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

Licensing Committee Report

Members:
Susan Ravnan, PharmD, Chairperson
James Burgard, Public Member
Robert Graul, RPh
Hank Hough, Public Member
Stan Weisser, RPh

ITEM 1: *Report on the Meeting of September 29, 2008*

A. Emergency and Disaster Response Planning

FOR INFORMATION:

California Department of Public Health: Request from San Diego County for Exemption to Distribute Prophylaxis Drugs to Emergency Reponse Staff Prior to a Declared Emergency.

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 This request was later withdrawn.

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

San Diego County is seeking confirmation that this model satisfies the requirements in pharmacy law. Following this memo is a copy of the First Responder and Critical Access Employee Home Emergency Prophylaxis Kit Plan.

During the Licensing Committee meeting, several members of the committee expressed concern over this request including whether the Public Health Officer can write prescriptions without a good faith examination.

Based on the outcome of this discussion, the committee has requested that board staff send a letter to San Diego County detailing the committee's concerns and request that they come to a future committee meeting to respond to committee questions.

ATTACHMENT 1 contains the information provided by San Diego County.

New Name for ESAR-VHPS

The committee was advised that in August board staff received notification that the ESAR-VHPS was renamed to Disaster Healthcare Volunteers of California.

This system, coordinated by the Emergency Medical Services (EMS) Authority, was created to allow for health care professionals to sign up to serve as a volunteer in response to a disaster. The EMS will continue to work diligently to increase the number of volunteers in this program.

ATTACHMENT 2 is a copy of the memo provided by EMS Authority.

B. Patient Privacy Issues Arising from Abandonment of Records – The Abandoned Records Project of the California Office of Privacy Protection

FOR INFORMATION:

The committee was advised that the California Office of Information Security and Privacy Protection recently convened a meeting to discuss abandoned records. This can involve health information, financial information or other personal information. Such records contain personal information for which no responsible owner or custodian can be located, but does not include improperly disposed of records, such as records being placed in a dumpster.

The problem arises when records containing personal information are left behind by a professional or business. Sometimes these records are stored in self-service storage areas. The responsible party may have died, gone out of business or otherwise abandoned the premises, practice or records. The abandoned records pose a risk to the individuals whose personal information if compromised could make them victims of identity theft, physical harm, etc. One possible solution made by some in the group is to notify the regulatory agency that licenses the professional who abandoned the records to take care of such records.

At this meeting, which is envisioned to become a series of meetings, the board shared our current records retention requirements for both current businesses as well as those that discontinue business. It appears that pharmacy law appropriately addresses several aspects of this issue; however, it was clear from the meeting that not all professions have similar requirements to protect consumer information. Pharmacy law,

however, does not address certain types of abandoned records such as those stored on unwanted computer equipment or offsite storage that becomes abandoned. We will develop a proposal to address this in the future.

While the committee did not take any formal action on this issue, board staff will include an article in *The Script* about records retention requirements. Additionally staff will attend future meetings on this topic and will continue to provide the committee with updates as well as any recommendations to address gaps in pharmacy law.

C. Update on the 2007 Compromise of the NAPLEX Examination

FOR INFORMATION:

The committee was provided an update on the litigation against the Board of Regents of the University System of Georgia and two University of Georgia (UGA) College of Pharmacy professors. This litigation alleges that the University offered and the professors conducted a pharmacy examination review class in which the participants were provided with actual test questions from the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE).

The National Association of Boards of Pharmacy states that it continues to gather information related to this matter, which calls into question whether participants of the review course met the qualifications for licensure to practice pharmacy competently and safely. The NABP also indicated that they believe that this course was also offered at other schools and colleges of pharmacy. The NABP is taking steps to identify relevant students and will communicate any NAPLEX score invalidations to the Board of Pharmacy, as well as the affected individuals.

Should any California licensed pharmacist be identified, the board will be required to pursue disciplinary action against the pharmacist to remove them from practice.

In addition, the board received a copy of the formal complaint filed by the NABP with the Accreditation Council for Pharmacy Education (ACPE) in regards to the accreditation status of the University of Georgia College of Pharmacy. This information states that during the ACPE Report of Proceedings for June 18-22, 2008, meeting of the ACPE Board of Directors, the University of Georgia College of Pharmacy was placed on probation (Spring 2009). NABP is requesting the immediate revocation of the University of Georgia's accreditation.

Discussion at the meeting included possible action the board would need to take if the ACPE revokes the accreditation of University of Georgia or if the board is notified of individuals involved in the compromise. Such action could include canceling the license of an intern or seeking revocation of a pharmacist license if necessary.

A copy of NABP's update on the compromise as well as a copy of the formal complaint filed with the ACPE is provided in ATTACHMENT 3.

D. Fact Sheets on Application Procedures for Pharmacist Applicants.

FOR INFORMATION:

The committee was advised that approximately 50 percent of the pharmacist examination applications the board receives are deficient. In an effort to improve applicant understanding of the requirements for licensure, board staff has developed fact sheets that will be placed on the board's Web site. These fact sheets are specific to each of the three groups of applicants who qualify for the pharmacist examination: recent graduate, foreign graduate and licensed pharmacists from out of state. We hope the end result of these fact sheets will be a reduced number of deficient applications and fewer inquiries to board staff.

