

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Request for Board Recognition of Schools of Pharmacy

Two Schools of Pharmacy have submitted requests to the board seeking board recognition for purposes of approving intern applications.

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

Sullivan University College of Pharmacy was granted Pre-Candidate status by the ACPE at their January 2008 meeting to admit their first class of students for enrollment in July 2008. Sullivan University is in the middle of their 2008/09 Review Period for advancement to Candidate accreditation status.

Attachment 1 is the letter from Sullivan University College of Pharmacy requesting recognition by the board. The committee may consider this request and forward a recommendation to the board for consideration at the July 2008 Board Meeting.

California Northstate College of Pharmacy (CNCP) will be considered for Pre-Candidate status by the ACPE this month to admit their first class of students in fall of 2008. The committee will be updated on CNCP's status with ACPE at the meeting. The committee can only consider the request by CNCP if they are granted Pre-Candidate status. **Attachment 2** is the letter from CNCP requesting recognition by the board.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Licensure of Ambulatory Surgical Clinics

Attachment 3 is a letter from the California Ambulatory Surgery Association (CASA) requesting guidance from the board to rectify the regulatory consequences *from Capen v. Shewry (2007) Cal. App 4th 378* (Capen Decision) as it relates to the board's ability to issue a clinic permit to ambulatory surgical clinics.

Current law allows the board to issue a clinic license only to an entity also licensed by the Department of Public Health (DPH). The Capen Decision determined that DPH does not have jurisdiction over surgical clinics owned in part, or wholly by a physician. The ramifications of this decision is that DPH can no longer issue surgical clinics licenses to such entities, nor can such current licenses be renewed. The Capen Decision determined that regulation of such clinics falls under the prevue of the Medical Board. Without a license from DPH, the board is unable to issue a clinic license to allow such clinics to purchase drugs at wholesale as well as commingle medications. Without the board issued license each prescriber must maintain a separate drug supply or the drug supply must be wholly owned by the professional director or some single prescriber.

CASA has pursued legislation that would have among other things, expanded the board's authority to issue a clinic license to those surgical clinics that were operating either under a DPH issued license, or those accredited by an approved agency or Medicare certified. The board has consistently had a support position on such legislation.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Task Force to Evaluate Pharmacy Technician Qualifications

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

CSHP will be sponsoring stakeholder meetings to elicit recommendations and comments to refine the proposal for next year. The first stakeholder meeting is scheduled for June 25, 2008. Board staff will attend the meeting and report to the board at the July Board Meeting.

Included in Attachment 4 is a fact sheet on this issue as well as a letter from CSHP requesting that the board co-sponsor this legislation in 2009.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Pharmacist Intern Hours Requirements

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) 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 fits 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 pharmacist 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 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. Attachment 5 details the competencies for introductory pharmacy practice experience.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Pharmacy Applicants Pursuing Licensure Concurrent with the Department of Health Care Services (DHCS) and the Drug Enforcement Administration (DEA).

Recently board staff was forwarded a request from a pharmacy applicant requesting that the board issue a pharmacy permit prior to the opening of the pharmacy to allow sufficient time for the owner to also obtain a DEA license and Medi-Cal provided number prior to beginning business. It was suggested that this matter be referred to the Licensing Committee for discussion and forward any recommendations to the July 2008 Board Meeting.

Board staff routinely works with pharmacy applicants who are also concurrently seeking licensure with the DEA as well as applying for a Medi-Cal provider number. Each agency initiates application processing without a board license number, which reduces the application review time, however some applicants appear to have a more difficult time navigating the requirements of each agency.

Board staff will be available to discuss this issue and answer questions.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Continuing Education Audits

Business and Professions Code section 4231 requires that the board shall not renew a pharmacist license unless the applicant submits proof satisfactory to the board that he or she has completed 30 hours of approved continuing education during the two years preceding the application for renewal. This section also exempts this requirement for the first renewal of a pharmacist license. Effective in 2006, this section was amended to state that the board shall not renew a license if proof is not provided and instead requires the board to issue an inactive pharmacist license.

Since 2006, the board has used its enforcement discretion and has not fully implemented this requirement. Rather, the board is randomly conducting continuing education audits on a monthly basis. Over the last year, these audits have revealed that approximately 12% of pharmacists audited provide false information on their renewal. As a result, the board completes an investigation substantiating the violation and a citation and fine is issued.

In addition to these audits, the board sends an average of 20–25 letters to pharmacists monthly who fail to certify the completion of the required continuing education. Because of delays in the programming changes necessary to fully implement the changes in 2006, the board has been handling much of this process manually. Board staff continues to advocate for the necessary changes required to the system. Absent the programming changes, board staff will begin to manually issue inactive pharmacist licenses to those individuals who fail to provide proof of their continuing education as required.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Quality Assurance Review of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)

During the public comment portion of the April 2008 board meeting, the board heard comments from Jennifer DeLany regarding the board's quality assurance review of the California Practice Standards and Jurisprudent Examination for Pharmacists (CPJE). Counsel advised the board that no action could be taken during that meeting and as such the board decided to place this discussion on a future agenda to allow board discussion. As this matter is related directly to licensing, it is being brought before the Licensing Committee for discussion.

The board contracts with a psychometric firm who provides the board with expert guidance on the appropriate administration and scoring of the CPJE, including quality assurance assessments. The contractor determines the criteria that need to be met in evaluating the examination's performance before candidate scores are reported. Board staff recognizes the consequences that such reviews have on candidates that work closely with the contractor to release scores as soon as possible.

The CPJE is an essential function of the board's licensing program and decisions are not done arbitrarily or capriciously but with deliberate care and with consultation from experts in the field of exam review, testing and validation.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Competency Committee Report

Since the December 2007 Licensing Committee Meeting, one Competency Committee workgroup has met twice while the other Competency Committee workgroup has met once. At all three meetings, the committee continued to work on examination development.

Both Competency Committee workgroups will be meeting in August 2008 at an annual meeting to discuss examination development. Each Competency Committee workgroup will meet once in the fall.

The most recent quality assurance assessment ended June 2, 2008.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Competency Committee

Subject: CE for Competency Committee Members Participation

Background

Pharmacists are required to earn 30 hours of approved continuing education (CE) every two years as a condition of license renewal. Currently, pharmacists can earn CE:

- Offered by approved providers (ACPE and the Pharmacy Foundation of California – 16 CCR 1732.05),
- Approved by Medical Board, Board of Podiatric Medicine, Board of Registered Nursing or Dental Board, if relevant to pharmacy practice (16 CCR 1732.2), or
- By petition of an individual pharmacist for a course that meets board standards for CE for pharmacists (16 CCR 1732.2).

