California State Board of Pharmacy
1625 North Market Blvd., N219, Sacramento, CA 95834
Phone (916) 574-7900
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

NOTICE OF MEETING and AGENDA
Licensing Committee

Contact: Virginia Herold
(916) 574-7911

Date: December 17, 2008
Time: 9:30 a.m. – 12:30 p.m.

Place Department of Consumer Affairs
First Floor Hearing Room
1625 North Market
Sacramento, CA 95834

This committee meeting is open to the public and will be held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Michelle Leech (916) 574-7912, at least five working days before the meeting.

Opportunities are provided for public comment on each agenda item. A quorum of the Board members who are not on the committee may attend the meeting as observers, but may not participate or vote. Action may be taken by the committee on any item listed on this agenda.

Note: Pharmacists and pharmacy technicians who attend the full committee meeting can be awarded two hours of CE, in accordance with the board's CE policy. A maximum of four CE hours can be earned each year by attending the meetings of two different board committees.

Call to Order **9:30 a.m.**

1. Emergency and Disaster Response Planning
   - Request from San Diego County for Exemption to Distribute Prophylaxis Drugs to Emergency Response Staff Prior to a Declared Emergency
   - Emergency Pharmaceutical Assistance Program
2. Formation of Subcommittee to Evaluate Drug Distribution Within Hospitals
3. Discussion Regarding Intern Hours That Can Be Earned Outside a Licensed Pharmacy
4. Update on the Coalition on Shortages of Allied Health Professionals – Workgroup to Address Shortages of Pharmacists in Hospitals
5. Update: Task Force to Evaluate Pharmacy Technician Qualifications
6. Florida NAPLEX Rule Change
7. Competency Committee Report
8. Final Report to the Legislature on the Impact of Requiring Foreign Graduates to Take Remedial Education After Failing the Pharmacist Licensure Examinations Four Times
9. Establishment of Meeting Dates for 2009
10. Public Comment for Items Not on the Agenda

Adjournment **12:30 p.m.**

Meeting materials will be available from the board's Web site by December 10, 2008

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **Emergency and Disaster Response Planning**

Request from San Diego County

In 2007, the board received a request from San Diego County to provide an unspecified number of up to 500,000 bottles of a 7-14 day dosing regimen of doxycycline or ciprofloxacin to first responders, that would be stored in their homes for their and their families' use, with the remainder being stored somewhere (unmentioned) else. They county was seeking an exemption from patient-specific labeling because it would be "difficult, if not impossible" to label these containers. This request was later withdrawn.

In September 2008, the board received a new request from San Diego County. This plan calls for Doxycycline 100mg #20 to be prescribed to approximately 100,000 First Responders and Critical Access Employees and their family members. Each prescription will be written by the Public Health Officer (a licensed California prescriber) and transmitted to a pharmacy for dispensing.

Following our September meeting, I contacted San Diego County and advised them about the committee's request that they appear in person. In response San Diego County submitted a letter seeking confirmation that this model satisfies the requirements in pharmacy law. This letter follows this memorandum. Whereas budget restrictions prevent them from attending our committee meeting in December, they do plan on attending our January Board Meeting to make this request directly of the board.

The committee may wish to discuss this before the full hearing at the January Board Meeting.

I have also included an article which describes a means by which the federal government may choose to distribute antibiotics in the event of an anthrax bioterrorism attack – use US mail service carriers to distribute the medicine.

Emergency Pharmaceutical Assistance Program

The California Department of Public Health recently shared with the board information about a federal government program intended to assist persons affected by disasters, who do not have any type of prescription drug coverage, to obtain necessary medication without charge from a local pharmacy while providing pharmacies with a method to recoup their expenses in providing medicine.

According to the California Department of Public Health, "This program could go a long way toward helping fill the identified in previous disasters where people without health insurance had to rely on community pharmacy to essentially give away medications and medical supplies. This program could also help manufacturers appropriately donate drugs without adding to the chaos."

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
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Community Epidemiology
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Vital Records

EMERGENCY MEDICAL SERVICES

6255 MISSION GORGE ROAD
SAN DIEGO, CA 92120

November 20, 2008

Ms. Virginia Herold
Xxx
Xxx

Dear Virginia Herold,

In June of last year, The County of San Diego and the Home Med Kit Project was presented to you for review. At that time, you assisted by looking into the feasibility of a waiver on the labeling requirements and it was subsequently concluded that it would involve a change to the law. Because of this, The County of San Diego has decided not to pursue this avenue. Since then The County of San Diego has been pursuing a more "traditional" model. Dana Grau, Pharm.D. Senior Consulting Pharmacist, Emergency Preparedness Office, California Department of Health Services suggested that the *new* model be sent in order to update you on the project progress. Please feel free to share it with colleagues on the board for additional input.

Please note that attached to this email is an executive summary of the ProphyKit plan in order to aid in providing information in regard to The County of San Diego's overall goal with this project.

The plan calls for approximately 100,000 First Responders and Critical Access Employees (FRCAE) plus family members. The medication being prescribed is Doxycycline 100mg capsules #20. Each employee will complete a screening form questionnaire that will be reviewed by a clinician for allergies & contraindications. This form will be sent to the Public Health Officer (a licensed California prescriber) who will make the final decision and write individual prescriptions for each employee and their family members. Each prescription will then be securely transmitted to a licensed California pharmacy, which will utilize licensed California pharmacists to dispense the medication, (meeting proper labeling requirements).

It is believed that the above model meets the furnishing and dispensing requirements set by California law. If any points of clarification or further discussion are required please do not hesitate to contact The County of San Diego's SNS Coordinator, Jack Walsh at 619-285-6591 or by e-mail at jack.walsh@sdcounty.ca.gov , or John Johnson PharmD at 619-339-2254 or by e-mail at sjjrxprn@pharmdmand.com It is anticipated that upon completion of this project, many jurisdictions within the State of California may decide to follow The County of San Diego's lead on preparing the FRCAE's in a similar manner.

Sincerely,

Xx
Xx:xx

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EXECUTIVE SUMMARY

In the aftermath of a suspected or confirmed bioterrorism attack, the County of San Diego Public Health Officer (PHO) is responsible for the overall management of emergency public health operations within the Operational Area (OA). The County of San Diego Health and Human Services Agency (HHSA) is preparing local area First Responders and Critical Access Employees (FRCAE) and members of their immediate household with a ten day supply of doxycycline to be stored in the home. The medication will be distributed as an Emergency Prophylaxis Kit (ProphyKit) to a proposed 100,000 FRCAE households to provide immediate emergency access to antibiotics for the intended recipients (proposed 500,000 people) within 2 to 3 hours after order by the PHO. The medication inside the ProphyKit is intended to be used only for post exposure prophylaxis (PEP) under order (announcement) from the PHO in the event of a public health emergency involving the release of a biological organism such as *bacillus anthracis*, the bacteria that causes anthrax. This supply is intended to provide protection during the initial phase of the exposure. If additional medication is required beyond the ten days provided, it will be made available by HHSA via the SNS dispensing process.

