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

**Contact Person: Patricia Harris**  
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## **LICENSING COMMITTEE MEETING**

**June 15, 2006**

**Hilton Burbank Airport & Convention Center**  
**2500 Hollywood Way**  
**Burbank, CA 91505-1019**  
**(818) 843-6000**

**9:30 a.m. – 12 noon**

## **MEETING MATERIALS**

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### **Agenda Item 1**

Request for Board Recognition of the School of Pharmacy at the University of Appalachia (16 CCR § 1719)

### **Agenda Item 2**

Restrictions on the Transfer of California Pharmacist License to Other States – Memorandum dated March 31, 2006 from the National Association of Boards of Pharmacy

### **Agenda Item 3**

Report on ACPE Site Visit at Touro University College of Pharmacy and ACPE CE Provider Advisory Committee Meeting

### **Agenda Item 4**

Review of Strategic Plan – Licensing Committee Goal and Strategic Objectives/Activities for 2006-2011

### **Agenda Item 5**

Competency Committee Report

# ***AGENDA ITEM 1***



**California State Board of Pharmacy**

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

To: Licensing Committee

Date: June 5, 2006

From: Board of Pharmacy

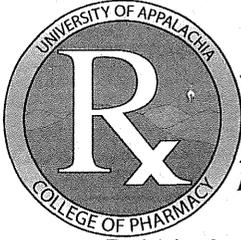
Subject: University of Appalachia College of Pharmacy

The University of Appalachia College of Pharmacy (UACP) is requesting that the Board of Pharmacy recognize its school of pharmacy for purposes of approving intern applications.

Current regulation, 16 CCR section 1719, states that a "recognized school of pharmacy" means a school accredited, or granted candidate status, by the Accreditation Council for Pharmacy Education (ACPE).

UACP was granted Pre-Candidate status by the ACPE in June 2005 to admit the first class of students in August 2005. The decision for the UACP to be eligible for advancement to candidate status will be made by at the ACPE board meeting scheduled for the end of June 2006.

Attached is the request from the University of Appalachia College of Pharmacy requesting recognition by the board.



# UNIVERSITY OF APPALACHIA COLLEGE OF PHARMACY

*Innovative Pharmacy Practice and Education*

Debbie Anderson  
Associate Analyst  
California State Board of Pharmacy  
1625 N Market Boulevard, Suite N219  
Sacramento, CA 95834

May 14, 2006

Re: Recognition of University of Appalachia College of Pharmacy

Ms. Anderson,

I would like to acquaint you with the University of Appalachia College of Pharmacy. We are a new college of pharmacy located in Grundy, VA in the central Appalachian region. Our professional program encompasses three years of academic year plus summer studies and experiences for students to earn the Doctor of Pharmacy degree. This three-year curriculum fosters critical thinking, problem solving, entrepreneurship, and civic responsibility. Our focus is on preparation of graduates for direct patient care in all practice settings with an emphasis on rural settings as befits our location.

The experiential portion of the curriculum involves three levels of student experiences. The Early Pharmacy Practice Experience (EPPE) is comprised of community pharmacy practice experience and hospital/institutional experience. The EPPE prepares students for the realities of pharmacy practice. Every other Wednesday during the first and second year of the Program, UACP students go to pharmacy practice sites to acquire knowledge relevant to the profession of pharmacy and to integrate didactic information with skills observed and practiced at the site. Students keep a pharmacy practice diary containing notes, descriptions, and reflections of their EPPE experiences. The EPPE prepares students to advance to the Core Pharmacy Practice Experience (CPPE) which consists of two 22 day training experiences, one in community pharmacy practice and the other in institutional pharmacy practice. The Advance Pharmacy Practice Experience (APPE) is the final component of the experiential curriculum and is comprised of seven five-week training rotations designed to expand the students' knowledge and scope of practice.

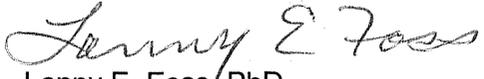
UACP was granted Pre-Candidate status by the Accreditation Council on Pharmacy Education (ACPE) at their meeting in June 2005. This allowed us to admit our first class of students in August 2005 and these students are finishing their first year of studies this month. Students will spend this summer on CPPE practice sites learning patient care and dispensing skills.

We had a site visit from ACPE in late April and the exit interview indicated that the team would provide a positive recommendation regarding confirmation of our Pre-Candidate status. The team recommended that UACP apply for candidate status in spring 2007.