Additionally, the board will award CE for:

- Attending one board meeting annually (6 hours of CE),
- Attending two committee meetings annually (2 hours of CE for each meeting, must be different committee meetings), and
- Completing the PSAM, which is administered by the National Association of Board of Pharmacy (6 units).

Proposal

The Competency Committee is a subcommittee of the board's Licensing Committee. Competency Committee members serve as the board's subject matter experts for the development of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). A committee member term is generally about 8 years.

Annually, committee members attend approximately 3-4 two-day meetings to assist in examination development. Each two-day committee consists of approximately 2-4 hours of preparation time in addition to 16 hours of meeting time. Committee members also participate in 2-4 writing assignments based on the examination development need. Committee members spend approximately 50-80 hours preparing for and

attending committee meetings on an annual basis in addition to multiple writing assignments.

The Competency Committee requests board approval of 6 hours of CE earned annually for Competency Committee member participation.

Comment

A regulation change will be necessary to allow the board to award the CE should it approve this request.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: California Department of Public Health "Standards and Guidelines for Healthcare Surge During Emergencies"

Earlier this year, the board received a copy of the "Standards and Guidelines for Healthcare Surge During Emergencies" manual prepared by the California Department of Public Health (CDPH). These documents are being released by CDPH to help healthcare providers, payers, local government and local communities better plan to sustain a functioning healthcare delivery system during a catastrophic emergency.

The manual included four volumes and is designed to provide guidance, operational tools and training curriculum for healthcare facilities, insurers, licensed healthcare professionals, local health departments, local communities and other interested parties. CPDH will issue manuals for community clinics, long-term care facilities and licensed healthcare professionals. A copy of the manual can be obtained at the "Be Prepared California" Web site, www.bepreparedcalifornia.ca.gov.

The board continues to actively engage in disaster planning and response. Most recently the board took a support position on AB 2756 (Duvall) relating to the furnishing of dangerous drugs by a pharmacist during an emergency. (Attachment 6 contains the a copy of this legislation.)

The recent wildfires and declared state of emergency again highlight the important role that pharmacists play in the delivery of healthcare.

Memorandum

To: Licensing Committee

Date: June 16, 2008

From: Board of Pharmacy

Subject: Licensing Committee Strategic Plan Update

In July 2006, the board finalized its strategic plan for 2006-2011. However, each year the board revises its plan to keep it current.

At this meeting, the Licensing Committee will have the opportunity to revise its strategic plan, if warranted.

At the July Board Meeting, the board will review any modifications to the strategic plan recommended by each committee for development of the 2008-09 strategic plan (completing the annual updating process).

The most recent activity update of the Licensing Committee's strategic plan is in Attachment 7.

Attachment 1

Letter from Sullivan University College
of Pharmacy



Sullivan University

College of Pharmacy

Office of the Dean

2008 MAY 27 PM 4:06

May 22, 2008

Virginia Herold
Executive Officer
California State Board of Pharmacy
1625 N. Market Blvd., Suite N219
Sacramento, CA 95834

Re: Recognition of Sullivan University College of Pharmacy

Dear Ms. Herold:

I would like to take this opportunity to petition the California State Board of Pharmacy to acknowledge our College of Pharmacy so that our students can be registered as interns in the State of California.

We are a new College of Pharmacy located in Louisville, Kentucky. We were recently granted Pre-Candidate status by the Accreditation Council for Pharmacy Education (ACPE) at their January 2008 meeting, allowing us to enroll our Inaugural Class to start July 7, 2008.

Our program is a unique three-year (36 month) professional program which allows students to complete the Doctor of Pharmacy degree following 2 years of pre-pharmacy requirements, save a year of tuition, and enter the workforce in a much shorter period of time. This program is comprised of the following pharmacy practice experiences:

Professional Year One

Initiation to the Practice of Pharmacy - Students will visit different settings and will come back to the classroom for discussions and debriefing. The delivery of patient-centered care will be examined from the different types of services in various settings. This will help the students to be introduced from the start to the variety of pharmacy practice.

Professional Year Two

Intermediate Pharmacy Practice Experience - Students will practice as a pharmacy extern five weeks in a community setting and five weeks in an institutional setting. They will learn the distribution of a drug from the prescription received to the safe administration of the drug to the correct patient. Students will also learn the operational aspects with all its related issues during the experiences.

Professional Year Three

Advanced Pharmacy Practice Experiences - The students will go through eight experiential education experiences of five weeks each. The experiences include a core of Adult Medicine, Ambulatory Care, Advanced Hospital Pharmacy, and Advanced Community Pharmacy and four electives. This will be the time for students to integrate and apply their knowledge to real patients' situations. It will also be an opportunity for the student to function as a team member of a health care team.

2008 MAY 27 PM 4:06

Virginia Herold
Executive Officer
California State Board of Pharmacy
May 22, 2008
Page Two

Listed below you will find the ACPE Detailed Accreditation History for the College, which was taken directly from their website (<http://www.acpe-accredit.org/deans/schools.asp>). As you can see, we are in the midst of the 2008-2009 Review Period for advancement to Candidate accreditation status. You may contact them directly at (312) 664-3575 if further information is required.

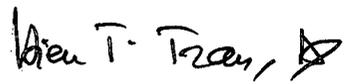
Detailed Accreditation History

Sullivan University College of Pharmacy
2100 Gardiner Lane
Louisville, KY 40205
Hieu T Tran, PharmD
Dean
Tel: 502-413-8640
FAX: 502-413-8642
E-Mail: htran@sullivan.edu
Web Site: www.sullivan.edu/pharmacy

Review Period	Review Type	Board Action	Status
2008-2009	Comprehensive - Advancement to candidate		
2007-2008	Comprehensive - Precandidate status	Granted	Precandidate
2006-2007	Initial Application		

We thank you and the Board for your consideration of our petition. Should you need further information or have any questions, please do not hesitate to contact my office at 502-413-8641 or by email (htran@sullivan.edu).

With Best Regards,



Hieu T. Tran, Pharm.D.
Dean and Professor
College of Pharmacy
Sullivan University

HTT/skw

Attachment 2

Letter from California Northstate College
of Pharmacy



CALIFORNIA
NORTHSTATE
COLLEGE *of*
PHARMACY

STATE BOARD OF PHARMACY
CALIFORNIA

2008 MAR 12 PM 3:48

March 6, 2008

Virginia Herold
Executive Officer
California Board of Pharmacy
1625 North Market Blvd, Suite N219
Sacramento, CA 95834

Dear Ms. Herold:

I am requesting that California Northstate College of Pharmacy (CNCP) be recognized by the California Board of Pharmacy as a new school of pharmacy in California.