The reason for this approach is that weaponized anthrax can cause catastrophic loss of life within 72 hours. It follows that the response time to administer prophylaxis to the public is compressed to forty-eight (48) hours. For this mass prophylaxis operation to effectively mitigate public morbidity and mortality, FRCAE's must receive priority prophylaxis to ensure their availability and ability to respond and initiate the massive countywide public health response operation. By forward placing the ProphyKit in the homes of the FRCAE, the probability that the FRCAE will report for duty in a timely manner improves because the responder and their household members will already be protected. Furthermore, the time required to commence response activities for the public will decrease substantially, allowing more time to set up public dispensing sites and rapidly deploy other public dispensing modalities to meet the compressed time frame for the total response.
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PROPHYKIT PROJECT
County of San Diego

PROS AND CONS LIST:

PROS	CONS
1. Immediate access for 100,000 FRCAE and family members (totaling over 500,000 persons out of 4,000,000 citizens already treated)	1. PHO has no physician –patient relationship (but would have none in post event as well)
2. 100,000 FRCAE more quickly available to staff PODS for dispensing meds to remaining population	2. Monitoring distributed meds with personnel changes and staff leaving positions as FRCAE. (However, already screened – so would be that many less for PODs tx.)
3. 100,000 more willing to go to work in PODS, due to family having been taken care of.	3. Monitoring appropriate storage of medications
4. Persons receiving RX are actually more thoroughly screened than would be during actual event.	4. Logistics in annual evaluation of medication expiration and package tampering
5. Persons receiving RX are actually more thoroughly educated than would be during an actual event.	

Karen Abbe/Pharmacy/DCANotes
10/02/2008 03:41 PM

To Virginia Herold/Pharmacy/DCANotes@DCANotes
cc Anne Sodergren/Pharmacy/DCANotes@DCANotes
bcc
Subject Washington Post: If Bioterrorists Strike, Letter Carriers Might Deliver Antibiotics

washingtonpost.com

IF BIOTERRORISTS STRIKE, LETTER CARRIERS MIGHT DELIVER ANTIBIOTICS

By David Brown
Washington Post Staff Writer
Thursday, October 2, 2008; A02

"Neither snow, nor rain, nor heat, nor gloom of night, nor bioterrorism attack stays these couriers from the swift completion of their appointed rounds -- especially if they are delivering antibiotics to protect people from anthrax."

That may someday become the unofficial motto of the U.S. Postal Service.

Health and Human Services Secretary Mike Leavitt yesterday proposed a solution to one of the bigger challenges in responding to an anthrax bioterrorism attack -- how to deliver protective antibiotics to tens of thousands of people overnight.

The tentative answer: have the mailman (and -woman) do the job.

As an incentive to the letter carriers -- who would be volunteers -- the government would issue them in advance an antibiotic supply large enough to treat themselves and their families. They would also be accompanied by police officers on their rounds.

"We have found letter carriers to be the federal government's quickest and surest way of getting pills to whole communities," Leavitt said.

The strategy has the full support of the Postal Service and its unions, spokesmen said.

"Letter carriers are on the street six days a week. They are constantly helping out as just part of their job, and this is taking it one step further," said Drew Von Bergen of the National Association of Letter Carriers.

"Anytime this country has any kind of crisis, it is the Postal Service that is out there first," said Postal Service spokeswoman Sue Brennan.

Boston, Philadelphia and Seattle held experimental runs of the distribution strategy in 2006 and 2007, said William Raub, Leavitt's science adviser. In Philadelphia, 50 carriers, each accompanied by a city police officer, reached 55,000 households in less than eight hours.

Based on those tests, the strategy was deemed practical and will be put in effect on a trial basis next year in Minneapolis and St. Paul, he said.

The Postal Service there will solicit about 700 letter carriers, enough to cover 20 Zip codes or about one-quarter of all households. The workers will be medically screened (including questions about family members), fitted with N95 face masks, and issued a supply of the antibiotic doxycycline for their household.

If successful, it may be expanded to encompass the entire Twin Cities area, said Jude Plessas, a Postal

Service official.

Before that pilot project can begin, however, the Food and Drug Administration must approve distribution of the drug for this purpose, which is not currently part of its label, or officially approved list of uses.

Leavitt yesterday requested that FDA review, which may take months.

Since 2004, the federal government has funded the Cities Readiness Initiative, which is helping 72 urban areas make plans to distribute drugs to a target population within 48 hours of a bioterrorism attack.

Any of those cities will now be able to employ the letter carrier distribution strategy. The federal government will not force them to adopt it, as disaster planning is principally a job for state and local governments.

The federal government has enough anthrax antibiotics in the Strategic National Stockpile to treat 40 million people for 60 days. The medicine is cached in 12 sites around the country.

Sixty days is the maximum amount of time a person exposed to airborne anthrax spores might have to take medicine to prevent the inhalational form of the bacterial infection, which is rapidly fatal if not treated.

Letter carriers who volunteer for this duty would not be paid bonuses or given any other incentives, Brennan said.

In a bioterrorist attack seven years ago this fall, finely powdered anthrax spores were sent in envelopes to several addresses on the East Coast. Four workers at a mail processing center in the District, where at least one of the letters was sorted, developed inhalational anthrax, and two died.

In all, 8,424 postal employees were offered prophylactic courses of antibiotics. Sixty-six percent started, but about 10 percent of them stopped taking the offered drugs for various reasons. Nearly all took ciprofloxacin, a medicine that is not being offered as part of the letter carriers' supply under the new plan, in part because of its possible side effects.

In another action yesterday, Leavitt issued a declaration that will provide protection against lawsuits for companies that make drugs for mass distribution during an anthrax attack, or who help distribute them.

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Emergency Prescription Assistance Program (EPAP)

Background

Prescription drugs are a critical first line therapy in treating both acute and chronic conditions. For this reason, assuring an adequate and readily available supply of prescription drugs to disaster victims should be a priority for emergency planning. However, conflicting directions from Federal, State, local and private agencies, along with the lack of any established process for enlisting the help of community resources presents numerous challenges for a coordinated disaster response.

In the aftermath of Katrina, the Centers for Medicare & Medicaid Services (CMS) led an effort with community pharmacies to assist victims and evacuees at hundreds of evacuee sites with virtually no drug supply shortages or other logistical difficulty, even in light of the very difficult operating environment. Applying the lessons learned fro the Katrina response; CMS has established an Emergency Prescription Assistance Program (EPAP) that will utilize the existing pharmaceutical supply chain infrastructure as the distribution mechanism for future emergency responses.[1]

Mission Assignment

The federal government should support, and not supplant, the private sector prescription drug distribution system in emergency response. With 55,000 pharmacies across the country (many of which have local delivery capability) and a pre-positioned regional product distribution and supply chain, it makes little sense to not fully integrate this highly efficient and far reaching distribution infrastructure in disaster planning.

1. Through the EPAP, CMS will establish a national network of pharmacies specifically for emergency response. Once established, any network pharmacy could use existing electronic pharmacy systems and infrastructure to efficiently process prescriptions for drugs and limited durable medical equipment (DME) for the EPAP.