Further information may be obtained from our website at <http://www.uacp.org> or by calling the college at (276) 935-4277.

Thank you for your consideration of our request to be recognized by the California State Board of Pharmacy.

Sincerely,

A handwritten signature in cursive script that reads "Lanny E. Foss". The signature is written in black ink and is positioned above the printed name.

Lanny E. Foss, PhD  
Professor and Acting Dean

# ***AGENDA ITEM 2***



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BOARD OF PHARMACY

2006 APR -4 PM 12:56

nabp

## National Association of Boards of Pharmacy

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Web Site: [www.nabp.net](http://www.nabp.net)

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Mary A. Dickson, Associate Executive Director *MD*  
DATE: March 31, 2006  
RE: State Restrictions for Licensure Transfer

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As a follow-up to the Licensure Transfer Process Memo sent on March 10, 2006, NABP would like to take this opportunity to share restrictions that apply to an applicant when reciprocating to a jurisdiction using a particular license. Most states **do** reciprocate with each other; however, several states do not allow an applicant to transfer when using a particular license for the basis of transfer.

Currently the following 17 jurisdictions do **not** allow transfer when using a **Florida** license for the basis of transfer:

Alabama	Louisiana	Oregon
Arkansas	Minnesota	Tennessee
Connecticut	Nevada	West Virginia
Georgia	North Carolina	Wyoming
Hawaii	Ohio	
Idaho	Oklahoma	

Currently the following 26 jurisdictions do **not** allow transfer when using a **California** license for the basis of transfer:

Alabama	Idaho	Maryland	Oklahoma	West Virginia
Arkansas	Indiana	Mississippi	Pennsylvania	Wyoming
Colorado	Iowa	Montana	Rhode Island	
Connecticut	Kentucky	Nevada	Utah	
District of Columbia	Louisiana	New Jersey	Vermont	
Georgia	Maine	North Carolina	Washington	

With the recent Bylaw change (effective May 23, 2005); licensure transfer applicants will no longer be required to maintain the license that was required by original examination in order to transfer into some jurisdictions. A recent survey conducted by NABP on September 16, 2005, indicates that this is not the case for all jurisdictions.

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

March 31, 2006

Page 2

Currently the following 20 jurisdictions will require licensure transfer applicants to maintain their license by original examination:

Alabama	District of Columbia	Missouri	New York	South Carolina
Alaska	Kentucky	Nevada	North Dakota	South Dakota
Arizona	Louisiana	New Hampshire	Oklahoma	West Virginia
Arkansas	Maine	New Jersey	Oregon	Wyoming

\* Please note: not all jurisdictions replied to the survey, and some decisions are pending.

Currently the following 21 jurisdictions will not require licensure transfer applicants to maintain their license by original examination, but the licensure transfer applicant must have a license in good standing from a member board of pharmacy and transferred their license through the NABP Clearinghouse:

California	Illinois	Massachusetts	Nebraska	Texas	Wisconsin
Delaware	Indiana	Minnesota	Ohio	Utah	
Georgia	Iowa	Mississippi	Puerto Rico	Vermont	
Idaho	Maryland	Montana	Rhode Island	Virginia	

\* Please note: not all jurisdictions replied to the survey, and some decisions are pending.

We hope you find this information helpful to understanding the license transfer restrictions posed on licensure transfer applicants. If you have any questions about the restrictions, please contact me via phone at 847/391-4400 or 1-800/774-6227 or via e-mail at [mdickson@nabp.net](mailto:mdickson@nabp.net). Thank you.

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

# ***AGENDA ITEM 3***

Report to the California State Board of Pharmacy:  
Re: Site Visit to Touro University  
When: April 25th, and April 26th, 2006

Dear Patty, Giny, and all Board Members,

On April 25th, and 26th, I had the pleasure of joining an accreditation team from ACPE at Touro University, in Vallejo, Ca.

First, I might say, for those of you who have not been to Mare Island in Vallejo, the pharmacy school is not the easiest to find. But, upon arriving at the campus, I was greeted by Dean Kathy Knapp. I was joined by 4 members of the ACPE Accreditation team headed by chair, Peter Vlases.

Our first meeting consisted of meeting with potential preceptors from nearby cities, who could serve as rotation sites. Since this is the first year for Touro, they are in the process of creating working relationships with Kaiser, local hospitals, and most of the chains to facilitate sites for their students to rotate through, and possibly work.

