a history and all right now it's only the pharmacist who does that. A tech should also be authorized to do that so they can share the duty. Immunizations techs can do. Tech should be able to do product verification because they are able to fill and they know how the drug looks. Ratio should be based on how the business and how busy the pharmacy is, it should not be 1, is to 1 also, when we are asking the tech to do more duties.</p>			<p>If techs are doing the QC and product verification, the company will, of course, do the training.</p>		No

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3/21/2022	Retail and Psych Hospital		Techs should carry some form of liability. Heavy liability will fall back on pharmacist. Be able to take voicemails off the phone.					Help other stores with this and able to turn it on and off.
3/21/2022	Retail (Grocery Northern CA)		Remove that 1 to 1 ratio; CA is one of few states require verbal offer to the patient "do you have any questions?" Take new and transfer prescriptions, allow techs to clarify simple questions such as incorrect quantities, immunizations,	No experience			Training should vary based on the type of duties	Not now but have in the past.
4/2/2022	No comments							