For the last several years, board staff has made site visits to California Schools of Pharmacy to provide presentations on the application process. These presentations reduce the number of deficient applications received from California graduates. Unfortunately, we cannot complete this type of outreach to out of state schools; however, we are hopeful that these fact sheets will have a similar affect.

ATTACHMENT 4 contains draft copies of the fact sheets and *You Track* forms that were provided to the committee.

E. Licensing Unit Workload Adjustments Made to Accommodate Budget Restrictions

FOR INFORMATION:

Effective August 1, 2008, the Governor signed Executive Order 09-08, which required the board to dismiss several non-permanent employees and to furlough one additional staff member. As a result, the board lost six key staff responsible for, among other duties, assisting with the processing of applications and other licensee maintenance processes such as change of pharmacist-in-charge applications, change of designated representative-in-charge forms, discontinuance of business forms, etc.

To further aggravate this, the board lost its licensing manager to another state agency the first week in August. Unfortunately, also pursuant to the Executive Order, the board has been unable to fill this vacancy.

When faced with the challenge of limited resources, the board's executive staff directed staff to suspend responding to status inquiries. This allowed board staff to focus on the most mission critical functions for licensing - - processing applications.

Board staff is again responding to status inquiries, but the result is that several staff lose at least one day per week responding to such inquiries, rather than processing applications, deficiencies, etc.

Earlier this week, the board was advised that it could resume its recruitment efforts for the Licensing Manager as well as seek restoration of temporary staff lost during this time. However, it will take a few months to restore all lost positions and complete the recruitment process. Until such time as staffing levels return to appropriate levels, we cannot continue to complete all tasks and respond to such inquiries without resulting in significant workload backlogs.

F. The Coalition On Shortages Of Allied Health Professionals – Formation Of A Pharmacy Services Workgroup To Deal With Shortages Of Pharmacists And Pharmacy Technicians

FOR INFORMATION:

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

The first workgroup meeting was held on September 16, 2008. Participants included staff and members of the California Hospital Association, the California Society of Health-Systems Pharmacists, a representative from academia, representatives from various hospitals and health systems as well as board staff. During this first meeting, barriers to the profession for both pharmacists and pharmacy technicians were identified. Further discussion resulted in the group concluding that there is not a shortage of pharmacy technicians; rather it is a shortage of qualified pharmacy technicians.

Some of the barriers identified for pharmacists included a limited number of student slots for individuals looking to enter the profession, the pharmacist examination and reciprocity, losing potential candidates to other healthcare professions (e.g., medical school) , and untested new schools of pharmacy.

Workgroup meetings will continue quarterly over the next year. Based on the results of this workgroup, it is the hope that the coalition will develop and implement solutions to eliminate barriers, foster collaboration among CHA member hospitals and health systems, promote a long-term vision for the allied health workforce in California and develop links with workforce partners and stakeholders.

ATTACHMENT 5 includes some of the information provided at the meeting as well as the meeting minutes.

G. Update: Task Force to Evaluate Pharmacy Technician Qualifications

FOR INFORMATION:

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

CSHP is sponsoring stakeholder meetings to elicit recommendations and comments to refine the proposal for next year. The first stakeholder meeting was held on June 25, 2008. Board Member Stan Weisser was designated by President Schell to represent the board at these meetings.

Discussion at both the June 2008 Licensing Committee Meeting and the stakeholder meeting revealed that there is disagreement within industry about what and if there is a problem with the current existing pharmacy technician qualifications requirements as well as whether the draft legislative proposal correctly addresses the minimum qualifications. In addition, there appears to be disagreement about whether continuing education is necessary for pharmacy technicians.

CSHP is currently working jointly with the California Pharmacists Association (CPhA) to determine common interests and CSHP anticipates convening stakeholder meetings in the future to elicit stakeholder recommendations and comments to refine the proposal for next year.

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

On October 3, 2008, the board's Executive Officer attended a meeting with CPhA and CSHP to provide technical advise on the proposed legislation that will be introduced next year. Unfortunately, as the proposed legislation has not yet been approved by CPhA's nor CSHP's Board of Directors, additional information cannot yet be provided.

CSHP indicated that it will resume stakeholder meetings will all interested parties after approval from both organizations to proceed.

H. Veterinary Food-Animal Drug Retailers – Qualification Processes for Designated Representatives

FOR INFORMATION:

The committee discussed the board's veterinary food-animal drug retailers (vet retailers) licensing program. A designated representative of a vet retailer may distribute and label prescription drugs or drugs for extra-label use that are prescribed by a veterinarian for use on food-animals. A vet retailer's premises must be supervised by a registered pharmacist or a specially qualified individual approved by the board who holds a current vet retailer designated representative license. A vet retailer may not operate unless the pharmacist or vet retailer designated representative is physically present on the licensed premises.

There are currently 23 vet retailers and 62 vet retailer designated representatives licensed in California.