After this meeting, we were given a tour of the classrooms, labs, library, cafeteria, and computer centers. While in the classroom, the students (I believe about 65 in this 1st year class) were learning basic pharmacology about neurotransmitters, and acted out a sequence for us. It was quite entertaining, and the students seemed to be enjoying the learning experience.

We then went back over to the administration building where we began meeting with different teams of faculty. In each meeting the team would describe their curriculum, and their thoughts about P1 through P4. The interesting thing about this curriculum is that unlike most other colleges of pharmacy, where there are 3 years of classroom work, and the 4th year is typically rotations, Touro is petitioning ACPE to allow them to do 2 + 2. That is, 2 years of classroom, combined with 2 years of rotations.

After meeting with virtually every faculty member, and going over their course studies, curriculum, vision, etc., we then met with the students. The students picked about 10 from their class to represent themselves in front of ACPE.

I found this the most interesting meeting of the day, as the students were all very excited to be in the first year class for Touro. They felt it was up to them to shape their own future. They want to take the responsibility to make sure this program works, and all seemed like very bright, and energetic young people.

After meeting with the students we met with the Dean of the Pharmacy School, along with the Dean of Academic Affairs who is responsible for admittance. We went over the review process of what criteria they were using for acceptance for these first year students, the interview process, GPA, etc.

I found it very enlightening, that their committee would peruse all of the applications, and then interview all who had about a 3.0 and above. The students who were accepted were not necessarily the highest GPA students, but those who had the freshest ideas, were excited to become a pharmacist, wanted to give back to their community, had some knowledge about pharmacy, and had done other things in their life before applying, where they were not only just a bright student, but well rounded in other areas of life.

At this time, there is just one classroom that the 1st year pharmacy students are using for their class activities, and lectures. Beginning this fall, when Touro adds it's new 1st year class, and will then have two years of students, there is some slight concern about sharing this classroom, but it does not appear to be a problem for two years. As Touro adds another year, in two years, there are plans to expand the classrooms, and labs.

At this time, this is all I can report, since the ACPE board is waiting to approve.

Thank you for the opportunity of allowing me to visit the College of Pharmacy, and represent the State Board of Pharmacy at Touro.

Respectfully submitted,

John E. Tilley, RPh

# Accreditation Council for Pharmacy Education

## Continuing Education Provider Advisory Committee May 11-12, 2006



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[www.acpe-accredit.org](http://www.acpe-accredit.org)



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May 4, 2006

MEMORANDUM

TO: ACPE CE Provider Advisory Committee

FROM: Dimitra V. Travlos, PharmD, BCPS

Re: Meeting at ACPE office May 11-12, 2006

Thank you very much for agreeing to participate in ACPE's CE Provider Advisory Committee. Enclosed are the following materials for your review prior to the meeting:

1. Confidentiality agreement – please sign and date and bring with you to the meeting.
2. List of committee members
3. Memo regarding the ACPE *Definition of CE for the Profession of Pharmacy* – includes comments received and the questions/issues that need to be discussed by the committee
4. A copy of the draft ACPE *Definition of CE for the Profession of Pharmacy*
5. Memo regarding the ACPE *Criteria for Quality* - includes comments received and the questions/issues that need to be discussed by the committee
6. A copy of the current ACPE *Criteria for Quality*
7. A copy of Accreditation Council for Continuing Medical Education's Standards for Commercial Support

The agenda for the meeting will be as follows:

Thursday, May 11, 2006

- |         |  |
|---------|--|
| 1:00 pm | Arrive at ACPE office, 20 North Clark Street, Suite 2500, Chicago, IL (corner of Madison and Clark); light snacks and refreshments will be available |
| 1:15 pm | Welcome and Introductions  |
| 1:30 pm | Presentation - Overview of CE enterprise   |
| 2:00 pm | Discussion of ACPE <i>Definition of CE for the Profession of Pharmacy</i>  |
| 4:45 pm | Adjourn for the day  |
| 5:45 pm | Dimitra to meet committee members to walk to Italian Village   |

6:00 pm Dinner – Italian Village Restaurant – La Cantina (Monroe and Clark)

Friday, May 12, 2006

8:00 am Continental Breakfast at ACPE office

8:30 am Presentation – Standards 2007 and its relation to Continuing Pharmacy Education (you may view the standards at <http://www.acpe-accredit.org/standards/default.asp>)

9:30 am Discussion of ACPE *Criteria for Quality* and mini-presentations as they relate to the criteria

11:30 am Discussion: What can ACPE do better in CE?