CNCP received approval from the Bureau for Private Postsecondary and Vocational Education to operate in the state of California as a degree-granting institution on April 25, 2007. Since we are an autonomous college of pharmacy, we had to apply for both professional accreditation with the Accreditation Council for Pharmacy Education (ACPE) and regional accreditation with the Western Association of Schools and Colleges (WASC).

An application for pre-candidate status was submitted to ACPE on April 27, 2007, and we were invited to make a presentation to the ACPE Board on June 22, 2007. The Board granted an on-site evaluation, which was subsequently scheduled for October 30 – November 1, 2007. The ACPE Evaluation Team was impressed with our program, but expressed some concern that we were not yet in our building. We moved into our building on February 1, 2008, and requested a focused ACPE Evaluation visit this spring. The ACPE Board approved our request and a focused visit has been scheduled for April 24, 25, 2008. We anticipate receiving pre-candidate status in June, 2008. With the granting of pre-candidate status, CNCP will be permitted to enroll students and begin classes this fall. ACPE will evaluate our program for candidate status approximately one year after classes are begun. Full accreditation does not occur until we graduate our first class and the students have taken the NAPLEX exam.

An application for eligibility status was submitted to WASC on August 1, 2007, and we were granted eligibility status on November 15, 2007. Candidate status with WASC is expected to occur sometime in 2011 and full accreditation after we graduate the first class.

Ms. Virginia Herod
March 6, 2008
Page 2

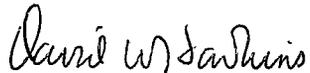
As you know, the revised ACPE Accreditation Standards call for 300 hours of introductory pharmacy practice experience (IPPE) over the first three years of the PharmD curriculum and 1440 hours of advanced pharmacy practice experience (APPE) in the fourth year. Our curriculum has been designed to provide 60 hours of IPPE each semester beginning with the second semester of the first year and running through the sixth semester of the third year to satisfy the new standard of 300 hours. During the first semester of the first year students will take an introductory to pharmacy course that will include the basic principles of dispensing, immunizations, and OSHA, HIPAA, and CPR training. Therefore, the first IPPE rotation will occur in January 2009, assuming ACPE pre-candidate status is granted.

More detailed information about our college can be obtained from our website at <http://www.calnorthstate.org>.

If I can personally provide any additional information about our college to the Board, please don't hesitate to contact me. My office telephone number is 916.631.8108. My email address is dhawkins@calnorthstate.org.

Thank you for giving our request to be recognized as a college of pharmacy by the California State Board of Pharmacy careful consideration.

Sincerely,

A handwritten signature in cursive script that reads "David W. Hawkins".

David Hawkins, PharmD
Professor and Dean

Attachment 3

Letter from the California Ambulatory
Surgery Association



1148 Galaxy Drive, Yuba City, CA 95991 • Phone: (530) 790-7990 • Fax: (530) 790-7990

June 4, 2008

Virginia Herold
Executive Officer
California Board of Pharmacy
1625 North Market Blvd., N219
Sacramento, CA 95834

Dear Ms. Herold:

The California Ambulatory Surgery Association (CASA) seeks guidance from the California Board of Pharmacy (hereafter "board") to rectify the regulatory quagmire resulting from *Capen v. Shewry (2007) 155.Cal.App 4th 378* as it pertains to an ambulatory surgery center (ASC) not having their "surgical clinic" license renewed by the California Department of Public Health (CDPH). Tantalizing to our concern is the impact that decision and interpretation by the CDPH will have on those facilities that have obtained a limited pharmacy license from the board. Furthermore, CASA seeks guidance from the board as to the appropriate methods for an ASC to handle these drugs in lieu of being able to obtain a limited pharmacy license from the board.

As you know, CASA has been working tirelessly over the last three years pursuing legislation that would establish a consistent, concise and comprehensive set of transparent state-specific licensure requirements for the ASC industry. In addition, this effort has also included a pathway for all types of ASCs to appropriately obtain a limited pharmacy license from the board in order to allow an accredited outpatient setting or Medicare certified ambulatory surgical center to purchase a limited supply of drugs at wholesale and require these drugs to be stored safely by that facility. CASA would like to formally thank the board for its ongoing support of these efforts.

Existing law defines an Ambulatory Surgery Center (ASC) as a surgical clinic that is essentially not part of a hospital and is eligible for state licensure.¹ AB 595 (Chapter 1276) of 1994 required that certain outpatient settings (including ASCs) to either be licensed by the state, Medicare certified or accredited by an agency approved by the Division of Licensing within the Medical Board of California (hereafter "MBC").² The intent was to "ensure that health care services are safely and effectively performed in these settings."

Even though existing law provides adequate oversight for ASCs utilizing certain levels of anesthesia, the board will not issue a pharmacy permit (i.e. limited pharmacy license) to an ASC until it can document state licensure. However, *Capen v. Shewry (2007) 155.Cal.App.4th 378* has prohibited the CDPH from issuing state licenses to almost all ASCs. As a result, accreditation and Medicare certification are the only other regulatory options for most ASCs. Unfortunately, individual staff physicians and surgeons are therefore required to acquire and maintain on-hand a myriad of medications to dispense at the point of care as opposed to those medications simply being readily centralized and available by the ASC.

We appreciate your prompt attention to this matter. For any further assistance in this matter, please contact CASA Legislative Advocate Bryce W.A. Docherty at (916) 446-4343 or bryce@thedochertygroup.com.

Sincerely,

Debbie Mack
President

cc: Jennifer Kent, Deputy Legislative Affairs Secretary, Office of Governor Arnold Schwarzenegger
Anne Sodergren, Assistant Executive Officer, California Board of Pharmacy
Monica Wagoner, Deputy Legislative and Government Affairs Director, California Department of Public Health

¹ Health & Safety Code §1204(b)(1)

² Business & Professions Code §§2215 *et seq.*, Health & Safety Code §§1248 *et seq.*

Attachment 4

- Fact Sheet
- Letter from CSHP



California Society of Health-System Pharmacists

725 30th Street, Suite 208, Sacramento, CA 95816 • Phone: (916) 447-1033 • Fax: (916) 447-2396

SUMMARY

Existing law authorizes the California Board of Pharmacy to issue a pharmacy technician license to an individual that has obtained a high school graduate or possesses a general educational development certificate equivalent. In addition, the individual must also meet any *one* of the following requirements to become licensed:

1. Has obtained an associate's degree in pharmacy technology.
2. Has completed a course of training specified by the board.
3. Has graduated from a school of pharmacy recognized by the board.
4. Is certified by the Pharmacy Technician Certification Board.¹

Furthermore, while pharmacists are required to complete 30 hours of continuing education every 2 years to renew their pharmacy license, pharmacy technicians are not required to take any continuing education before renewing their pharmacy technician license.² This bill would simply require that all individuals seeking pharmacy technician licensure pass a psychometrically validated pharmacy technician certification exam prior to licensure, and that prior to renewing their license, pharmacy technicians successfully complete 20 hours of pharmacy technician approved continuing education.