Only a vet retailer designated representative or pharmacist may label the drugs that: (1) have been prescribed by a veterinarian, and (2) will be shipped to the veterinarian's client for use on food-animals. If the sole qualifying vet retailer designated representative or pharmacist leaves the employ of the vet retailer, the vet retailer must cease operations (and cannot perform labeling or shipping duties) until another pharmacist or vet retailer designated representative is employed and present. For this reason multiple designated representatives are needed.

Individuals employed by a manufacturer, vet retailer, or wholesaler may qualify to become vet retailer designated representatives on the basis of specific education, training, and experience in areas covering the essential knowledge necessary to oversee operations of a vet retailer and to read, label and dispense vet food-animal drugs.

The committee discussed the requirements for licensure for both a vet retailer license as well as the vet retailer designated representative. As the designated representative must have the ability to read prescriptions and prepare and label containers for food animals without the oversight of a pharmacist requires specific training, specific training or education is required for licensure.

The University of California Davis in the past had a 40 hour training course that satisfied the requirements for licensure as a vet retailer designated representative; however, the board received information that this program is no longer offered. Board staff is unaware of any other program in California that complies with the requirements in law.

The committee heard testimony from Dr. Karle, representing the State Veterinary Association. Dr. Karle highlighted the current problems with this program. Dr. Karle highlighted that this is a consumer safety issue because vet retailers and designated representatives provide medication that ultimately ends up in our food supply. Similar to

consumer medication errors, some of the problems encountered include: 1) selling the wrong prescription drug, 2) correct label but wrong drug, 3) selling the incorrect volume or quantity, 4) mislabeling or mishandling the product and 5) promoting incorrect drug use. Dr. Karle stated that many designated representatives are not acting responsibly and that the standards for licensing need to be raised, to include more education and continuing education.

The committee will again discuss this issue at a subsequent meeting and will forward any recommendations to the board for consideration.

ATTACHMENT 6 includes a copy of a letter from Greg Evans, PharmD, a Los Angeles Times article entitled, "Antibiotics in Our Livestock" , and a copy of Title 16, California Code of Regulations Section 1780.1.

I. Continuing Education for Competency Committee Members

FOR ACTION:

The committee discussed a request from the Competency Committee , which 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 eight 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 and are compensated for time and travel.

Current pharmacy law requires pharmacists 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 Boards of Pharmacy (6 hours).

In June 2008, the Licensing Committee considered a request from the competency committee to earn 6 hours of CE annually for participation in this committee. The committee decided to request additional information on this topic and did not take action.

Based on further discussion with the committee during its annual retreat, the committee is revising and resubmitting its request. Specifically, one of the core functions of this committee is to complete an on-line review of all test questions prior to administration. As the test questions cover all aspects of pharmacy practice and law, this on-line review requires a significant amount of committee time to research items and confirm that a question and answer are valid. Given this, the committee requests that the board award up to six hours of CE annually for members that complete this on-line review. (Typically committee members are not compensated for their time to complete this function. If a committee member is seeking reimbursement for this time however, continuing education will not be awarded.)

COMMITTEE RECOMMENDATION: Award up to six hours of continuing education credit annually to complete on-line review of examination questions if the committee member is not seeking reimbursement for their time.

J. Competency Committee Report

Update on the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)

The committee was advised that since the June 2008 Licensing Committee Meeting, the Competency Committee as a whole held its annual meeting to discuss examination development as well as other emerging issues.

While each Competency Committee workgroup was scheduled to meet this fall, the meeting scheduled in September was cancelled because of the Governor's Executive Order. A meeting is also scheduled in October and board staff is hopeful that this meeting will continue on as planned. The workgroup meetings focus primarily on examination development.

The most recent quality assurance assessment ended October 1, 2008.

Report to the Legislature on the Impact of Requiring Remedial Education After Failing the Pharmacist Licensure Examination Four Times

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

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

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

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

The committee was provided with a copy of the draft report (included in ATTACHMENT 7).

K. Minutes of the Licensing Committee Meeting Held on September 29, 2008

The Licensing Committee met on September 29, 2008. A copy of the meeting summary is provided in ATTACHMENT 8.

ITEM 2: *Discussion of the Licensure of Ambulatory Surgical Clinics by the Department of Public Health Under Health and Safety Code Section 1204 That Are Owned by Physicians*

FOR INFORMATION:

Current law allows the board to issue a clinic license only to an entity also licensed by the Department of Public Health (DPH). Last September the court issued a decision changing the interpretation as to whom the DPH can issue a clinic license. This decision, 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 clinic 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.

AB 1574 (Plescia) contained provisions that would have allowed the board to issue a clinic license to entities licensed by DPH, as well as to those accredited as specified or Medicare certified. The board had a support position on this legislation which was vetoed by the governor.

Until a legislative fix is provided, the board cannot issue a clinic license unless the entity is also licensed by DPH. Board staff will withdraw pending applications that are ineligible for licensure because they are not licensed with DPH and will advise applicants in writing.

The board will continue to renew existing clinic licenses that are no longer licensed by DPH.