12:00 pm Adjourn and travel home

Thank you for your time and assistance! If you have any questions please do not hesitate to contact me.



**CE Advisory Committee 2005-2006**

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# ***AGENDA ITEM 4***

## Licensing Committee

**Goal 2: Ensure the qualifications of licensees.**

**Outcome: Qualified licensees**

<b>Objective 2.1:</b>	<b>Issue licenses within three working days of a completed application by June 30, 2011.</b>
<b>Measures:</b>	<b>Percentage of licenses issued within 3 work days</b>
<b>Tasks:</b>	<ol style="list-style-type: none"><li>1. Review 100 percent of all applications within 7 work days of receipt.</li><li>2. Process 100 percent of all deficiency documents within 5 work days of receipt.</li><li>3. Make a licensing decision within 3 work days after all deficiencies are corrected.</li><li>4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements.<ul style="list-style-type: none"><li>• Pharmacists</li><li>• Intern pharmacists</li><li>• Pharmacy technicians</li><li>• Foreign educated pharmacists (evaluations)</li><li>• Pharmacies</li><li>• Non-resident pharmacies</li><li>• Wholesaler drug facilities</li><li>• Veterinary food animal drug retailers</li><li>• Exemptees (the non-pharmacists who may operate sites other than pharmacies)</li><li>• Out-of-state distributors</li><li>• Clinics</li><li>• Hypodermic needle and syringe distributors</li></ul></li><li>5. Withdraw applications of applicants not meeting board requirements or where the application has been abandoned.</li></ol>

<b>Objective 2.2:</b>	<b>Cashier 100 percent of all application and renewal fees within two working days of receipt by June 30, 2005.</b>
<b>Measure:</b>	<b>Percentage of cashiered application and renewal fees within 2 working days</b>
<b>Tasks:</b>	<ol style="list-style-type: none"> <li>1. Cashier application fees.</li> <li>2. Cashier renewal fees</li> <li>3. Secure online renewal of licenses</li> </ol>

<b>Objective 2.3:</b>	<b>Update 100 percent of all information changes to licensing records within 5 working days by June 30, 2005.</b>
<b>Measure:</b>	<b>Percentage of licensing records changes within 5 working days</b>
<b>Tasks:</b>	<ol style="list-style-type: none"> <li>1. Make address and name changes.</li> <li>2. Process discontinuance of businesses forms and related components.</li> <li>3. Process changes in pharmacist-in-charge and designated representative-in-charge.</li> <li>4. Process off-site storage applications.</li> <li>5. Transfer of intern hours to other states</li> </ol>

<b>Objective 2.4:</b>	<b>Implement at least 25 changes to improve licensing decisions by June 30, 2011.</b>
<b>Measure:</b>	<b>Number of implemented changes</b>
<b>Tasks:</b>	

<b>Objective 2.5:</b>	<b>Evaluate five emerging public policy initiatives affecting pharmacists' care or public safety by June 30, 2011.</b>
<b>Measure:</b>	<b>Number of public policy initiatives evaluated</b>
<b>Tasks:</b>	

# **STRATEGIC ISSUES TO BE ADDRESSED**

## **Licensing Committee**

### **1. Cost of medical/pharmaceutical care**

Providing necessary medication for all Californians is a concern; there is an increasing demand for affordable health care services. Also, spiraling medical care and prescription drug costs may influence people to take short cuts on their drug therapy or to seek medications from nontraditional pharmacy sources. Tiered pricing is a global reality. Due to global communication, patients can access drugs at different prices, worldwide. Patients seek lower cost medications from these sources because patients assume that prescription drugs are of the same quality as they are accustomed to obtaining from their neighborhood pharmacies. However, the cost of drugs drives unscrupulous individuals (such as counterfeiters and diverters) as well as conscientious health care providers to operate in this marketplace, the former endanger public health and confidence in the prescription drugs patients take.

#### **Objectives:**

### **2. Aging population**

There are increasingly more senior citizens, and that population is living longer. Aging consumers often have decreased cognitive skills, eyesight and mobility. Consequently as the senior population increases so will the volume of prescriptions and the impact on pharmacists and pharmacy personnel to meet the demand.

Many senior citizens, who previously may not have had prescription drug insurance coverage, will benefit from the new prescription drug benefit of Medicare that started in January 2006. However, this new benefit has been implemented with significant problems for some seniors, and as a complicated new program, will require public education and perhaps statutory modification.