BACKGROUND

Pharmacy technicians have a broad range of training and responsibilities in the healthcare arena. Under the direct supervision and control of a pharmacist, a pharmacy technician can perform packaging, manipulative, repetitive, or other nondiscretionary tasks related to the processing of a prescription in a pharmacy.³ Additional nondiscretionary tasks include: (a) removing the drug or drugs from stock; (b) counting, pouring, or mixing pharmaceuticals; (c) placing the product into a container;

(d) affixing the label or labels to the container; and (e) packaging and repackaging.⁴ Pharmacy technicians may also, under certain conditions, check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to an acute care general hospital whose orders have previously been reviewed and approved by a licensed pharmacist.⁵ There are over 50,000 practicing pharmacy technicians in California that must renew their license every 2 years.

PROBLEM

As there is no standard for pharmacy technician training and licensure beyond being a high school graduate or having an equivalent degree, pharmacy technicians have a broad range of experience, education, and training.

SOLUTION

AB 1947 (Emmerson) would increase the requirements for an individual to become licensed in California by requiring all individuals seeking pharmacy technician licensure to pass training and a psychometrically validated pharmacy technician certification exam. In addition, this bill would also require that a licensed pharmacy technician take 20 hours of pharmacy technician approved continuing education every 2 years prior to renewing their license.

CONCLUSION

AB 1947 (Emmerson) ensures that pharmacy technicians licensed by the California State Board of Pharmacy meet a universal standard by not only having a high school or equivalent degree but also pass training, a psychometrically sound pharmacy technician exam, and complete approved continuing education to better protect Californian consumers.

For further information, please contact either: Bryce W.A. Docherty, CSHP Legislative Advocate, at (916) 446-4343 or bryce@thedochertygroup.com or Philip Swanger, CSHP Director of Government Affairs, at (916) 447-1033 ext. 104 or philip@cshp.org

¹ Business and Professions Code §4202(a)

² Business and Professions Code §4231

³ Business and Professions Code §4115(a)

⁴ CA Code of Reg, Division 17, Title 16, Article 11 §1793.2.

⁵ CA Code of Reg, Division 17, Title 16, Article 11 §1793.8(a)



April 18, 2008

Virginia Herold
Executive Officer
California Board of Pharmacy
1625 N. Market Blvd N219
Sacramento, California 95834
Virginia_Herold@dca.ca.gov

Re: Request for Future Legislation for Standardization of Pharmacy Technician Education and Training

Dear Ms. Herold:

The California Society of Health-System Pharmacists (CSHP) is proud to Sponsor AB 1947 (Emmerson), which is aptly titled the California Pharmacy Technician Patient Medication Safety and Improvement Act. This bill was created to ensure that pharmacy technicians meet standardized licensure criteria by being nationally certified or passing an exam pursuant to section 139, and also maintain competency by obtaining 20 hours of continuing education every two years. Unfortunately, due to concerns vetted by key pharmacy stakeholders, CSHP and Assemblyman Bill Emmerson agreed to pull the bill in 2008 with the intent of running the bill in 2009 to protect California consumers. Given the California Board of Pharmacy's (board) mission statement to protect and promote "the health and safety of Californians by pursuing the highest quality of pharmacist's care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation, and enforcement," CSHP would like the board to consider co-sponsorship for legislation on this important issue in 2009.

Standardizing pharmacy technician education and training is an important goal for CSHP as it has been incorporated into CSHP's strategic plan and reflects our vision of "leading pharmacy in patient care and medication management." To accomplish this goal, CSHP in collaboration with the California Pharmacists Association (CPhA) formed a joint task force in 2006 to address pharmacy technicians' varied levels of education and training in both the retail and health-system settings. Although this joint committee never released a formal written report, there were common grounds of agreement that were discussed during meetings that included **ALL** three elements:

1. Having pharmacy technicians pass a certification exam;
2. Completing continuing education (CE) between each license renewal, and;
3. Completing a training geared towards the duties of pharmacy technicians.

A pharmacy technician is licensed by the board to perform nondiscretionary tasks related to the processing of a prescription in a pharmacy. Pharmacy technicians must perform these tasks under the direct supervision of a pharmacist. There are currently over 50,000 licensed pharmacy technicians in California that must renew their license every two years and the number of pharmacy technicians in California is growing **significantly**. Currently, in order to be licensed as a pharmacy technician, an individual must only be a high school graduate or equivalent and have: (1) an associate degree in pharmacy technology, (2) completed a course of training approved by the board, (3) graduated from a school of pharmacy, or (4) certification by the Pharmacy Technician Certification Board (PTCB).

As a result of this highly variable education and training criteria – the only standardized licensure requirement is that the pharmacy technician must be a high school graduate or equivalent. Such varied training and minimal standardized licensure criteria has created a work environment in all California pharmacies that can create life threatening medication errors. One such recent incident was that of actor Dennis Quaid and his wife Kimberly and their twins who nearly died at Cedars-Sinai Medical Center in Los Angeles by receiving an inaccurate dose of Heparin. This medication error was caused in part by the pharmacy technician.

The retail setting is not immune to medication errors by pharmacy technicians either. For example, it was at Walgreens in Jacksonville, Florida on July 23, 2001 when a pharmacy technician went to a computer and typed in a new prescription that would eventually kill a patient. The part-time pharmacy technician had been at Walgreens for just a few months, working the evening shift. She had hoped to get a 50-cent hourly raise Walgreens offered for passing a national certification exam. However, she failed the test. Eventually, the pharmacy technician typed up a prescription label for methadone with erroneous dosage instructions. About 36 hours later a patient died of what an autopsy found was an accidental methadone overdose. Walgreens settled the patient lawsuit but the depositions and interviews gathered before the settlement suggest that both a technician with limited experience and a pharmacist coping with a heavy workload figured in the tragedy.

Pharmacy technicians are a valuable asset to pharmacists in that they allow pharmacists to perform and practice their duties to the fullest extent of their education and training. Unfortunately, the way pharmacy technicians are licensed in California currently allows for varied levels of competency, which can lead to medication errors. Please take action to help expand consumer protection by co-sponsoring legislation in 2009 to standardize pharmacy technician education and training.

Founded in 1962, CSHP represents nearly 4,000 pharmacists, pharmacy technicians, and associates who serve patients and the public through the promotion of wellness and rational drug therapy. CSHP members practice in a variety of organized healthcare settings, including, but not limited to, hospitals, integrated healthcare systems, clinics, home healthcare and ambulatory care settings.