ITEM 3: *Licensing Statistics 2008-09*

FOR INFORMATION:

ATTACHMENT 9 contains licensing statistics describing the Licensing Unit's processing activities for the first quarter of the fiscal year.

ITEM 4: First Quarterly Report on Committee Goals for 2008-09

ATTACHMENT 10 contains the first quarterly report on the committee's strategic goals for 2008/09.

Attachment 1

Request from San Diego County

FIRST RESPONDER AND CRITICAL ACCESS EMPLOYEE HOME EMERGENCY PROPHYLAXIS KIT PLAN

County of San Diego
Health and Human Services Agency
Disaster Medical and Health Emergency Preparedness

September 2008

DRAFT

Note: Attach this official document to the County Local Pharmaceutical Cache Plan as a reference

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<<<<DRAFT>>>>

Dear Virginia Herold, you may recall some emails and discussion from June of last year where we discussed the County of San Diego and the Home Med Kit Project. You helped us look into the feasibility of a waiver on the labeling requirements and it was subsequently concluded that it would involve a change to the law. You can understand, the County of San Diego has decided not to pursue this avenue. Since then the County has been pursuing a more "traditional" model. Dana Grau, Pharm.D., Senior Consulting Pharmacist, Emergency Preparedness Office, California Department of Health Services suggested that we run it by you so that we keep you in the loop and you can be aware of the project. You may wish to share it with some of your colleagues on the board. You'll notice, at the bottom of this email is an executive summary of the plan which will refresh your memory on the overall goal.

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

It is our interpretation that the above model meets the furnishing and dispensing requirements set by California law. If you have or need any points of clarification or wish to discuss this further, please do not hesitate to ask. Moreover, it is anticipated that following the completion of this project, many jurisdictions within the State of California may decide to follow our lead on preparing the FRCAE's in a similar manner.

Sincerely,
<____>

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EXECUTIVE SUMMARY

In the aftermath of a widespread weaponized anthrax bioterrorism attack, traditional and non-traditional first responders will focus on initial response activities designed to mitigate public morbidity and mortality. Weaponized anthrax can cause catastrophic loss of life within 72 hours. The response time to administer prophylaxis to the public is 48 hours in order to save as many lives as possible. When a suspected or confirmed act of bioterrorism or other public health emergency occurs, mass prophylaxis operations countywide may be initiated. However, for this to occur effectively, first responders and other critical access employees must be available and initially protected themselves to respond to and initiate this massive countywide public health response operation. In order to protect the public in a compressed timeframe, these traditional and non-traditional first responders will receive priority prophylaxis.

The County of San Diego, Health and Human Services Agency (HHSA) is preparing its First Responders and Critical Access Employees (FRCAE) and members of their immediate household with a ten day supply of doxycycline to be stored in the home. This medication is intended to be used only for post exposure prophylaxis in the event of a public health emergency involving the release of a biological organism such as *bacillus anthracis*, the bacteria that causes anthrax. Doxycycline would be started and continued as directed under order by the County
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Public Health Officer (PHO). The ten (10) day supply provided is intended to protect during the initial phase of the exposure. If additional medication is required beyond the ten days, it will be made available by HHSA.

The County of San Diego PHO is responsible for the overall management of emergency public health services within the Operational Area (OA) during such an event. The forward placement of the Home Emergency Prophylaxis Kit (ProphyKit) in an anticipated 100,000 FRCAE households will provide immediate emergency access to antibiotics for the intended recipients (anticipated 500,000 people) within 2 to 3 hours after notification by the PHO. This alternative mass prophylaxis dispensing method increases the probability that the FRCAE will report for duty because they and their household members are protected. By forward placing the ProphyKit in the home, the time needed for the FRCAE to begin response activities will decrease by 50%. This will allow these employees more time to set up public dispensing sites and rapidly deploy other public alternative dispensing modalities to meet the compressed time frame for the response.

Attachment 2

Memo from EMS Authority

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875

DATE: August 27, 2008

TO: California Medical Volunteers System Administrators
County Health Executive Association of California
California Department of Public Health
Department of Consumer Affairs Boards and Bureaus
Governors Office of Emergency Services
Local EMS Agencies
Local Public Health Departments
Medical Health Operational Area Coordinators
Members of the ESAR-VHP Committee of the Whole
Regional Disaster Medical Health Specialists
Regional Disaster Medical Health Coordinators

FROM: R. Steven Tharratt, MD, MPVM
Director

SUBJECT: California Medical Volunteers/Emergency System for the Advanced Registration of Volunteer Health Professionals Program Name Change

The Emergency Medical Services Authority (EMS Authority) is very pleased to announce that after an extensive process, we have established a new name for the *California Medical Volunteers* program. We will now be implementing the name ***Disaster Healthcare Volunteers of California.***

Based on feedback that we have received over the last several months, the EMS Authority has determined that the current name for California's Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP), *California Medical Volunteers,* does not accurately depict either the program or each of the medical and health professions who are part of this program.

Over the next several months, the EMS Authority will be working diligently to market the State's volunteer health professional program and increase the numbers of volunteers in the Disaster Healthcare Volunteers of California System.