#### **Objectives:**

- 2.5 Evaluate five emerging public policy initiatives affecting pharmacists' care or public safety by 6/30/11**

### **3. Pharmacists' ability to provide care**

The ability of pharmacy to provide optimal care for patients with chronic conditions is being challenged. Drugs are becoming more powerful and it is anticipated that more intervention by pharmacists will be required. The challenge is even greater when consumers fill multiple prescriptions at different pharmacies. The pharmacist shortage, increased consumer demand for prescription drugs, patient compliance in taking medications and polypharmacy are issues which will impact pharmacists' ability to provide care.

#### **Objectives:**

- 2.2 Cashier 100 percent of all application and renewal fees within two working days of receipt by 6/30/11.**
- 2.4 Implement at least 25 changes to improve licensing decisions by 6/30/11**
- 2.5 Evaluate five emerging public policy initiatives affecting pharmacists care or public safety by 6/30/11**

### **4. Changing demographics of California patients**

The diversity of California's population is growing with respect to race, ethnicity and linguistic skills, as is the segment that seeks drugs and products from foreign countries. This requires greater knowledge, understanding and skills from health care practitioners. The increasing diversity of patients is coupled with culturally-based beliefs that undervalue the need for licensed pharmacists and pharmacies, and instead encourage purchase of prescription drugs from nontraditional locations and providers.

There also is widespread belief that there must be a medication solution for every condition or disease state.

#### **Objectives:**

- 2.5 Evaluate five emerging public policy initiatives affecting pharmacists' care or public safety by 6/30/11**

### **5. Laws governing pharmacists**

New laws enhancing pharmacists' roles as health care providers are needed. The laws must address several key issues including: expansion of the scope of pharmacy practice, the ratio of personnel overseen by pharmacists, delineation of the role of pharmacists relative to selling

versus nonselling duties of personnel, and the responsibility for legal and regulatory compliance of the pharmacist-in-charge.

**Objectives:**

- 2.4 Implement at least 25 changes to improve licensing decisions by 6/30/11**
- 2.5 Evaluate five emerging public policy initiatives affecting pharmacists' care or public safety by 6/30/11**

## **6. Integrity of the drug delivery system**

Implementation of the e-pedigree for prescription drugs will reduce the growing incidence of counterfeit medications in California's pharmacies. Additionally the federal government has demonstrated an increasing interest in regulating health care to safeguard consumer interests. New legislation and regulation may be created in response to emergency preparedness, disaster response and pandemics. Changes in the prescription drug benefits provided to Medicare beneficiaries will continue to command attention.

**Objectives:**

- 2.5 Evaluate five emerging public policy initiatives affecting pharmacists' care or public safety by 6/30/11**

## **7. Technology Adaptation**

Technology will greatly impact the processing and dispensing of medication. Electronic prescribing and 'channeling' to locations other than a traditional pharmacy may become the business model. Automated pharmacy systems and electronic prescribing will impact pharmacy. New methods of dispensing medications raise additional liability issues. New medication, perhaps engineered for specific patients, will become available at high costs and require special patient monitoring systems.

## **8. Internet issues**

The availability of prescription drugs over the Internet is on the rise. Multiple and easy access of drugs without pharmacist participation is dangerous. Entities promoting illegal drug distribution schemes have taken advantage of the Internet. Monitoring and protecting the public from improper drug distribution from these Internet pharmacies is severely impaired with continued resource constraints by both the federal and state agencies with jurisdiction.

## **9. Disaster planning and response**

Pharmacists need to be ready to be positioned to provide emergency care and medication in response to natural disasters and terrorism. This requires specialized knowledge, advance planning and integration of local, state and federal resources that can be quickly mobilized.

Additionally, regulatory adjustments to the September 11 terrorism may affect persons' rights to privacy.

### **Objectives:**

- 2.4 Implement at least 25 changes to improve licensing decisions by 6/30/11**
- 2.5 Evaluate five emerging public policy initiatives affecting pharmacists care or public safety by 6/30/11**

## **10. Qualified staff**

The state's fiscal crisis has affected the board's ability to investigate customer complaints or hire staff. The board lost 20 percent of its staff during the prior four years due to the state's hiring freezes. Loss of these staff has altered the provision of services by the board. The salary disparity between the private and public sectors in compensation for pharmacists will make it difficult to recruit and retain pharmacist inspectors. Moreover, for all staff, if wages remain essentially frozen, the retention of current employees could be impacted.

