

Stabilizing the pharmacy technician workforce as an imperative for the chief pharmacy officer



An audio interview that supplements the information in this article is available on AJHP's website at www.ashp.org/ajhp-voices.

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The pharmacy technician workforce is at a crossroads in the current health-system infrastructure. A consistent supply of highly competent, educated, trained, and committed pharmacy technicians is critical to drive strategic initiatives of the pharmacy profession forward. The perspective of the pharmacy technician as an entry-level position is antiquated. There was a day when many duties of pharmacy technicians were relatively simple. That is no longer true for most contemporary pharmacy technician roles in health systems, which require advanced skills and abilities in information systems, sterile products preparation, logistics, technology, and other areas critical to the success of pharmacy operations. Although a challenge prior to the pandemic, high turnover and labor shortages have exacerbated the ability of health systems to staff pharmacies.

This phenomenon has the potential to cripple the healthcare system.

It is imperative that the chief pharmacy officer (CPO) properly identify pharmacy technician workforce instability as the contemporary crisis that it is. We postulate that there are 4 main areas of work that can be immediately championed by the CPO: (1) fostering professional identity formation for pharmacy technicians, (2) facilitating education and training programs, (3) partnering with health-system human resources (HR) colleagues, and (4) assuring that career pathways are properly structured and used. Enveloping all these areas is the need for the CPO to be attentive to the culture within the pharmacy department and health system such that it is supportive of the work ahead.¹

Nurturing a culture that recognizes the significant impact technicians have on patient care and pharmacy operations in an environment where all staff are treated with respect is a fundamental building block for stabilizing the pharmacy technician workforce. Respect between technicians and pharmacists plays an important role in employee engagement. The CPO has the opportunity and obligation to assure that leaders, pharmacists, and other members of the pharmacy team consistently engage with pharmacy technicians in a mutually respectful manner.

Professional identity formation. Even though there may be debate about whether the field of “pharmacy technician” meets all elements of a “profession,” it is clear that pharmacy, as a profession, is well served by supporting the formation of a pharmacy technician professional identity. Adams et al,² in a 2019 commentary, noted that by utilizing pharmacy technicians to their fullest capacity, there would be significant gains in patient care. Further, healthcare professionals

should recognize the unique contributions of the pharmacy technician.

A recent policy approved by the 2021 ASHP House of Delegates defines professional identity formation (PIF) as “the process of internalizing a profession’s core values and beliefs.”³ Professional identity formation has been shown to affect a worker’s behaviors, attitudes, and beliefs.⁴ Pharmacy technicians are consistently referred to as critical members of the healthcare delivery team despite little research examining PIF among pharmacy technicians having been completed.⁵ Given the traditional, entry-level requirements to enter the workforce as a pharmacy technician, minimal time and resources are devoted to permitting pharmacy technicians an opportunity to develop a self-identity as a pharmacy technician. Much as pharmacists transitioned over time from a trade approach (ie, new practitioners served as apprentices to senior practitioners) to one whereby pharmacists are considered professionals and members of the multidisciplinary care team, pharmacy technicians have begun their own collective professional journey.

Pharmacy technician training and education. In addition to this basic requirement for both practice settings, and to highlight the needs of health-system pharmacy practice, organizations are encouraged to place an emphasis on support for and completion of joint ASHP and Accreditation Council for Pharmacy Education (ACPE)-accredited education and training programs by pharmacy technicians. The implementation of ASHP/ACPE-accredited pharmacy technician education and training programs can create a unique opportunity for the CPO to address this gap by supporting the program financially and by setting aside dedicated time for instructors and students. Significant portions of the required curriculum for both entry- and

advanced-level programs assess competence in the areas of interpersonal and professional knowledge and skills to build on the high school education most of this workforce possesses. Advanced-level programming builds key competencies related to leadership development, supervision of team members, and professional communication among other healthcare providers.⁶ Formal education and training for pharmacy technicians can also provide a pathway to professional development and formation of a self-identity as a healthcare professional akin to that of student pharmacists.