We look forward to continuing to work with each of you to further implement this program - the home for all medical and health volunteers in California. We encourage counties and Medical Reserve Corps Coordinators to utilize this vital system to meet the medical and health needs of Californians during future disasters.

Attachment 3

- *Memo from NABP*
- *Copy Of Complaint Filed With ACPE*

nabp
National Association of Boards of Pharmacy
1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site: www.nabp.net

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: August 15, 2008

RE: Update on Georgia Litigation and Score Invalidation

NABP continues to move forward in its litigation against the Board of Regents of the University System of Georgia and two University of Georgia (UGA) College of Pharmacy professors, in which it has alleged, among other things, that the University offered and the professors conducted a pharmacy examination review class in which participants were provided with actual test questions from the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE). NABP also alleges that Warren and UGA had previously been involved in similar activities in the mid 1990s, their activities were discovered by NABP and, to preclude litigation, in 1995 NABP, UGA, and Warren entered into a settlement agreement in which Warren, UGA, and the Board of Regents agreed to cease and desist from all copying, transcribing, or other infringing use of NABP materials and examination questions. NABP recently filed a breach of contract suit in state court against UGA and Warren, and also filed an appeal in the 11th Circuit Court of Appeals to challenge the district court's decision dismissing the Board of Regents and UGA from the federal copyright infringement lawsuit.

In addition, NABP continues to gather information related to this matter, which calls into question whether participants of this review course, which NABP understands was offered at other schools and colleges of pharmacy, meet the qualifications for licensure in order to practice pharmacy competently and safely. In the interest of honoring the Association's mission to assist our members in protecting the public health, NABP is taking steps to identify students who participated in these review courses, and is evaluating all information regarding the use of material provided in these courses using the following criteria:

- Those students who used, disclosed, or offered to disclose NAPLEX or MPJE examination information, in violation of the exam confidentiality agreement, may have their examination score(s) for NAPLEX and/or MPJE reevaluated and invalidated, and may be subject to further action, including, but not limited to lawsuits.

- Any students who participated in these review courses may have their NAPLEX and/or MPJE scores canceled due to the forced removal of breached items and a resulting invalid examination.

- Any students who received academic credit for such activities as collecting, compiling, formatting, and/or disseminating NAPLEX or MPJE examination information may have their examination score(s) for NAPLEX and/or MPJE reevaluated and invalidated, and may be subject to further action, including, but not limited to lawsuits.

NABP will communicate any and all score invalidations and cancelations to the boards of pharmacy, as well as the affected candidates.

In the future, should NABP discover similar student activities related to the NAPLEX, MJPE, or another NABP examination, the Association may initiate the steps outlined above, among others.

If you have any questions or information you would like to share with NABP, please do not hesitate to contact me or Moira Gibbons, legal affairs senior manager, at 847/391-4400, extension 4460, or via e-mail at mgibbons@nabp.net.

NABP is grateful for the tremendous support we have received from our member boards of pharmacy.

cc: J. Rodgers Lunsford III, NABP Counsel
NABP Executive Committee

nabp

National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site: www.nabp.net

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September 4, 2008

Peter H. Vlasses, PharmD, BCPS, FCCP
Executive Director
Accreditation Council for Pharmacy Education
20 North Clark Street
Suite 2500
Chicago, Illinois 60602-5109

Via Overnight Mail

Re: Complaint: University of Georgia College of Pharmacy Accreditation Status

Dear Dr Vlasses:

The National Association of Boards of Pharmacy® (NABP®) is filing a formal complaint in regard to the accreditation status of the University of Georgia College of Pharmacy (UGA) professional program pursuant to the Accreditation Council for Pharmacy Education's (ACPE) complaint policy, which is set forth below:

> *ACPE has an obligation to assure itself that any institution which seeks or holds a preaccreditation or accreditation status for its professional program(s) conducts its affairs with honesty and frankness. Complaints from other institutions, students, faculty, or the public against a college or school of pharmacy, including tuition and fee policies, and as related to ACPE standards, policies or procedures, shall be placed in writing in detail by the complainant and submitted to the ACPE office.*

NABP understands that, as specifically stated in ACPE's complaint policy:

> *The procedure shall provide for treatment of complaints in a timely manner that is fair and equitable to all parties. The complainant shall be advised of the decision or action as soon as possible. When ACPE has cause to believe that any institution with which it is concerned is acting in an unethical manner or is deliberately misrepresenting itself to students or the public, it will investigate the matter and provide the institution an opportunity to respond to the allegations. If, on the basis of such investigation, after notice to the institution and opportunity for institutional response, ACPE finds an institution has engaged in unethical conduct or that its integrity has been seriously undermined, ACPE will either:*

> *a. request that the institution show cause, within a stated time period, why adverse action should not be taken, or*
> *b. in extreme cases, immediately discontinue its relationship with the institution by denying or withdrawing preaccreditation or accreditation status.*