2. The American Red Cross (ARC) and FEMA will identify the individuals eligible for coverage under the EPAP. Importantly, only evacuees or disaster victims who are determined eligible by ARC or FEMA and who are not otherwise enrolled in or eligible for prescription drug coverage under Medicaid or any other Federal, State or private third party program that provides prescription drug coverage, are eligible. Pharmacies will make a coverage determination through eligibility screening at the point of sale prior to billing the EPAP.

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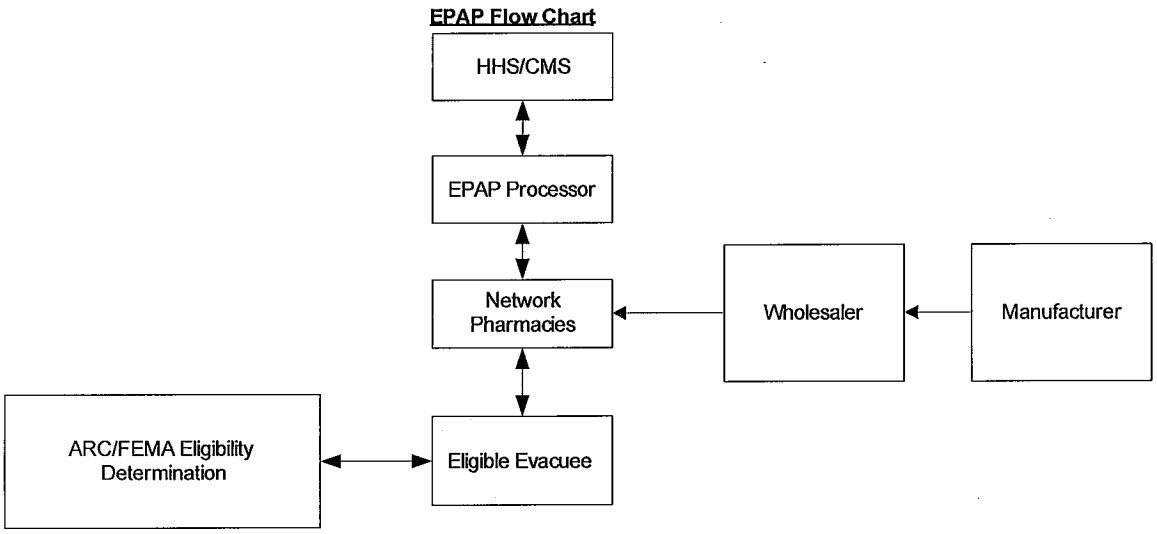
[1] The EPAP will be invoked when FEMA issues a Mission assignment to deploy after the declaration of a Presidential emergency or Major disaster Declaration under the Robert T. Stafford Disaster Relief Act of the declaration of an Incident of National Significance.

3. Eligible disaster victims may present to any network pharmacy (or pharmacies may make arrangements to deliver to shelters) to fill a prescription written for a covered medication to treat an acute condition, to replace maintenance drugs that the individual may have lost in the emergency or to provide certain covered DME (pharmacists in may states may also administer vaccines).

4. Upon activation of the system, the EPAP will capture real time data about the number of prescriptions and types of drugs or DME dispensed, costs incurred and other data necessary for efficient management of the program. Neither FEMA nor ARC will be responsible for physical possession, storage or distribution of product inventory.

Through the EPAP, pharmaceutical manufacturers may donate pharmaceutical product to victims of a disaster emergency through the ARC. Donations will be facilitated through a system of product replacement and/or product credits. Therefore, no physical inventory needs be shipped, stored or received b HHS, FEMA or ARC. In addition to preventing diversion, this system will assure that there is no waste in manufacturer donations as drugs can be tracked in real time by the individual and prescription.

Widespread adoption of this charitable donation model by pharmaceutical manufacturers will allow manufacturers to play an appropriate voluntary and charitable role in disaster response. The EPAP is the most efficient way for drugs to be distributed directly to patients in an emergency by l3everageing the strength of the existing pharmaceutical infrastructure and the generosity of participating pharmaceutical manufacturers who are committed to assisting patients in need.



ARC/FEMA – deems shelteree eligible for the EPAP and provides eligibility verification the Eligible Evacuee.

Eligible Evacuee – presents at any Network Pharmacy to have prescription or DME dispensed.

Network Pharmacies – dispense medication or DME according to the parameters of the EPAP program. When Evacuees present at the pharmacy, the Network Pharmacies will perform a query to determine if the Evacuee is eligible for Medicaid or other private third party insurance before sending any claim to EPAP. Network Pharmacies perform standard drug utilization/safety review to ensure the appropriate drugs are dispensed.

EPAP Processor – establishes the EPAP pharmacy network and administers agreed upon program management terms and conditions for the EPAP, including days supply, safety edits, covered DME, reimbursement and program restrictions. Performs necessary audits and bills for the appropriate claims. Approves and transmits payment to Network Pharmacies.

DHHS/CMS (EPAP Payer) – establishes program management terms and conditions, and establishes a contract with the EPAP Processor. Performs appropriate audit and oversight of the EPAP Processor. Pays EPAP Processor for administration and pharmacy claims paid.

Wholesalers – distribute prescription drugs and DME to a nationwide network of community pharmacies in ordinary course of business. Monitors supply orders and assures the integrity of drug products in the supply chain.

Manufacturers – sells or donates prescription drugs through normal drug distribution system with the assurance that all products (sold or donated) will be accounted for with minimum risk of product diversion.

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ARNOLD SCHWARZENEGGER, GOVERNOR

Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **Discussion of Hospital Pharmacies' Control of Drugs within Hospitals**

As you will remember, in late spring, the board identified 94 hospital pharmacies with recalled heparin still within the facilities, two to three months following the last recall. The board has cited and fined the hospital pharmacies and pharmacists-in-charge of these pharmacies. However, because many of these hospitals and PICs have appealed the citations and fines, board members cannot discuss the specific parameters of any of these cases without recusing themselves from voting on the specific case in the future should they be appealed to the Office of Administrative Hearings.

Nevertheless, the recall system is not working, and staff is pursuing identification of problems with the recall system with the California Department of Public Health, the California Society of Health-System Pharmacists, The California Hospital Association and the FDA. We are hoping to develop California-specific solutions.

President Schell has agreed to appoint a two-board member task force to work with these agencies on ways to improve recalls, and other changes needed to provide for improved drug distribution and control within a hospital.

This topic bridges both enforcement issues and licensing issues, but because there may be a list of legislative changes identified that involve licensing issues, this task force will be moved to the Licensing Committee. Pharmacy law dealing with hospital pharmacy has not been updated in years.

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ARNOLD SCHWARZENEGGER, GOVERNOR

Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **Discussion Regarding Intern Hours that Can Be Earned Outside a Licensed Pharmacy**

Background

Under current law, an intern must possess 1,500 hours of intern experience under the supervision of a pharmacist before he or she can be made eligible to take the pharmacist licensure examinations.

More specifically, board regulations specify that a minimum of 900 hours of pharmacy experience must be earned under the supervision of a pharmacist in a pharmacy. The remaining 600 hours can be granted for experience under the supervision of a pharmacist substantially related to the practice of pharmacy, but not specifically within a pharmacy. California pharmacy students typically earn the 600 "discretionary" hours for school-required experiential training (clinical clerkship).