Respectfully,

A handwritten signature in black ink, appearing to read "Dawn Benton". The signature is fluid and cursive, with a large initial "D" and "B".

Dawn Benton
Executive Vice President

cc. Bryce Docherty

Attachment 5

Competencies for Introductory Pharmacy Practice Experiences

Competencies for Introductory Pharmacy Practice Experiences (IPPEs)

Through Introductory Pharmacy Practice Experiences (IPPEs), pharmacy students are expected to master foundational competencies in three domains: Communication and Professional Behavior, The Practice of Pharmacy, and Public Health. These competencies address the basic skills that prepare the student for the Advanced Pharmacy Practice Experiences (APPEs) offered through the pharmacy curriculum. As such, they represent an intermediate point in the professional development of a pharmacist. They are applicable across a spectrum of practice and other experiential settings and are expected to build in complexity over time.

The Purpose of the Introductory Pharmacy Practice Experiences (IPPEs) is to:

- Develop the basic knowledge, skills, and attitudes for pharmacy practice
- Instill professionalism
- Expose students to the roles of the pharmacist and pharmacy practice settings

I. Communication and Professional Behavior

Upon completion of the IPPEs, the pharmacy intern should be able to:

A. Communicate effectively.

1. Communicate accurate and appropriate medical and drug information to a pharmacist, preceptor or other health care professional in a clear and concise manner.
2. Determine the appropriate means of communication for the situation.
3. Actively listen to patients, peers, and other health care professionals.
4. Use proper grammar, spelling, and pronunciation in communications.
5. Explain medication information to patients in understandable terms.
6. Adjust communication based on contextual or cultural factors, including health literacy, language barriers, and cognitive impairment.
7. Routinely verify patient or recipient understanding of communicated information.
8. Demonstrate effective public-speaking skills and the appropriate use of audio-visual media when communicating with groups of patients, peers, and other health care professionals.
9. Develop effective written materials for patients, peers, and other health care professionals.

B. Interact with patients & the health care team.

1. Articulate the pharmacist's role as a member of the health care team.
2. Establish professional rapport with patients and healthcare professionals.
3. Demonstrate sensitivity to and respect for each individual's needs, values, and beliefs, including cultural factors, religious beliefs, language barriers, and cognitive abilities.
4. Demonstrate empathy and caring in interactions with others.
5. Maintain patient confidentiality and respect patients' privacy.
6. Demonstrate ability to resolve conflict in the pharmacy practice setting.

C. Behave in a professional and ethical manner.

1. Dress professionally and appropriately for the practice setting.
2. Arrive punctually and remain until all responsibilities are completed.
3. Use time effectively and efficiently.
3. Distinguish professional interests from personal interests and respond appropriately.
4. Demonstrate awareness of personal competence and limitations and seek guidance or assistance from preceptors when appropriate.
5. Accept responsibility for one's actions.
6. Respond appropriately to feedback from preceptors, patients, peers, and other health care professionals.
7. Show initiative in interactions with patients, peers, and other health care professionals.
8. Demonstrate passion and enthusiasm for the profession.
9. Be aware of and work appropriately within the culture of the assigned practice setting.
10. Demonstrate awareness of site or institutional policies and procedures.
11. Prioritize workload appropriately.
12. Identify issues involving ethical dilemmas.
13. Weigh and balance different options for responding to ethical dilemmas.
14. Propose steps to resolve ethical dilemmas.
15. Adhere to all state and federal laws and regulations as a pharmacy intern in the practice setting.

II. The Practice of Pharmacy

Upon completion of the IPPEs, the pharmacy intern should be able to:

A. Organize and Evaluate Information.

1. Assess prescription or medication orders for completeness, authenticity, and legality.
2. Verify that dose, frequency, formulation, and route of administration on prescription or medication orders are correct.
3. Obtain any pertinent information from the patient, medical record, or prescriber as needed for processing prescription or medication orders (e.g., allergies, adverse reactions, diagnosis or desired therapeutic outcome, medical history).
4. Review the patient profile or medical record for any allergies or sensitivities.
5. Determine the presence of any potential medication-related problems.
6. Determine if it is legal and appropriate to refill a prescription, contacting the prescriber for authorization if necessary.

B. Prepare and dispense medications.

1. Accurately enter patient information into the patient's pharmacy profile or medication record.
2. Select the correct drug product, manufacturer, dose, and dosage form and prepare it for dispensing.
3. Assure that the medication label is correct and conforms to all state and federal regulations.

4. Assure that the label conveys directions in a manner that is understandable to the patient and that appropriate auxiliary labels are attached.
5. Select an appropriate container for storage or use of medications with special requirements (e.g., child-resistant containers, compliance devices).
6. Accurately perform and document the necessary calculations to correctly prepare the medication.
7. Perform the required technical and basic compounding steps to produce a pharmaceutically elegant product.
8. Demonstrate aseptic technique during the preparation of parenteral medications.
9. Document the preparation of any medication that has been compounded, repackaged, or relabeled.
10. Adjudicate third-party insurance claims using established billing systems
11. Determine the appropriate storage of medications before and after dispensing.
12. Comply with all legal requirements and professional scope of practice.

C. Provide patient counseling.

1. Communicate pertinent information to the patient to encourage proper use and storage of medications.
2. Discuss any precautions or relevant warnings about medications or other therapeutic interventions.
3. Assure that the patient comprehends the information provided, including what to do in the event that a medication-related problem occurs.
4. Assess and reinforce the patient's adherence to the prescribed therapeutic regimen.

D. Maintain accurate records.

1. Document the preparation and dispensing of medications.
2. Maintain manual or computerized files for prescription records that conform to state and federal laws and regulations.
3. Adhere to state and federal laws and regulations related to inventory control (e.g., controlled substances, investigational drugs).

E. Assist patients seeking self care.

1. Assess a patient's self-identified problem (e.g., common cold, fever, pain, gastrointestinal problems) to determine if the problem is appropriate for self care or requires referral.
2. Discuss options for treatment and recommend appropriate non-prescription product(s) if indicated.
3. Counsel the patient about the proper use of self care products
4. Instruct a patient about the proper use of a diagnostic agent or device, including directions for obtaining accurate results and how to interpret the results.
5. Teach a patient the proper and safe use of commonly used health products (e.g., condoms, thermometers, blood pressure monitoring devices, blood glucose meters, metered-dose devices, ear syringes, adherence devices).

F. Contribute to the optimal use of medications

1. Articulate the pharmacist's role in medication use oversight (e.g., formulary management, practice guidelines).
2. Participate in established medication safety and quality improvement activities (e.g., adverse drug reaction reporting, medication reconciliation).