Based on the facts set forth in the Facts Common To All Counts section of the enclosed federal Amended Complaint (pages 8-13), the additional factual paragraphs of the federal Motion for Leave to Further Amend and Restate Complaint (pages 1-5), and the Factual Background and Count I sections of the state court Complaint (pages 2-5), NABP asserts that the Board of Regents System of the University of Georgia (Board), UGA and its faculty egregiously violated ACPE's Accreditation Standards and Guidelines for the Professional Program in Pharmacy leading to the Doctor of Pharmacy Degree (Standards). NABP will also forward documents which, the Association asserts, demonstrate that pharmacy students unethically and illegally disclosed secured and copyrighted NAPLEX questions by transmitting them to UGA after sitting for the NAPLEX. NABP asserts that such NAPLEX questions were incorporated into the course content that was distributed and taught by the UGA instructors. NABP maintains that such actions and activities represent an extreme case as described in the ACPE complaint policy and warrant that ACPE "*immediately discontinue its relationship with the institution by withdrawing accreditation status.*"

Specifically, NABP alleges that copyrighted and secured content of the NAPLEX and MPJE examinations was compromised by UGA and its faculty and administration involved in and responsible for UGA's doctor of pharmacy professional program. The Association further contends that a member of the UGA faculty, who was also the Assistant Dean for Student Affairs, conducted a pharmacy examination review course through UGA, collected NAPLEX and MPJE questions from students who had taken such examinations, and presented and distributed those NAPLEX and MPJE test questions to students preparing for such examinations. NABP alleges that the course offering was approved by UGA and that the Associate Dean for the College of Pharmacy attended at least a portion of one such review course.

NABP maintains that by providing students with licensure exam questions and answers, UGA and its faculty may have allowed otherwise unqualified students to pass the licensure examinations, which has serious patient health care implications, and UGA and its faculty compromised the integrity of the licensure process and academic integrity of UGA. Moreover, NABP contends that the Board, UGA, and the Assistant Dean for Student Affairs engaged in such misconduct after acknowledging that such activities were prohibited and detrimental and legally agreeing to halt such activities, and to prevent future occurrences when they executed a settlement agreement with NABP in 1995, as a result of identical allegations of misconduct related to NABP's national pharmacist licensure examination.

Even further, NABP provides its **analysis** of the 1997-2007 ACPE Standards and Guidelines, which are specifically referenced below, describing how UGA violated such Standards based upon the above allegations in the federal and state court pleadings. The Association contends that this

analysis supports NABP's strong recommendation that the accreditation of the UGA Doctor of Pharmacy program be immediately revoked.

I.

PHARMACY SCHOOL MISSION AND GOALS

ACPE Standard No. 1. College or School of Pharmacy Mission and Goals

The College or School of Pharmacy should have a published statement, formulated within an *ethical context [emphasis added]*, of its mission, goals, and objectives in the areas of education, research, service, and pharmacy practice. This statement should be congruent with the mission of the University; the term "University" includes independent Colleges and Schools of Pharmacy. This statement should include a fundamental commitment to the preparation of its students for the general practice of pharmacy with provision of the professional competencies necessary to the delivery of pharmaceutical care. This statement should also demonstrate sensitivity to the importance of diversity in its commitment to the educational preparedness of its students for a health professional career. Goals should be compatible with the general and specific objectives of pharmaceutical education in keeping with the scope of pharmacy practice and as reflected in the accreditation standards and guidelines.

ACPE Guideline 1.4

The mission statement of a College or School should acknowledge pharmaceutical care as an evolving mode of pharmacy practice in which the pharmacist, in concert with other health professionals, takes an active role on behalf of patients in making appropriate drug choices, by effecting distribution of medications to patients, and by assuming direct responsibilities to empower patients to achieve the desired outcomes of drug and related therapy. The professional program in pharmacy should provide educational preparedness so as to enable the pharmacist to collaborate with other health professionals and to share in responsibility for the outcomes of drug and related therapy. The professional program in pharmacy should promote the knowledge, skills, abilities, attitudes, and values necessary to the provision of pharmaceutical care for the general practice of pharmacy in any setting. The College or School should assure an understanding of pharmaceutical care by its students early in the professional program in pharmacy. *The philosophy of practice as well as the necessary professional attitudes, ethics, and behaviors should evolve during the course of study [emphasis added]*. Moreover, the College or School should insure the professionalization of students, including the provision of a positive outlook for all aspects of pharmacy practice.

UGA Mission Statement [not included in pleadings]

1. Maximize the health and well being of society by furthering the frontiers of Pharmacy practice and biomedical and clinical research through selection of the finest faculty scholars and the most promising students;
2. *Deliver the highest quality education [emphasis added]* through a state-of-the art Pharmacy care environment and research laboratories; and
3. Provide innovative leadership in advancing and refining the role of Pharmacy as it relates to practitioners and graduate biomedical scientists.

The Guideline clearly states that "the philosophy of practice *as well as the necessary professional attitudes, ethics, and behaviors* should evolve during the course of study" [emphasis added]. Although the UGA Mission Statement avows to "maximize the health and well being of society...deliver the highest quality education...and provide innovative leadership in advancing and refining the role of [p]harmacy," UGA's actions, as asserted in the pleadings, in disclosing confidential and secure copyrighted NAPLEX and MPJE questions, contravene this standard and its own mission by violating copyright laws, established state pharmacist licensure examination processes, and NABP's 1995 legal agreement executed by the Board, UGA, and faculty member and Assistant Dean for Student Affairs Flynn Warren in which the Board, UGA, and Warren acknowledged wrong doing and agreed not to engage in such unethical and illegal activities in the future, and by engaging in activities that are devoid of scholarship and educational quality.