At the March 2006 Licensing Committee Meeting, pharmacy students from USC and other pharmacy schools presented a proposal requesting that the Board of Pharmacy amend its requirements that allow for an additional 400 hours (for a total of 1,000 hours of the required 1,500 hours required) which an intern can earn for pharmacy-related experience (under the supervision of a pharmacy) outside a pharmacy.

According to the students, opportunities for pharmacists have expanded beyond the traditional areas of community and hospital practice settings. Many students would like the opportunity to gain experience in the pharmaceutical industry, managed care, regulatory affairs and association management, but are unable to do so because they cannot earn intern hours for this experience, which impedes their experience as students and future development as pharmacists.

At the December 2006 Licensing Committee Meeting, pharmacy students provided a presentation highlighting the additional areas that interns could pursue if the intern hours experience requirement was more flexible. They cited statistics indicating the benefit that redirected students could provide to health care and that the proposal firs the board's mission.

Discussion at this meeting included a possible increase of 400 hours of the intern experience requirement, to total 1900 hours, to permit such additional experience. Discussion also included the need for students to thoroughly understand the workings of a pharmacy, and why such experience is so important to a pharmacist's future as a supervisor of pharmacy functions and personnel and that without a solid understanding and actual experience in such environments, pharmacists will have a difficult time because core experience in pharmacy is lacking.

At the conclusion of this meeting, the committee determined that it was premature to move forward with the students' proposal given that concurrent with this request, the Schools of Pharmacy in California where undertaking an initiative to establishing core competency assessment of basic pharmacy intern skills. (The ACPE guidelines detail the advanced pharmacy intern skills competencies.) At the request of UCSF, the board sent a letter supporting the results of the initiative.

The committee more recently discussed this topic at the June 2008 Licensing Committee Meeting. At that time the committee's recommendation was to table any action at this time to alter the intern hours' requirement. However, after the July 2008 Board Meeting, it was referred back to the Licensing Committee to further explore the issue.

Following is a letter received from Landon Dean, a student from Loma Linda University. This letter is being brought to the committee for consideration. Mr. Dean is suggesting modification to California Code of Regulations (CCR) section 1728. Also provided is the meeting summary from the June 2008 Licensing Committee meeting as well as a copy of CCR section 1728.

Members of the board, June 2, 2008

My name is Landon Dean, and I am a student at Loma Linda University School of Pharmacy, class of 2009. I have a proposal regarding the intern hours requirement for licensure.

In late 2006, I began working as an intern pharmacist at Kaiser Riverside in their Ambulatory Care services. I was excited about this opportunity to learn what can best be described as pure clinical pharmacy. I have worked for the greatest amount of time in the heart failure clinic, but have also spent time in the anticoagulation clinic, the oncology pharmacy, the renal clinic, and the asthma clinic. I have also spent several days working in Kaiser's inpatient pharmacy at Riverside, and in the outpatient pharmacy in Corona. It has been a wonderful experience to learn from and to assist the various pharmacists as they manage the drug therapy of our patients. To date, I have worked somewhere in the neighborhood of 900 hours.

In my ignorance at the time of my hire, I assumed that the hours that I worked at Kaiser would count toward the 1500 hours required for licensure. My supervisor and I did a cursory check with the board and it seemed to be ok, but unfortunately I do not recall the details of that exchange, or who we spoke with. So I continued happily working, until recently when I learned that the validity of these hours was in doubt. That is, because I had not been working in a "pharmacy" (with a license number, a PIC, and so on), that they would not count as part of the 900 hours, as defined in the California Code of Regulations title 16, section 1728. And, because the other 600 hours are earned through our fourth year advanced pharmacy practice experiences, I now face the real possibility that my hours will not count at all.

In reviewing recent board meeting agendas and actions I found the board minutes from April 2006, when a group of students proposed that the number of hours that can be earned outside a pharmacy be changed from 600 to 1000 hours. I have also educated myself a bit concerning the OSCE initiative.

I propose that 16 CCR § 1728 be amended to read:

(1) Proof of 1500 hours of pharmacy practice experience that meets the following requirements:

(A) A minimum of 900 hours of pharmacy practice experience obtained in a pharmacy, *or under the supervision of a pharmacist performing tasks that require a pharmacist's license.*

This proposal would count hours earned in ambulatory care and any other practice settings that require pharmacist licensure. It would not count hours that are worked in administrative functions, as those jobs do not require a pharmacist license to perform.

I am aware that some are concerned about the proficiency of new pharmacists in terms of the mechanics of dispensing medications. That is, if a proposal such as this were to be enacted those students who choose to work outside of a dispensing pharmacy may be unprepared to fill prescriptions and therefore put the public's safety in jeopardy. There are two reasons that I respectfully disagree with this assumption. First, logic dictates that those students who choose to work as intern pharmacists in ambulatory care, for example, are more likely to choose to work in

ambulatory care after they graduate. Second, each school mandates that students work in both community and hospital pharmacy settings as part of the advanced pharmacy practice experience. Considering the intelligence and capability of those who are accepted into California's pharmacy schools, I believe this experience is ample time to learn the mechanics of prescription dispensing.

I would be happy to discuss this further with you at an upcoming board meeting.

Thank you for your attention,

Landon L Dean, MA, PharmD candidate 2009
President, LLUSP 2009

technicians from those schools, as they are often high school drop-outs and end up with drug diversion incidents within their pharmacies when employed.

Mr. Weisser asked if their program has an ongoing education program for their technicians.

Ms. Quandt stated that it involved classroom training as well as on-going training provided by pharmacy managers. There are also manual requirements, which the technicians must review on an annual basis. She concluded by saying that training is required before they go into the pharmacy in order to understand the requirements.

Mr. Graul indicated that he agrees with the continuing education (CE) proposal, but wants to study the details of the proposal further before having an opinion. He did note that if there is a formalized CE requirement, it generates more technician centered CE, which there isn't much of right now. He added that as a consumer protection agency, the board should look at the quality of technicians and assist the legislature in coming up with some requirements that ensure the quality of technicians in California is superior.

Mr. Weisser agreed with the comments given by Mr. Graul.

Bill Young (Alameda County Pharmacists Association) provided feedback from local pharmacy owners and managers. He stated that that there does not appear to be a shortage of licensed pharmacy technicians looking for employment, however there is a shortage of qualified, promising technicians that pharmacists want to hire.

The board has no recommendation on the proposal at this time. Two members of the committee would like to be a part of the task force. Ms. Herold commented on the need for numerous meetings to work through the details of the bill and address the concerns by all stakeholders. Mr. Docherty stated that they would have as many meetings as needed in order to exhaust all the issues.

Discussion to Amend 16 CCR Section 1728 to Increase the Number of Intern Hours that Can Be Earned Outside of a Pharmacy

Dr. Ravnan stated that under current law, an intern must possess 1,500 hours of intern experience under the supervision of a pharmacist before he or she can be made eligible to take the pharmacist licensure examinations.

