

# Technician Ratio Talking Points (Texas)

## A. Current status

1. Texas rules regarding supervision of technicians require the following ratio per supervising pharmacist:
2. Class A: 1:3, except if the pharmacy stocks less than 20 drugs, then 1:5
3. Class G: 1:6
4. Other classes: 1:3

## B. History and evolution of ratio requirements

1. Beginning in late 1970's, pharmacy clerks were beginning to assist pharmacists in non-judgmental tasks. There was no experience to validate safety of their work, and pharmacists were nervous about loss of their status and subsequently, their jobs.
2. Most states implemented a 1:1 ratio, at the beginning.
  - a. Prescription processing was completely manual. Individual label typing, manual profiling, no IVR, no fax, requiring extensive time on the phone for the pharmacist.
  - b. There were none of the current practices such as, electronic processing, IVR, central processing/filling, robotics etc.
3. The training of "clerks/assistants" was on the job and individualized for each practice site leading to wide variation in skills and experience.

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### C. Current status

1. Technicians have formal training programs, competency assessments (PTCB), and licensure.
2. Many techs work in environments where there are no drugs, therefore no opportunity for diversion.
3. Electronic processing assures no prescription is dispensed without pharmacist verification.

### D. Why a ratio? And how does a BOP determine the proper balance?

1. 15 states have no required ratio.
  - a. AK, AZ, DE, HI, IL, IA, KY, MD, MO, MI, NH, OH, OR, PA, RI, VT.
2. There is no evidence that a ratio has any bearing on patient safety.
3. NABP position is that the PIC and staff pharmacists determine the number they can effectively supervise. The model act does not have language regarding tech ratios.

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### E. Arizona experience

1. Ratio eliminated in 2003 when rules required PTCB and licensure.
2. Outcry from chain pharmacists that their companies would give them unreasonable numbers of techs to supervise. (claims of 20:1!)
3. Hospitals never had a ratio.
4. Nine years later, no excessive staffing of techs. No proven issues of patient safety issues.
5. Most pharmacies leveled out at 4:1.
6. Central processing/central fill/Mail service somewhat higher depending on type of operation.

### F. What is the limiting issue?

1. Pharmacists must still verify order entry, correct dispensing and provide cognitive services. (Rate limiting step)
2. Customer service is a high priority for firms, therefore service times are critical.
3. Many states require CQI programs, most large firms already have such in place, and unreasonable errors, service delays etc. will be identified and process changes will be implemented.

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- G. Suggestion: Eliminate pharmacist/technician supervision ratios
1. One size does not fit all.
  2. Ratios limit creativity to provide patient care improvements.
  3. VA and military have never used ratios and have exceptional patient care programs.
  4. The Board has jurisdiction over the tech, pharmacist, PIC, and permit holder. This gives considerable clout for patient safety. If an unreasonable situation is identified, hold the PIC and permit holder responsible.
  5. Pharmacy systems now give unsurpassed ability to investigate errors, and simply applying a ratio no longer makes sense.
- H. Express Scripts request:
1. Increase Class G pharmacies ratio to 1:8 at a minimum.