II.

ACPE Standard No. 6. College or School of Pharmacy Organization and Administration

The College or School of Pharmacy should be organized in a manner which facilitates the accomplishment of its overall mission, promotes the goals and objectives of the professional program in pharmacy, supports pharmacy disciplines, and effectively deploys resources. The College's or School's organizational and administrative structure should clearly identify lines of authority and responsibility. There should be evidence of a spirit of collegiality as well as evidence of mutual understanding and agreement among the faculty, the Dean, and other administrative leaders of the College or School on its mission, goals, and objectives as well as evidence of acceptance of the responsibilities necessary to their achievement.

UGA and faculty, in engaging in the alleged activities outlined in this letter, completely disregarded their responsibilities related to upholding the mission of the school.

Additionally, given NABP's contentions that both UGA and the Assistant Dean for Student Affairs continued to collect and distribute actual NAPLEX and MPJE questions, after agreeing to stop in 1995, and that the ultimate responsibility is vested in UGA to monitor and halt such misconduct, which did not appear to occur, it is apparent that adherence to ACPE Standards was entirely disregarded.

III.

ACPE Standard No. 7. Responsibilities of the Dean of the College or School of Pharmacy

The Dean should demonstrate progressive, constructive academic and professional leadership and effectively unite and inspire faculty and students toward achievement. The Dean is responsible for assuring: development, articulation, and implementation of the mission statement; recruitment, retention, and development of a competent faculty and staff..." development, implementation, and evaluation of the educational, research, service, and pharmacy practice programs and their enhancement; initiation, implementation, and management of programs for the recruitment and admission of qualified students; establishment and implementation of standards for academic performance and progression; resource acquisition and allocation; and continuous enhancement of the visibility of the College or School both on campus and to external constituencies.

The UGA Dean and faculty, in performing the actions alleged in this letter, engaged in activities in complete opposition to the requirements of the Standard. Their actions were non-progressive, non-constructive, unprofessional, and uninspiring, and in fact led students down a path that violated the law and compromised the licensure process and academic integrity of UGA. This will especially ring true for students whose NAPLEX and/or MJPE scores are invalidated as a result of their participation in these activities.

IV.

ACPE Standard No. 12. Teaching and Learning Processes

The College or School of Pharmacy should address the ways by which curricular content is taught and learned in the student's achievement of the professional competencies. Attention should be given to teaching efficiencies and effectiveness as well as innovative ways and means of curricular delivery. Educational techniques and technologies should be appropriately integrated to support the achievement of the professional competencies, to foster the development and maturation of critical thinking and problem solving skills, and to meet the needs of diverse learners. Evidence that the educational process involves students as active, self-directed

learners and *shows transition from dependent to independent learning as students progress through the curriculum [emphasis added]* should be provided.

Guideline 12.1

The educational process should ensure that students are afforded a broad conceptual mastery of pharmacy practice through the integration of subject matter, literature, theory, and methods. The educational techniques and technologies should sequentially develop and demonstrate the capacity of students to interpret, organize, and communicate knowledge, to engage in critical thinking, *and to develop those analytical, ethical, and professional skills needed to practice and advance the profession of* pharmacy *[emphasis added]*.

Guideline 12.3

The educational process should promote life-long learning through emphasis on active, self-directed learning and *the fostering of ethical responsibility for maintaining and enhancing professional competence [emphasis added]*.

Again, the facts alleged in the federal and state court pleadings demonstrate that this UGA-approved academic course led students to become dependent on memorized examination questions rather than on the knowledge and skills obtained through a valid pharmacy curriculum, effectively stunting the ability of students to develop analytical, ethical, and professional skills necessary to practice competently now and in the future, and resulting in the invalidation of their examination performance.

IV.

ACPE Standard No. 14. Curriculum Evaluation

Evaluation measures focusing on the efficacy of the curricular structure, content, process, and outcomes should be systematically and sequentially applied throughout the curriculum in pharmacy. Evidence should exist that evaluation outcomes, including student achievement data, are applied to modify or revise the professional program in pharmacy.

Guideline 14.1

A system of outcome assessment should be developed which fosters data-driven continuous improvement of curricular structure, content, process, and outcomes. Evaluation of the curriculum should occur systematically in order to monitor overall

effectiveness, to enable the achievement of the professional competencies in accord with outcome expectations, and to provide a studied basis for improvement. The ongoing evaluation process should include input from faculty, students, administrators, practitioners, and state board of pharmacy members and other publics. The curriculum as a whole, as well as individual courses, should be evaluated with respect to the goals and objectives for the professional program in pharmacy. Experimentation and innovation within the curriculum in pharmacy should occur continuously. Experimental or innovative approaches should be adequately planned and coupled with an appropriate evaluation system. Evaluation should assure that the curriculum is responsive to changes in pharmacy practice as well as to changes in educational technologies, and insure that an educational setting and methods of instruction exist that maximize the development of effective and efficient learning experiences.