More specifically, board regulations specify that a minimum of 900 hours of pharmacy experience must be earned under the supervision of a pharmacist in a pharmacy. The remaining 600 hours can be granted for experience under the supervision of a pharmacist if substantially related to the practice of pharmacy, but not specifically within a pharmacy. California pharmacy students typically earn the 600 "discretionary" hours for school-required experiential training (clinical clerkship).

At the March 2006 Licensing Committee Meeting, pharmacy students from USC and other pharmacy schools presented a proposal requesting that the Board of Pharmacy amend its requirements that allow for an additional 400 hours (for a total of 1,000 hours of the required 1,500 hours required) that an intern can earn for pharmacy-related experience (under the supervision of a pharmacy) outside a pharmacy.

According to the students, opportunities for pharmacists have expanded beyond the traditional areas of community and hospital practice settings. Many students would like the opportunity to gain experience in the pharmaceutical industry, managed care, regulatory affairs and association management, but are unable to do so because they cannot earn intern hours for this experience, which impedes their experience as students and future development as pharmacists.

At the December 2006 Licensing Committee Meeting, pharmacy students provided a presentation highlighting the additional areas that interns could pursue if the intern hours experience requirement was more flexible. They cited statistics indicating the benefit that redirected students could provide to health care and that the proposal firs the board's mission.

Discussion at the December 2006 meeting included a possible increase of 400 hours of the intern experience requirement, to total 1900 hours, to permit such additional experience. Discussion also included the need for students to thoroughly understand the workings of a pharmacy, and why such experience is so important to a pharmacist's future as a supervisor of pharmacy functions and personnel and that without a solid understanding and actual experience in such environments, pharmacists will have a difficult time because core experience in pharmacist is lacking.

At the conclusion of the December 2006 meeting, the committee determined that it was premature to move forward with the students' proposal given that concurrent with this request, the Schools of Pharmacy in California were undertaking an initiative to establish core competency assessment of basic pharmacy intern skills. (The ACPE guidelines detail the advanced pharmacy intern skills competencies.) At the request of UCSF, the board sent a letter supporting the results of the initiative.

As the development of these core competencies were completed, President Schell requested that the Licensing Committee revisit the request to amend the intern hours requirement.

President Schell commented that this issue that was brought to him from a student at Loma Linda University practicing at an ambulatory care pharmacy site, and was told his hours would not be included because he was not practicing at a licensed pharmacy as the law requires. President Schell pointed out that he has not necessarily been in support of this concept in the past because he does not feel intern hours should be included from certain entities such as manufacturers, etc. The example provided of this student, however, where someone is under the supervision of a licensed pharmacist, seems

appropriate. He highlighted that pharmacists no longer have to be working in a licensed pharmacy in order to practice pharmacy, and that the board should alter the intern hour requirements to match what we've done with licensed pharmacists and allow students to obtain those types of experiences.

Ms. Herold asked how the board would be able to determine whether someone's experience in a non-pharmacy is substantially related to the practice of pharmacy. She gave examples of recent inquiries of pharmacologists requesting intern hours for preparing lectures for students in the area of pharmaceutical education. In that situation, that would be within the board's discretion, but they are not working within a pharmacy or in the direct supervision of a pharmacist. She stated that a lot of these will become "line calls" for the board and that, without clear regulations, would become difficult to decide upon fairly and consistently. Ms. Herold noted that the board does their due diligence with regard to acquired intern hours and proper authorized signature of licensed pharmacists for those hours, but they also accept the out-of-state intern hours with no knowledge of where they were truly obtained.

President Schell remarked on the protocol from the past, which was to require affidavits indicating specific activities that must be completed by the intern in order for the pharmacy supervisor to approve, and encouraged the board to consider revisiting the need for those again so that the board had clear guidance on what was required for the legitimacy of intern hours. President Schell felt that there are ways to work around the situation and find solutions, and to not allow intern hours to work in environments such as ambulatory surgical clinics could create disparity in what should be considered an important pharmaceutical education.

Dr. Gray stated that Kaiser has had a lot of discussion around this subject over the last few years. Kaiser feels that the board needs to consider recharacterizing what it means by "under the supervision of a pharmacist" and what type of practice of pharmacy should be included. He noted that also means the board would need to know what to exclude in that definition process, which is not always an easy or painless thing to do. He gave examples of where and how the 900 versus 600 intern hours could be accumulated and "right versus wrong" ways to gain those hours. Dr. Gray stated that they have found that too many of their graduates are not ready to become dispensing pharmacists when they leave school. Due to the pharmacist shortage and the economy, Kaiser often sees the new graduates working alone and during late evening hours, without the proper supervision and mentoring opportunities that they need. They are now implementing their own intern rotation process within Kaiser, allowing them a more complete experience over two to three years during their internship.

Ms. Rice stated that the board should include the new American Council on Pharmaceutical Education (ACPE) requirement of an additional 300 hours of Introductory Pharmacy Practice Experience (IPPE) into the continued discussion and regulation as well. She also agreed with Dr. Gray's comments regarding flexibility in the regulations. She pointed out that a student can graduate with six weeks in a community

setting, and that we should take thorough consideration with regards to lowering that requirement.

Mr. Weisser reiterated that it is critical that they have experience in working with the patients.

Chairperson Ravnan discussed her thoughts with the 900 hours and stated that she does not feel that it is too much time to require. She pointed out that there are advantages for students to be working directly with patients and using their cognitive skills, as well as the unique experience within the practice of pharmacy of which they can learn from other professionals. She stated that she would hate to see them lose the opportunity to gain those skills as well as skills assessments.

Mr. Graul asked if the 300 hours of IPPE is within the first year. It was clarified that it is within the first two years, and that they would have their intern license by then. Mr. Graul asked if the 300 hours could be used for the 1500 hours.

Ms. Rice clarified that they cannot be paid for the 300 hours, whereas the 1500 hours of intern hours are paid.

Mr. Graul asked how difficult it is for the intern to obtain their 1500 hour requirements.

Chairperson Ravnan asked for clarification on the 900 hours and if they are non-paid. It is not clarified within the law. It is concluded that the school can thus approve the hours if they were earned in early experience in a pharmacy. An affidavit would be required, signed by the pharmacy in which they earned the hours.

Dr. Gray discussed the wording of a form in the past with reference to the phrase "employed", which gave the impression that the hours then needed to be paid. Clarification has been provided by the board since then, indicating that the hours do not need to be paid hours. There has been argument by ACPE on whether it is appropriate to be paid for their IPPE hours, but legal action has been taken by them on a school of pharmacy.

Ms. Herold pointed that there is a cap in the pharmacy law that you can only issue the intern permit for six years, but the board is seeing some candidates entering in with programs that are longer than six years.

Mr. Weisser stated that the introduction of pharmacy practice experience does not involved students with patients and isn't sure it's very experiential.

Ms. Rice stated that it depends on the environment and type of training the student has had. She reiterated that it is still a burden for the first and second year students.

Bob Ratcliff made the comment that it doesn't seem to make sense to have the students put so much effort into earning up the 900 experiential hours, and not focus on the 600

hours offered by the school. Mr. Ratcliff suggested to place more ownership on the school to incorporate the training they feel is needed for more well rounded students within the 600 hours the school provides. He stated that part of the issue for the graduates coming out of school is that they haven't worked long enough in drug distribution in order to understand all the nuances that are involved.