Rouse,⁷ in a 2004 commentary, emphasized the value of continuous professional development for pharmacists as a means of personal growth and lifelong learning. The CPO should leverage this recommendation to highlight the need for professional development of our pharmacy technician workforce congruent to the development of the pharmacist profession. Similarly, the ASHP accreditation standard for postgraduate year 1 (PGY1) pharmacy residency programs calls for creation of a preceptor development plan by accredited residency programs.⁸ Although the identification of a “preceptor of record” is a required component of ASHP/ACPE-accredited pharmacy technician education and training programs, there is little mention of the need for preceptor development, as the intention is that qualified pharmacy personnel will be the primary trainers for students.⁸ The ability to adapt the residency framework of continual development for preceptors to guide those who lead onboarding and training of pharmacy technicians may help support the professional development of pharmacy technicians and a focus on lifelong learning.

Advocacy and partnership with HR. Technicians have been an undervalued and underpaid pharmacy workforce for decades, and the current economic conditions are dictating immediate action on compensation in order to fill open positions and minimize turnover. It follows

that compensation models for the technician workforce advance in lockstep with technician role evolution. Unfortunately, that has not happened, but the situation can be corrected. The CPO is responsible for partnering with HR and compensation leaders to advocate for compensation models that better reflect the varied and advanced technical nature of contemporary pharmacy technician roles. In doing so, the CPO, HR leaders, and compensation leaders must be mindful of the idea that pay is not a silver-bullet solution for improving the stability of the pharmacy technician workforce. As highlighted in the balance of this column, compensation is one aspect of an overall strategy.

Vest and Kelm’s⁹ paper highlighted the traditional pharmacy technician roles of sterile and nonsterile compounding, quality assurance, medication inventory management, and distribution and technology support. More advanced pharmacy technician roles for validation of medications, purchasing and financial management, medication history collection and documentation, immunization delivery, managing hazardous medications, patient assistance, supervisory, education, drug use evaluation, adverse event monitoring, and informatics have developed with the changes in the industry over time.¹⁰ The ability of the health-system pharmacy technician to fulfill more complex technical roles previously filled by pharmacists, nurses, business personnel, and data analysts is a critical point to consider in the compensation matrix for this key group of personnel.

A commentary by Wheeler et al¹¹ on pharmacy technician practice models highlighted the issue with current models and the changes that still need to be made to prioritize development of this workforce. Standardization of criteria for entry into this workforce along with certification and education expectations was found to position technicians for roles with higher job satisfaction. Inclusion of pharmacy technicians in the team-based care model was mentioned as an elevation

in practice at some leading institutions and possibly could provide more avenues for technician advancement in the future.

The US Bureau of Labor Statistics lists pharmacy technicians as having lower median compensation than medical transcriptionists, medical records specialists, medical assistants, and dental hygienists.¹² This gap is largely due to the lack of a required college degree. The connection between compensation and the requirement of a college degree for pharmacy technicians must be broken. It is up to the CPO to address this with HR and compensation leaders.

A growing chorus of concern by pharmacy executives over the lack of qualified candidates for open pharmacy technician positions has led to a number of changes in recruitment practices. Requests for approval to offer incentive pay to cover open shifts beyond traditional “time and a half” overtime pay and to offer hiring, referral, and/or retention bonuses are some of the tactics being used in this market. During labor scarcity, many employers with a long-term view are concerned that increases in compensation will result in increased fixed costs without ensuring an acceptable return on that spending.¹³

Compensation consultants in many HR departments adhere to the concept of structured pay grades and salary ranges based on market benchmarks as a best practice. This process clarifies the market and internal value for each job and provides a way to budget and manage labor expense. Many of these scales leverage 10 years’ experience at the midpoint but may artificially extend the top-out point to allow employees with extended service to maintain eligibility for annual raises. Some organizations may not actively manage and monitor pay scales over time. Recommended standard work for the CPO is to request ongoing market reviews compared to peers as well as to jobs in similar pay scales but using non-healthcare-related jobs to assess trends in pay scales.¹⁴ Comparisons

of retail and hospital-based entities should be used with caution, as hospital practice is associated with job functions of higher complexity.¹⁵ Also, consideration should be given to elimination of the historical practice of using 10 years of experience as the midpoint. Altering this mindset can shift the compensation curve favorably for pharmacy technicians and immediately improve recruitment and retention. Establishment of good practices in this area supports transparency and equity in staff communications on compensation.