### **Objectives:**

- 2.1 Issue licenses within three working days of a completed application by June 30, 2011**
- 2.2 Cashier 100 percent of all application and renewal fees within two working days of receipt by June 30, 2011.**
- 2.3 Update 100 percent of all information changes to licensing records within 5 working days by June 30, 2011.**

## **11. Pharmacy/health care in the 21<sup>st</sup> century**

The state's health care practitioners (pharmacists, physicians, nurses) are being influenced by a variety of internal and external factors that affect and will continue to effect health care provided to patients. Improved patient care will result from improved integration among these professions. Also, a renewed emphasis on patient consultation will benefit patient knowledge about their drug therapy and thus improve their care.

**Objectives:**

- 2.4 Implement at least 25 changes to improve licensing decisions by 6/30/11**
- 2.5 Evaluate five emerging public policy initiatives affecting pharmacists care or public safety by 6/30/11**

## **12. Information Management**

Creation, maintenance and transfer of electronic patient records and prescription orders will be the norm in the future. Patient records need to remain confidential and secured from unauthorized access. Pharmacies and wholesalers need to ensure the availability of an e-pedigree for drugs obtained, transferred and dispensed. It is likely that all controlled drugs dispensed in California will be tracked electronically by the CURES system.

## Goal Alignment Matrix – Strategic Issues -- Licensing

	<b>Goal 1: Exercise oversight on all pharmacy activities</b>	<b>Goal 2: Ensure the qualifications of licensees.</b>	<b>Goal 3: Advocate legislation and promulgate regulations that advance the Vision and Mission of BOP.</b>	<b>Goal 4: Provide relevant information to consumers and licensees.</b>	<b>Goal 5: Achieve the Board's Mission and Goals.</b>
<b>Strategic Issues</b>					
1. Cost of medical/pharmaceutical care	X		X	X	X
2. Aging population	X	X		X	X
3. Pharmacists' ability to provide care	X	X	X		X
4. Changing demographics of CA patients	X	X		X	X
5. Laws governing pharmacists	X	X	X	X	
6. Integrity of the drug delivery system	X	X	X		
7. Technology adaptation	X		X	X	X
8. Internet Issues	X			X	X
9. Disaster planning and Response	X	X	X	X	X
10. Qualified staff	X	X			X
11. Pharmacy/Healthcare Integration in the 21 <sup>st</sup> century	X	X	X	X	X
12. Information Management	X	X	X	X	X



# ***AGENDA ITEM 5***



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

To: Licensing Committee

Date: June 5, 2006

From: Board of Pharmacy

Subject: Competency Committee Report

### **New Content Outline for CPJE and**

At the October 2005 board meeting, the board approved the use of the new content outline for the California Pharmacist Jurisprudence Examination (CPJE) given on or after April 1, 2006. The board began using the new content outline for CPJE exams effective April 1, 2006.

### **Exam Result Delay**

Periodically, the Board of Pharmacy performs quality assurance assessments to ensure the appropriateness of the California Pharmacist Jurisprudence Examination (CPJE). The board initiated such a study on April 1, 2006. To assure the thoroughness of this assessment, approximately 400 individuals will be needed for participation. Once enough candidates have taken the CPJE, release of examination scores should resume on a weekly basis, usually within 14 days after a candidate takes the examination.

Based on the number of candidates who took the CPJE last year during this same period, the board anticipated releasing scores by the end of June 2006. After two full months of exam administration, fewer than 100 candidates have taken the CPJE. At this rate, the anticipated results release date will be after the projected end of June 2006. In order to complete the quality assurance assessment, 400 candidates are required to take the CPJE. Candidates who have taken the exam have been advised about this delay in releasing exam results.

### **Test Administration Contract**

The Office of Examination Resources within the Department of Consumer Affairs is renewing its contract with a vendor to provide computer based testing. The board uses this contract's vendor to administer the CPJE. The current contract expires December 1, 2006.

The Department of General Services in conjunction with the Department of Consumer Affairs issued the Notification of Intent to Award the contract to Thomson Learning, Inc. This is the same company that owns the current vendor, Thomson Prometric. However, one losing bidder has filed an appeal, which must be resolved or denied before the contract will be in place.

The contract implementation date is November 16, 2006. The duration of the contract is 3 years with 2 one-year optional extensions.