Chairperson Ravnan added that when she was teaching, her students did a regulatory rotation and received credit for that towards their 600 school hours, pointing out that the schools do in fact have that discretion to offer such electives.

Mr. Graul commented on the possibility of increasing the hours to an additional 400 hours as previously suggested.

Ms. Rice raised the issue of the additional 300 hours for IPPE as discussed prior.

Chairperson Ravnan pointed out that the 300 hours can be included in the 400 total, and can be paid or unpaid. She clarified that it would not be an additional 700 hours, but only 100.

Dr. Gray stated that the board should be cognizant of the changes at the national level. He said that there are discussions involving mandatory one-year of post-graduate residency being required by law. He questioned whether the required hours in place today are enough for the board to grant a license and allow students to go to work in pharmacies. He stated that he would rather see a student earning their 600 hours in an environment working side-by-side with a pharmacist in a critical care setting.

Mr. Graul responded that it comes down to a balance between a student getting a lot of patient care experience in a non-traditional environment, yet still needing the experience to handle the setting of being alone after-hours in a dispensing pharmacy setting.

Dr. Gray clarified that he is still in favor of the 900 hours in a dispensing pharmacy setting. He doesn't feel that those 900 (or even 1500) hours in a dispensing pharmacy (only) may not be enough to prepare them.

It was clarified that Dr. Gray is in favor of increasing the intern hours requirement or ensuring that the current hours are obtained in appropriate settings that allow for well-rounded experience and competency needed.

Ms. Herold stated that the discussion could go to the board with or without a recommendation.

Ms. Rice reiterated that the board should be monitoring the activity and decisions at the national level before moving forward.

Mr. Burgard stated that it is unenforceable as the law reads now. He shared his concern over the lack of specifics with how interns are required to gain their hours.

Ms. Weisser suggested that we take no action at this time and look to the direction of the board and chair for further input.

MOTION: Table any action at this time to alter the intern hours requirement.

M/S: JB/HH

APPROVE: 4 OPPOSE: 0

Discussion of the Ability for Pharmacy Applicants to Pursue Board Licensure Concurrent with Department of Health Care Services (DHCS) Provider Recognition and Drug Enforcement Administration (DEA) Registration

Christine Soto provided a presentation on the subject by outlining the application process and discussing how applicants can file applications with other agencies simultaneously.

Ms. Soto provided the board Web site and explained that applicants download a pharmacy application at the site. She indicated that applicants should copy their application and include it with concurrent applications submitted to the Department of Health Care Services (DHCS) and Drug Enforcement Administration (DEA) demonstrating that the entity is also seeking board licensure. This will allow applications to be processed concurrently by all three agencies in order to minimize impact and avoid delays.

Ms. Soto reviewed the licensing application process, including the time frame for each stage of the process. She made note of the reasons for delay in some applications, which can be due to deficiencies in the application, research of an applicant's criminal history, etc.

Ms. Sodergren added background on the reason for the topic as an agenda item for discussion. She explained that there has been some concern by some applicants because they are unable to get their DEA registration number or Medi-Cal provider number from the DHCS until they are licensed by the Board of Pharmacy. It was brought to the board to have the Licensing Committee and board staff review the current process and determine the reason for the delay for some applicants versus others. The recommendation by the licensing staff is for applicants to provide a copy of the application submitted to the board when submitting their applications to DHCS and DEA. The DHCS and DEA will to process their registration number and provider number applications with the knowledge that a license is being sought by the Board of Pharmacy as well. However, it is important to note that the DHCS and DEA will still wait to provide the numbers until the license is approved by the Board of Pharmacy. Applying concurrently to all three agencies, however, will help to avoid delays with DEA and DHCS.

Title 16
California Code of Regulations

§1728. Requirements for Examination.

(a) Prior to receiving authorization from the board to take the pharmacist licensure examinations required by section 4200 of the Business and Professions Code, applicants shall submit to the board the following:

(1) Proof of 1500 hours of pharmacy practice experience that meets the following requirements:

(A) A minimum of 900 hours of pharmacy practice experience obtained in a pharmacy.

(B) A maximum of 600 hours of pharmacy practice experience may be granted at the discretion of the board for other experience substantially related to the practice of pharmacy.

(C) Experience in both community pharmacy and institutional pharmacy practice settings.

(D) Pharmacy practice experience that satisfies the requirements for both introductory and advanced pharmacy practice experiences established by the Accreditation Council for Pharmacy Education.

(2) Satisfactory proof that the applicant graduated from a recognized school of pharmacy.

(3) Fingerprints to obtain criminal history information from both the Department of Justice and the United States Federal Bureau of Investigation pursuant to Business and Professions Code section 144.

(4) A signed copy of the examination security acknowledgment.

(b) Applicants who hold or held a pharmacist license in another state shall provide a current license verification from each state in which the applicant holds or held a pharmacist license prior to being authorized by the boar to take the examinations.

(c) Applicants who graduated from a foreign school of pharmacy shall provide the board with satisfactory proof of certification by the Foreign Pharmacy Graduate Examination Committee prior to being authorized by the board to take the examinations.

Authority cited: Sections 851, and 4005, Business and Professions Code. Reference: Sections 144, 851, and 4200, Business and Professions Code.

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **The Coalition on Shortages of Allied Health Professionals**

Background

The California Hospital Association established a whose mission is to create and lead a statewide coordinated effort to develop and implement strategic solutions to the shortage of non-nursing allied health professionals. This coalition is comprised of workforce committees, an advisory council and four workgroups. Board executive staff was invited to participate on the pharmacy services workgroup. The focus is on pharmacists and pharmacy technicians in the hospital setting.

This workgroup, comprised of staff and members of the California Hospital Association, the California Society of Health-Systems Pharmacists, a representative from academia, representatives from various hospitals and health systems as well as board staff, has met on at least three occasions. Based on the results of this workgroup as well as two others, it is the hope that the coalition will develop and implement solutions to eliminate barriers, foster collaboration among CHA member hospitals and health systems, promote a long-term vision for the allied health workforce in California and develop links with workforce partners and stakeholders.

During the first meeting, barriers to the profession for both pharmacists and pharmacy technicians were identified, however further discussion resulted in the group concluding that there is not a shortage of pharmacy technicians; rather it is a shortage of qualified pharmacy technicians. Subsequent meetings continue to further define the barriers as well as a ranking of the top barriers. Some of the barriers identified for pharmacists included a limited number of student slots for individuals looking to enter the profession, the pharmacist examination and reciprocity, losing potential candidates to other healthcare professions, e.g., medical school, and untested new schools of pharmacy. The most recent meeting focused on a draft issue statement.

Board statistics show that 2061 applicants took the board's examination between June 1, 2007 and July 31, 2008; 890 of those applicants were graduates of California Schools of Pharmacy.

We will continue to update the committee on the progress of the workgroup as well as any outcomes.

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Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **Task Force to Evaluate Pharmacy Technician Qualifications**

During the last legislative cycle, the California Society of Health-System Pharmacists (CSHP) sponsored legislation to increase the requirements for an individual to become licensed in California as a pharmacy technician. This bill was pulled due to concerns expressed by key pharmacy stakeholders, with the intent of pursuing legislation again in 2009.