3. Access, select, utilize, and cite appropriate references for health information and patient education materials.
4. Demonstrate basic proficiency with the technology used at assigned IPPE sites.

III. Public Health

Upon completion of the IPPEs, the pharmacy intern should be able to:

- A. **Participate in health education programs and community-based health interventions.**
 1. Raise public awareness about the role of a pharmacist as a public health educator.
 2. Participate in activities that promote health and wellness and the use of preventive care measures.
 3. Articulate the concept of advocacy - what it means both professionally and personally.
- B. **Demonstrate public health-related practice skills.**
 1. Administer subcutaneous, intramuscular or intradermal injections, including immunizations.
 2. Screen for common medical conditions and make appropriate referrals.
 3. Conduct smoking-cessation interventions when appropriate.

Developed by the California Pharmacy IPPE-OSCE Initiative work group representing California's seven schools and colleges of pharmacy, the California State Board of Pharmacy, and the practice sector.

Co-Chairs: *Barbara Sauer, PharmD (UCSF), Kathy Besinque, PharmD (USC), Eric Boyce, PharmD (UOP)*

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May 2007

Attachment 6

AB 2756 (Duvall)

AMENDED IN SENATE JUNE 12, 2008

AMENDED IN ASSEMBLY APRIL 21, 2008

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

ASSEMBLY BILL

No. 2756

Introduced by Assembly Member Duvall

February 22, 2008

An act to amend Section 4062 of the Business and Professions Code, relating to pharmacy.

LEGISLATIVE COUNSEL'S DIGEST

AB 2756, as amended, Duvall. Pharmacists: furnishing drugs during emergency.

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish dangerous drugs or devices in reasonable quantities without a prescription during a federal, state, or local emergency to further the health and safety of the public, as specified. Existing law authorizes the board, during a declared federal, state, or local emergency, to waive application of any provisions of the Pharmacy Law or the regulations adopted thereunder if the waiver will aid in the protection of the public health or the provision of patient care.

~~This bill would also authorize a pharmacist to furnish dangerous drugs or devices in reasonable quantities without a prescription during a natural disaster to further the health and safety of the public, as specified, and would authorize the board, during a natural disaster, to waive application of any provisions of the Pharmacy Law or the regulations adopted thereunder if the waiver will aid in the protection of the public health or the provision of patient care~~ *define a federal, state, or local*

emergency for purposes of these provisions, as specified. The bill would also specify that, for purposes of furnishing dangerous drugs or devices during a federal, state, or local emergency, a pharmacist is not required to await a declaration of emergency so long as the declaration is reasonably anticipated due to the severity of the conditions believed to constitute an emergency.

Vote: majority. Appropriation: no. Fiscal committee: ~~yes~~-no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 4062 of the Business and Professions
2 Code is amended to read:

3 4062. (a) Notwithstanding Section 4059 or any other provision
4 of law, a pharmacist may, in good faith, furnish a dangerous drug
5 or dangerous device in reasonable quantities without a prescription
6 during a federal, state, or local emergency ~~or a natural disaster~~, to
7 further the health and safety of the public. A record containing the
8 date, name, and address of the person to whom the drug or device
9 is furnished, and the name, strength, and quantity of the drug or
10 device furnished shall be maintained. The pharmacist shall
11 communicate this information to the patient's attending physician
12 as soon as possible. Notwithstanding Section 4060 or any other
13 provision of law, a person may possess a dangerous drug or
14 dangerous device furnished without prescription pursuant to this
15 section.

16 (b) During a declared federal, state, or local emergency ~~or a~~
17 ~~natural disaster~~, the board may waive application of any provisions
18 of this chapter or the regulations adopted pursuant to this chapter
19 if, in the board's opinion, the waiver will aid in the protection of
20 public health or the provision of patient care.

21 ~~(c) For purposes of this section, "natural disaster" means fire,~~
22 ~~flood, storm, epidemic, or earthquake.~~

23 (c) *For the purposes of subdivision (a), "federal, state, or local*
24 *emergency" shall mean and include those conditions or degrees*
25 *of emergency identified in Section 8558 of the Government Code*
26 *and those forms of disaster identified in Section 8680.3 of the*
27 *Government Code. For the purposes of subdivision (a), a*
28 *pharmacist is not required to await a declaration of emergency*
29 *by federal, state, or local authorities as a prerequisite to acting*

1 *in good faith to furnish dangerous drugs or dangerous devices in*
2 *reasonable quantities without a prescription during such*
3 *emergency, so long as such a declaration is reasonably anticipated*
4 *due to the severity of the conditions believed to constitute an*
5 *emergency or disaster.*

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Attachment 7

Licensing Committee Strategic Goals

LICENSING COMMITTEE

Goal 2: Ensure the qualifications of licensees.

Outcome: Qualified licensees

Objective 2.1	Issue licenses within 3 working days of a completed application by June 30, 2011.								
Measure:	Percentage of licenses issued within 3 work days.								
Tasks:	1. Review 100 percent of all applications within 7 work days of receipt.								
		Apps. Received:				Average Days to Process:			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
	Pharmacist (exam applications)	392	268	307		15	15	12	
	Pharmacist (initial licensing)	608	363	221		10	5	2	
	Pharmacy Intern	655	558	346		30	15	19	
	Pharmacy Technician	1828	1681	1874		16	20	10	
	Pharmacies	127	124	66		18	23	30	
	Non-Resident Pharmacy	20	19	16		17	23	13	
	Wholesaler	12	11	11		20	27	14	
	Veterinary Drug Retailers	0	2	0		10	39	0	
	Designated Representative	111	94	127		10	15	15	
	Out-of-state distributors	25	35	14		20	34	14	
	Clinics	26	20	26		21	31	43	
	Hypodermic Needle & Syringe Distributors	4	0	1		10	38	14	
Sterile Compounding	25	11	18		10	10	10		
Tasks:	2. Process 100 percent of all deficiency documents within 5 work days of receipt.								
		Average Days to process deficiency:							
		Qtr 1	Qtr 2	Qtr 3	Qtr 4				
	Pharmacist (exam applications)	15	15	7					
	Pharmacist (initial licensing)	7	7	7					
	Pharmacy Intern	15	15	8					
	Pharmacy Technician	15	15	7					
	Pharmacies	4	15	7					
	Non-Resident Pharmacy	10	20	21					
	Wholesaler	10	18	14					
	Veterinary Drug Retailers	2	15	10					
	Designated Representative	5	15	7					
	Out-of-state distributors	10	18	14					
Clinics	1	15	14						
Hypodermic Needle & Syringe	2	15	10						

3. Make a licensing decision within 3 work days after all deficiencies are corrected.

	Average Days to Determine to Deny/Issue License:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist (exam applications)	1	1	1	
Pharmacist (initial licensing)	1	1	1	
Pharmacy Intern	1	1	1	
Pharmacy Technician	3	5	5	
Pharmacies	4	4	7	
Non-Resident Pharmacy	5	5	8	
Wholesaler	4	5	3	
Veterinary Drug Retailers	1	1	1	
Designated Representative	1	3	2	
Out-of-state distributors	4	5	3	
Clinics	1	2	3	
Hypodermic Needle & Syringe	1	1	1	

4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements.