In his classic article “The High Cost of Low Wages,” Cascio¹⁶ made the case that below-market compensation can translate to higher costs in the long run. The author contrasted the strategies of 2 consumer warehouse operators and determined that higher wages and better benefits were a better business investment given that the calculated replacement costs for a \$30,000-per-year employee were 60% of annual salary. Additional benefits of the higher-wage approach cited by Cascio were higher productivity and lower inventory shrinkage rates, which also translate to the needs of the pharmacy department.

Some nonmonetary tactics can be viewed as compensation by the pharmacy technician. For example, alternative scheduling and onsite childcare have been used to attract and retain staff. Sanandaji and colleagues¹⁷ highlighted use of these tactics to attract talent during a worker shortage in their recent paper. Use of 10-hour shifts to decrease commute times may help attract talent from farther away if there is assurance that the commute time can be minimized. Starting shifts outside of rush hour traffic and supporting remote work when possible are other suggested strategies. Nonconventional tactics such as additional pay for lengthier commutes and/or parking are also suggested along with maintaining a safe work environment.

As we move to the postpandemic job market, it is inherent upon the

CPO to leverage pharmacy, HR, and other partners to advocate for the pharmacy technician role in a crowded job market.

Development of career paths.

In addition to maintaining a regular cadence of review for pay grades and salary ranges, the CPO should address technician concerns around advancement. This was listed in Desselle’s previously cited 2015 National Certified Pharmacy Technician survey as a major reason for job dissatisfaction along with pay.

Mattingly et al¹⁸ published results of a survey on the growth in implementation of career ladders as a retention and engagement tactic link technician training with incentives for training. Those authors cited the ASHP 2018 Pharmacy Forecast report alignment: “in your department’s strategic plan, give priority to achieving a high level of professionalization, job satisfaction and career commitment of technician staff.” The creation of a pharmacy technician career ladder with education, certification, and experience levels can help support improved staff engagement and retention. A primary barrier highlighted with the implementation of these programs was the weakening of core dispensary roles as the pharmacy workforce climbs the career ladder. Response to this barrier is the growth of internal technician training programs to maintain a suitable number of entry-level staff to support a strong core dispensary process in the pharmacy department. In addition, opportunities should be leveraged to incorporate the core dispensary staff into advanced roles such as precepting and instructing within these internal technician training programs.

Conclusion. The CPO is ultimately responsible for establishing a stable pharmacy technician workforce. Headwinds that the CPO faces include high turnover, low retention, substandard compensation, and increasing responsibilities. It is inherent on the CPO to leverage formal technician education and training programs and

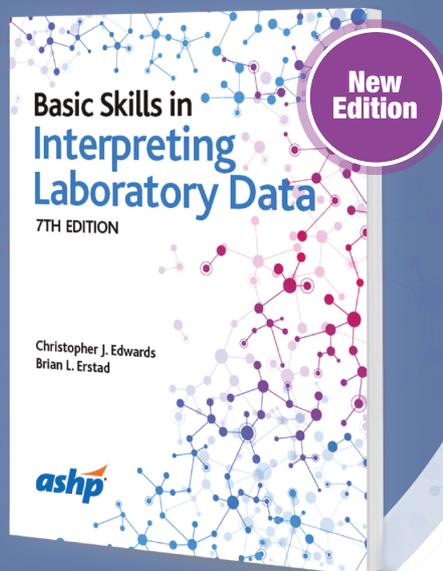
system HR staff to improve compensation models and career pathways that support career pharmacy technicians. CPOs also must be accountable to establish a department culture that underpins the professional identity of the pharmacy technician.

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