CSHP is sponsoring stakeholder meetings to elicit recommendations and comments to refine the proposal for next year. After the first stakeholder meeting on June 25, 2008, CSHP decided to first develop a proposal in concert with CPhA and based on direction from both associations' boards, further refine a proposal to pursue in 2009.

On December 4, 2008, CSHP sponsored another stakeholder meeting. Discussion at this meeting revealed that there is still disagreement within industry about what and if there is a problem with the current existing pharmacy technician qualifications requirements as well as whether the draft legislative proposal correctly addresses the minimum qualifications. CSHP indicated that they may move forward with their legislative proposal, but scale back the requirements to apply to only pharmacy technicians working in the inpatient setting.

During the NABP Annual meeting, a resolution was passed to establish a task force on standardized pharmacy technician education and training. This task force will assess and recommend revisions, if necessary, to language in *the Model State Pharmacy Act and Model Rules of National Association of Boards of Pharmacy.*

A representative from CSHP will be attending the committee meeting.

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Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **Florida NAPLEX Rule Change**

The board received notification that the Florida Board of Pharmacy recently amended its law which had required license transfer applications (by endorsement) to have passed the North American Pharmacist Licensure Examination (NAPLEX) within 12 years.

Applicants for licensure in Florida must meet all other Florida endorsement criteria before they can become eligible for licensure in that state.

Numerous state boards of pharmacy implemented restrictions or similar requirements for applicants utilizing a Florida license as the basis for seeking licensure in another state. NABP is encouraging all board's to review state requirements and laws that may warrant modification to support uniform licensure requirements.

Background

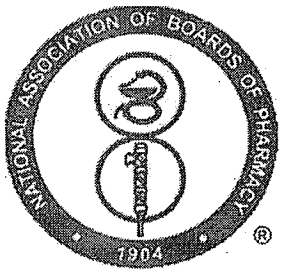
In 2003, as a result of the board's Sunset Review process as well as the completion of a review of the NAPLEX examination by a psychometric expert which determined the examination to be psychometrically sound, the board pursued a legislative change to alter the testing requirements for pharmacist licensure. As part of a negotiated agreement when the legislature considered this proposal in 2003, the law was written to include that the board would not accept any NAPLEX score that was earned prior to January 1, 2004.

Business and Professions Code section 4200 detailed the requirements for licensure in California as a pharmacist. The requirements include the following:

1. 18 years of age
2. Graduation from an ACPE accredited school or certification by the Foreign Pharmacy Graduate Examination Committee
3. 1500 hours of intern experience as specified
4. Passage of the NAPLEX and CPJE examination

Following is the memo from the NABP regarding the change in Florida's law as well as Business and Professions Code section 4200.

Licensing



nabp

National Association of Boards of Pharmacy

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Neal S. Watson, Licensure Programs Manager

DATE: July 17, 2008

RE: Florida Board of Pharmacy Removes 12 Year Requirement for Reciprocity

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The Florida Board of Pharmacy rescinded the 12 year law, which required license transfer applicants (by endorsement) to have passed the North American Pharmacist Licensure Examination (NAPLEX) within 12 years from the date the transfer application was filed with the Florida Board of Pharmacy. The governor of Florida signed the law making it effective June 23, 2008.

The law removes the 12 year cap for applicants who obtained licensure by passing the National Association of Boards of Pharmacy Licensure Examination or the NAPLEX after June 26, 1979. Applicants must meet all other Florida Board of Pharmacy endorsement criteria before they can become eligible for licensure in Florida. For further information and the Florida endorsement criteria, please visit www.doh.state.fl.us/mqa/pharmacy.

Numerous state boards of pharmacy implemented restrictions or similar requirements for applicants utilizing a Florida license (as the basis of transfer) to transfer their pharmacy license into another state. With the recent law change in Florida, NABP encourages your board to review your state's requirements and laws that may warrant modification to support uniform licensure requirements.

For a list, by state, of conditions that apply to applicants using a Florida license as the basis of transfer, please visit www.nabp.net/ftpfiles/NABP01/StateReqsandConditions.pdf.

If you have any questions, please contact me via e-mail at nwatson@nabp.net or via phone at 847/391-4400 or 1-800/774-6227. Thank you.

cc: NABP Executive Committee
Carmen A. Catizone, Executive Director/Secretary

Article 16 – Applications
Business and Professions Code

4200. (a) The board may license as a pharmacist an applicant who meets all the following requirements:
(1) Is at least 18 years of age.
(2) (A) Has graduated from a college of pharmacy or department of pharmacy of a university recognized by the board;
(B) If the applicant graduated from a foreign pharmacy school, the foreign-educated applicant has been certified by the Foreign Pharmacy Graduate Examination Committee.
(3) Has completed at least 150 semester units of collegiate study in the United States, or the equivalent thereof in a foreign country. No less than 90 of those semester units shall have been completed while in resident attendance at a school or college of pharmacy.
(4) Has earned at least a baccalaureate degree in a course of study devoted to the practice of pharmacy.
(5) Has completed 1,500 hours of pharmacy practice experience or the equivalent in accordance with Section 4209.
(6) Has passed a written and practical examination given by the board prior to December 31, 2003, or has passed the North American Pharmacist Licensure Examination and the California Practice Standards and Jurisprudence Examination for Pharmacists on or after January 1, 2004.
(b) Proof of the qualifications of an applicant for licensure as a pharmacist, shall be made to the satisfaction of the board and shall be substantiated by affidavits or other evidence as may be required by the board.
(c) Each person, upon application for licensure as a pharmacist under this chapter, shall pay to the executive officer of the board, the fees provided by this chapter. The fees shall be compensation to the board for investigation or examination of the applicant.

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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **Competency Committee Report**

Each Competency Committee workgroup is scheduled to meet early in 2009 and will focus on examination development and item writing. Later on this year the committee will begin to develop a job survey to be used to complete an occupational analysis with the board's contracted psychometric firm. Pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis periodically which serves as the basis for the examination.

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Date: **December 10, 2008**

To: **Licensing Committee**

Subject: **Four Time Failure Report**

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4 Time Failure Report

Business and Professions Code (B&PC) section 4200.1 establishes a requirement in law that an applicant who fails either the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) or the North American Pharmacist Licensure Examination (NAPLEX) four times, must complete 16 units of pharmacy education prior to being eligible to take either examination again.

In addition, this section also requires the board to collect specified data and submit a report to the legislature detailing the findings. The reporting elements include:

- The number of applicants taking the examination and the number who fail the examination for the fourth time,
- The number of applicants, who after failing the examination for the fourth time, complete a pharmacy studies program in California or in another state to satisfy this requirement,
- To the extent possible, the school from which the applicant graduated, the school's location and the pass/fail rates on the examination for each school.

The report includes data from January 1, 2004 through July 1, 2008.

Following is the final report sent to the legislature. Based on the report findings discussed and a subsequent motion during the October Board meeting, board staff will seek legislation to repeal the sunset date in B&PC section 4200.1.