	Licenses Issued:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist	612	358	220	
Pharmacy Intern	637	580	213	
Pharmacy Technician	1580	1759	2097	
Pharmacies	123	91	158	
Non-Resident Pharmacy	15	17	14	
Wholesaler	17	11	21	
Veterinary Drug Retailers	0	1	0	
Designated Representative	103	103	101	
Out-of-state distributors	21	19	30	
Clinics	22	15	51	
Hypodermic Needle & Syringe	2	4	0	
Sterile Compounding	14	6	49	

5. Withdrawn licenses to applicants not meeting board requirements.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	1	0	0	
Pharmacies	4	9	1	
Non-Resident Pharmacy	1	0	0	
Clinics	0	10	0	
Sterile Compounding	0	0	0	
Designated Representative	0	0	1	
Hypodermic Needle & Syringe	0	1	0	
Out-of-state distributors	1	21	4	
Wholesaler	2	3	1	

6. Deny applications to those who do not meet California standards.

7. Responding to email status requests and inquiries to designated email addresses.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	1,863	1199	1503	
Pharmacy Technicians	1,092	1112	1059	
Site licenses (pharmacy, clinics)	1,156	1047	928	
Site licenses (wholesalers, nonresident pharmacies)	1,103	1097	859	

8. Responding to telephone status request and inquiries.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	671	84	112	
Pharmacy Technicians	150	70	123	
Site licenses (pharmacy, clinics)	243	252	195	
Site licenses (wholesalers, nonresident pharmacies)	370	230	211	

Objective 2.2	Cashier 100 percent of all application and renewal fees within two working days of receipt by June 30, 2011.
Measure:	Percentage of cashiered application and renewal fees within 2 working days.
Tasks:	<ol style="list-style-type: none"> 1. Cashier application fees. <ul style="list-style-type: none"> <i>1st Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i> <i>2nd Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i> <i>3rd Qtr 06/07: The average processing time for processing new application fees is 3 working days.</i> <i>4th Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i> <i>1st Qtr 07/08: The average processing time for processing new application fees is 2-3 working days.</i> <i>2nd Qtr 07/08: The average processing time for processing new application fees is 2-3 working days.</i> <i>3rd Qtr 07/08: The average processing time for processing new application fees is 2-3 working days.</i> 2. Cashier renewal fees. <ul style="list-style-type: none"> <i>1st Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>2nd Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>3rd Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>4th Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>1st Qtr 07/08: The average processing time for cashiering is 2-3 working days.</i> <i>2nd Qtr 07/08: The average processing time for cashiering is 2-3 working days.</i> <i>3rd Qtr 07/08: The average processing time for cashiering is 2-3 working days.</i> 3. Secure online renewal of licenses. <ul style="list-style-type: none"> <i>1st Qtr 06/07: Board meets with programmers to initiate parameters for board licensing programs to convert to DCA Applicant Tracking Program.</i> <i>Jan. 2007: Board converts all application programs to DCA's Applicant Tracking Program. See Objective 2.4, Task 7 below.</i>

Objective 2.3	Update 100 percent of all information changes to licensing records within 5 working days by June 30, 2011.
Measure:	Percentage of licensing records changes within 5 working days.
Tasks:	<ol style="list-style-type: none"> 1. Make address and name changes. <ul style="list-style-type: none"> <i>1st Qtr 06/07: Processed 1,832 address changes.</i> <i>2nd Qtr 06/07: Processed 1,322 address changes.</i> <i>3rd Qtr 06/07: Processed 1,613 address changes.</i> <i>4th Qtr 06/07: Processed 1,857 address changes.</i> <i>1st Qtr 07/08: Processed 1,990 address changes.</i> <i>2nd Qtr 07/08: Processed 1,470 address changes.</i> <i>3rd Qtr 07/08: Processed 1,528 address changes.</i> 2. Process discontinuance of businesses forms and related components. <ul style="list-style-type: none"> <i>1st Qtr 06/07: Processed 41 discontinuance-of-business forms. Processing time is 46 days.</i> <i>2nd Qtr 06/07: Processed 0 discontinuance-of-business forms.</i> <i>3rd Qtr 06/07: Processed 72 discontinuance-of-business forms. Processing time is 30 days.</i> <i>4th Qtr 06/07: Processed 38 discontinuance-of-business forms. Processing time is 30 days.</i> <i>1st Qtr 07/08: Processed 69 discontinuance-of-business forms. Processing time is 30 days.</i> <i>2nd Qtr 07/08: Processed 64 discontinuance-of-business forms. Processing time is 30 days.</i> <i>3rd Qtr 07/08: Processed 0 discontinuance-of-business forms.</i> 3. Process changes in pharmacist-in-charge and designated representative-in-charge. <ul style="list-style-type: none"> <i>1st Qtr 06/07: Processed 247 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.</i> <i>2nd Qtr 06/07: Processed 382 pharmacist-in-charge changes. Average processing time is 30 days. Processed 5 designated representative-in-charge changes. Average processing time is 10 days.</i> <i>3rd Qtr 06/07: Processed 358 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.</i> <i>4th Qtr 06/07: Processed 544 pharmacist-in-charge changes. Average processing time is 30 days. Processed 14 designated representative-in-charge changes. Average processing time is 14 days.</i> <i>1st Qtr 07/08: Processed 368 pharmacist-in-charge changes. Average processing time is 30 days. Processed 30 designated representative-in-charge changes. Average processing time is 30 days.</i> <i>2nd Qtr 07/08: Processed 315 pharmacist-in-charge changes. Average processing time is 30 days. Processed 31 designated representative-in-charge changes. Average processing time is 30 days.</i> <i>3rd Qtr 07/08: Processed 372 pharmacist-in-charge changes. Average processing time is 15 days. Processed 17 designated representative-in-charge changes. Average processing time is 30 days.</i> 4. Process off-site storage applications. <ul style="list-style-type: none"> <i>1st Qtr 06/07: Processed and approved 42 off-site storage applications. Average processing time is 30 days.</i> <i>1st Qtr 07/08: Processed and approved 42 off-site storage applications. Average processing time is 30 days.</i>

5. Transfer of intern hours to other states.

1st Qtr 06/07: Processed 76 applications. Average processing time is 30 days.