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Assessment of Requirements to Pursue Additional Education of Those who Have Failed California Pharmacist Licensure Examinations Four Times

Pursuant to California Business and Professions Code section 4200.1, the California State Board of Pharmacy is pleased to provide the following report detailing the impact of requiring candidates for pharmacist licensure who fail the licensure examination four times to take remedial education before they can retake the licensure examination.

The board is required to submit this report for examinations taken between January 1, 2004, and July 1, 2008, inclusive.

Summary

Between January 1, 2004, and July 1, 2008, 7,578 candidates took California's pharmacist licensure examination. The pass rate during this period was 79.3 percent. There were 41 candidates who failed the exam four times. There were 21 candidates who requalified to retake the California pharmacist licensure examination who retook 16 units of pharmacy coursework. Of these 21, 11 passed the exam (52 percent).

Background

Since 1999, candidates for the California pharmacist licensure examination who fail the examination four or more times have been required to take 16 units of education in pharmacy from a school of pharmacy approved by the Accreditation Council for Pharmacy Education. This provision was set to be repealed January 1, 2005. However, subsequent legislation enacted in 2004 (Senate Bill 1913, Senate Business and Professions Committee, Chapter 695) extended the sunset date for this provision until January 1, 2008. Additional legislation enacted in 2006 (Senate Bill 1476, Senate Business, Professions and Economic Development Committee, Chapter 658) extended the sunset date for this provision until January 1, 2010.

The board sponsored the initial requirement for candidates to take remedial education after four attempts at passing the pharmacist licensure examination for various reasons. One reason was to remove a number of applicants from the licensure examination who had repeatedly failed the examination. For example, there were several applicants who had taken the examination more than 25 times (the examination was given twice a year until January 2004). A major concern was that these individuals were taking the examination only to memorize questions that could be provided to preparation course providers.

The requirement to take remedial education took effect July 1, 1998. To implement the statutory provisions, the board adopted a regulation that took effect November 4, 1998 (California Code of Regulations, Title 16, section 1725). This regulation specifies that the remedial education of 16 units must be taken in a school of pharmacy approved by the American Council on Pharmaceutical Education (which in 2003 became known as the Accreditation Council for Pharmacy Education - ACPE) or a school recognized by the board. The ACPE accredits schools of pharmacy in the United States. The Board of Pharmacy never separately recognized any school.

From July 1, 1998, until January 1, 2004, the board gave 10 examinations (January and June, 1999-2003). Each of these examinations was written and graded exclusively for California by the California State Board of Pharmacy. The examination was developed by a team of 22 subject matter experts, under the guidance of a psychometric consulting firm selected to assure that the examination met all required components for job relevancy and validity.

In January 2004, there was a substantial change in the California pharmacist licensure examination made by SB 361 (Figueroa, Chapter 539, Statutes 2003). The new provisions require the use of the National Association of Boards of Pharmacy examination called NAPLEX and a second, California-specific and jurisprudence examination initially called the California Pharmacist Jurisprudence Exam and later renamed California Practice Standards and Jurisprudence Examination for Pharmacists (or CPJE). Both are multiple-choice examinations and are given via computer, six days per week at testing centers nationwide. Testing began under the new format in late March 2004.

Data:

The board is required to report on three components. Each of these components is individually discussed below. For each of presentation the required component appears in bold.

1. **The number of applicants taking the examination and the number who fail the examination for the fourth time.** [Business and Professions Code, Section 4200.1 (f) (1)]

Year	Candidates	Failed 4th Time	Percent
2004	1733	11	0.63
2005	1804	10	0.55
2006	1613	9	0.56
2007	1665	3	0.18
2008	763	8	1.05
Total	7578	41	0.54

2. **The number of applicants who, after failing the examination for the fourth time, complete a pharmacy studies program in California or another state to satisfy the requirements of this section and who apply to take the licensure examination required by Section 4200.** [Business and Professions Code, Section 4200.1 (f) (2)]

Year	Candidates	Requalified	Percent
2004	1733	3	0.17
2005	1804	1	0.06
2006	1613	1	0.06
2007	1665	13	0.78
2008	763	3	0.39
Total	7578	21	0.28

Of the 21 candidates that requalified to take the CPJE, 11 of the 21 passed (a pass rate of 52 percent).

3. **To the extent possible, the school from which the applicant graduated and the school's location and the pass/fail rates on the examination for each school.** [Business and Professions Code, Section 4200.1 (f) (3)]

Schools with Candidates Failing 4 Times[1] 1/1/04-7/1/08				
Pharmacy Schools and Locations	Number of Candidates Failing their 4th Time	All Candidates		
		Total	Pass (Percent)	Fail (Percent)
University of Arizona Tucson, AZ	1	39	82.05	17.95
University of the Pacific Stockton, CA	1	896	93.19	6.81
University of Southern California Los Angeles, CA	1	810	93.09	6.91
Howard University Washington, DC	1	32	53.13	46.88
Mercer University Atlanta, GA	1	23	56.52	43.48
University of Georgia Athens, GA	3	49	69.39	30.61
Xavier University of Louisiana New Orleans, LA	1	36	75.00	25.00
Massachusetts College of Pharmacy-Boston Boston, MA	4	535	71.59	28.41
Wayne State University Detroit, MI	1	22	54.55	45.45
St. Louis College of Pharmacy St. Louis, MO	1	60	48.33	51.67
Creighton University Omaha, NE	1	180	73.33	26.67

[1] As candidates may take the examination multiple times, statistics are based on each examination attempt by each candidate.

Western University Pomona, CA	1	491	93.89	6.11
Long Island University Brooklyn, NY	1	124	66.13	33.87
Ohio Northern University Ada, OH	1	19	68.42	31.58
University of the Sciences in Philadelphia Philadelphia, PA	2	85	70.59	29.41
Wilkes University Wilkes-Barre, PA	1	15	73.33	26.67
Midwestern University-Glendale Glendale, AZ	1	74	70.27	29.73
University of Southern Nevada Henderson, NV	2	234	76.92	23.08
Foreign Graduates Various countries	16	1315	63.35	36.65
CPJE	41	7578	79.29	20.71

Schools with Candidates Requalifying After Completed Remedial Education[1]
1/1/04-7/1/08

Pharmacy Schools and Locations	Number of Candidates Failing their 4th Time	All Candidates		
		Total	Pass (Percent)	Fail (Percent)
University of Arizona Tucson, AZ	1	39	82.05	17.95
University of the Pacific Stockton, CA	2	896	93.19	6.81
University of Southern California Los Angeles, CA	1	810	93.09	6.91
Xavier University of Louisiana New Orleans, LA	1	36	75.00	25.00
Massachusetts College of Pharmacy-Boston Boston, MA	1	535	71.59	28.41
Long Island University Brooklyn, NY	3	124	66.13	33.87
University of Puerto Rico San Juan, PR	1	5	20.00	80.00
Midwestern University-Glendale Glendale, AZ	1	74	70.27	29.73
University of Southern Nevada Henderson, NV	1	234	76.92	23.08
Foreign Graduates Various countries	9	1315	63.35	36.65
CPJE	21	7578	79.29	20.71

[1] As candidates may take the examination multiple times, statistics are based on each examination attempt by each candidate.