2nd Qtr 06/07: Processed 45 applications. Average processing time is 30 days.

1st Qtr 07/08: Processed 76 applications. Average processing time is 30 days.

2nd Qtr 07/08: Processed 37 applications. Average processing time is 30 days.

3rd Qtr 07/08: Processed 17 applications. Average processing time is 30 days.

Objective 2.4	Implement at least 25 changes to improve licensing decisions by June 30, 2011.
Measure:	Number of implemented changes.
Tasks:	<ol style="list-style-type: none"> <li data-bbox="370 212 1536 289">1. Determine why 26 states do not allow the use of a CA license as the basis for transfer a pharmacist license to that state. <i>Jan. 2007: Survey of some states indicate misunderstanding of why California cannot accept NAPLEX scores earned before January 1, 2004. Educational efforts, on a state by state basis, initiated.</i> <i>March 2007: Pennsylvania agrees to accept California NAPLEX scores.</i> <i>May 2007: At National Association of Boards of Pharmacy meeting several states agree to reconsider their position against accepting California scores.</i> <li data-bbox="370 520 1536 548">2. Evaluate the drug distribution system of clinics and their appropriate licensure. <li data-bbox="370 558 1536 695">3. Work with the Department of Corrections on the licensure of pharmacies in prisons. <i>June 2007: Meet with the Department of Corrections Receiver to discuss possible regulatory structures for drug dispensing and distribution within correctional facilities.</i> <li data-bbox="370 705 1536 1808">4. Work with local and state officials on emergency preparedness and planning for pandemic and disasters. Planning to include the storage and distribution of drugs to assure patient access and safety. <i>Sept. 2006: Committee hears presentation by DHS on emergency preparedness.</i> <i>Oct. 2006: Presentation by Orange County and LA emergency response staff at NABP District 7 & 8 meeting. Board meeting has presentation by DHS and board develops policy statement for licensees in responding to declared emergencies.</i> <i>Jan. 2007: Board publishes disaster response policy statement.</i> <i>Feb. & March 2007: Board attends seven-day DHS-hosted training session on surge emergency response as part of the state's disaster response.</i> <i>April - June 2007: Board continues to participate in SURGE planning activities and in a joint public/private partnership project envisioned by the Governor.</i> <i>June 2007: Board staff aids in contract evaluation to select a consultant to provide pre-emergency registration of health care providers.</i> <i>Sept. 2007: Board attends Rough & Ready Demonstration in Orange County.</i> <i>Oct. 2007: Board considers legislative proposal to license mobile pharmacies for deployment during declared disasters.</i> <i>Staff resume attendance at ESAR VHPs meeting of EMSA.</i> <i>Board activates disaster response policy to allow rapid response to patients affected by California wild fires. Use of subscriber alerts proves effective in conveying board messages to licensees in effected areas.</i> <i>Dec. 2007: Committee hears presentations on emergency preparedness by California Department of Public Health, L.A. County and Orange County emergency response offices.</i> <i>Focus continues on getting pharmacists prescreened and registered for disaster response. Discussion also includes lessons learned during California wild fires, ESAR-VHPS, renamed California medical volunteers, readied for widespread promotion by January 1, 2008 by EMSA.</i> <li data-bbox="370 1818 1536 1848">5. Evaluate the need to issue a provisional license to pharmacy technician trainees.

6. Evaluate use of a second pharmacy technician certification examination (ExCPT) as a possible qualifying route for registration of technicians.
- Sept. 2006: *Committee hears presentation on ExCPT exam approved for certification of technicians by five states. Committee directs staff to evaluate exam for possible use in California.*
- Dec. 2006: *DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.*
- March 2007: *DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.*
- May 2007: *Board seeks private contractor to evaluate both ExCPT and PTCEB exams for job validity.*
- Sept. 2007: *Board required to check with other state agencies to ensure that state-employed PhD psychometricians are not able to perform this review before the board can contract for services. Committee recommends delay until CSHP and CPhA complete their review of pharmacy technician training and knowledge.*
- Oct. 2007: *Board postpones work on this topic until CSHP and CPhA complete their review.*
- Apr. 2008: *Future work on the training of technicians will occur as joint activities of the pharmacist associations. Legislation to require an exam and continuing education for pharmacy technicians is dropped (AB-1947)*
7. Implement the Department of Consumer Affairs Applicant Tracking System to facilitate implementation of I-Licensing system, allowing online renewal of licenses by 2008.
- July 2006: *Board executive officer becomes executive sponsor of program.*
- Nov. 2006: *Board completes system identification of parameters for each licensing program.*
- Dec. 2006-Jan. 2007: *Preparatory work and pilots completed; Board Staff initiates transfer to ATS system as sole platform for applicant tracking for all licensing programs.*
- March 2007: *Work on securing vendors for I-Licensing continues. Staff changes at DCA may delay implementation.*
- June 2007: *DCA hires additional staff for I-Licensing project. Implementation for board programs delayed until mid-2009.*
- Aug. 2007: *Executive Officer still on executive steering committee.*
- 2nd Qtr. 07/08: *Board staff designed to integrate board requirements into system, a major undertaking of staff time. Executive Officer continues on executive steering committee.*
- 3rd Qtr. 07/08: *Department works on securing vendors. Board is up to date in performing implementation components.*
8. Participate with California's Schools of Pharmacy in reviewing basic level experiences required of intern pharmacists, in accordance with new ACPE standards.
- 3rd Qtr 06/07: *Board attends 3 day-long working sessions convened by California's schools of pharmacy to develop list of skills students should possess by end of basic intern level experience (about 300 hours).*
- Oct. 2007: *Board considers basic internship competencies developed under the program and develops letter of support.*

	<p>9. Implement new test administration requirements for the CPJE.</p> <p><i>March 2007: Board advised about new exam vendor for CPJE effective June 1, 2007. Board notifies all CPJE eligible candidates of pending change, advises California schools of pharmacy graduating students and applicants in general.</i></p> <p><i>June 2007: Shift to new exam vendor, PSI, takes place. New Candidates Guide is printed and distributed. Some transition issues to new vendor exist and are being worked on.</i></p> <p><i>Oct. 2007: Transition efforts to PSI continue.</i></p> <p><i>2nd Qtr. 07/08: Transition efforts to PSI continue.</i></p> <p><i>3rd Qtr. 07/08: New security procedures put in place and corresponding revisions to the Candidates' Guide are published and released.</i></p> <p>10. Participate in ACPE reviews of California Schools of Pharmacy.</p> <p><i>Oct. 2007: Board participates in review of California Northstate College of Pharmacy.</i></p> <p><i>Jan. 2008: Board participates in review of UCSF.</i></p> <p><i>March 2008: Board participates in review of Touro.</i></p>
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