Guideline 14.2

A curriculum committee or other appropriate body with defined authorities and responsibilities, should be in place to manage an orderly and systematic review of the curriculum structure, content, process, and outcomes. Duties of this committee should include assurances for coordination of course material, minimization of unwarranted repetition, deletion of outdated or unessential content, and provision of a reasonable course load for students. A curricular editing process should assure that additions are counterpoised with deletions. The appropriateness of emphasis, presentation mode, and proper sequencing should be considered so as to provide the optimal environment for learning. The committee should assess the extent to which innovative teaching methods are effectively deployed, and outcome measures are systematically applied for purposes of improvement.

As asserted in this letter by NABP, the solicitation and distribution of pharmacist licensure examination questions, from and to students within the Doctor of Pharmacy program, and UGA administration's approval of this examination review course fails to meet and contravenes all of the responsibilities of the curriculum committee and governance of the UGA College of Pharmacy, as outlined in ACPE Standards.

It is NABP's understanding from the ACPE Report of Proceedings for June 18-22, 2008 Meeting of the ACPE Board of Directors that the following action was taken in regard to the accreditation of the University of Georgia College of Pharmacy Continuing Pharmacy Education Program: "*Following a site visit to evaluate issues related to compliance with criteria, the University of Georgia College of Pharmacy was placed on probation (Spring 2009).*" In filing this complaint, NABP cannot confirm that an investigation of UGA occurred and NABP is disappointed that it was never contacted in regard to the action taken by ACPE against UGA's Continuing Education

Provider status. Therefore, we respectfully request information regarding whether the action against UGA College of Pharmacy Continuing Education Program was the result of misconduct either as NABP alleges in this letter or through some other source. Notwithstanding such request, NABP maintains that UGA's Office of Continuing Education and Outreach Program is directly and formally affiliated with, and the responsibility of, UGA and its Dean, as documented in the enclosed organizational chart outlining the administrative structure of the college of pharmacy. Moreover, the facts alleged in the court pleadings and the very nature of the NAPLEX as the entry-level pharmacist licensure examination for students, demand that ACPE investigate UGA's Doctor of Pharmacy professional program.

NABP respectfully submits the information contained in this complaint for immediate action against the present accreditation status of UGA's Doctor of Pharmacy Program and requests immediate revocation of said accreditation. We are available to discuss the information presented in the complaint and to further substantiate our complaint and request. Please do not hesitate to call upon us to answer any questions or provide additional information in this serious matter. NABP sincerely appreciates your time and assistance.

Cordially,

NATIONAL ASSOCIATION OF
BOARDS OF PHARMACY

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

CAC/mg

Enclosures

cc: NABP Executive Committee

Attachment 4

- *Draft Fact Sheets*
- *Draft You Track Forms*

CALIFORNIA STATE BOARD OF PHARMACY

BE AWARE & TAKE CARE: Talk to your pharmacist!

Pharmacist Licensure in California

Requirements at a Glance for:

U.S. School of Pharmacy Graduate *and* Currently Licensed in Another U.S. State

QUALIFICATIONS FOR ELIGIBILITY

1. **Education:** You must possess a B.S. in Pharmacy or a PharmD degree from a domestic school of pharmacy accredited by the American Council on Pharmaceutical Education (ACPE).

2. **Evidence of Licensure in Another State:** You must submit evidence of licensure as a pharmacist for a minimum of one year in another state in the U.S. (use Form 17A-16). This verification must be prepared by the applicable state board of pharmacy. (If you have less than one year of experience as a licensed a pharmacist in another state, you must submit proof of completion of 1,500 hours of intern experience in both community pharmacy and institutional pharmacy practice settings; experience affidavits (Form 17A-16) must be submitted by the respective state boards of pharmacy in each state where the intern hours were earned.

3. **Testing:** You must take and pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination (CPJE). These two exams are separate exams, and are administered by different agencies. You have one year to take both exams from the date the California State Board of Pharmacy determines you are eligible. If you have passed the NAPLEX examination after January 1, 2004, you may not have to retake this examination.

APPLICATION REQUIREMENTS

(Provided below is an overview of the requirements to be eligible to take the licensure examinations for California. All forms and detailed instructions about this process are online at www.pharmacy.ca.gov under "Information for Applicants." Please allow 60 days for the Board to process your application.)

1. **Application:** Submit a completed Application for Pharmacist Licensure and Examination (Form 17A-1) with a photo attached.
   Note: you must:
   - Be at least 18 years of age
   - Have a Social Security Number
   - Submit the application fee of $185 with the application.
   - Submit the Examination Security Agreement (Form 17A-76)
   - Submit the Affidavit of Intern Experience Obtained in Community and Institutional Pharmacy Settings (Form 17A-77)

2. **Licensure as a Pharmacist:** Submit evidence of licensure as a pharmacist for at least one year in another state or states in the U.S. (use Form 17A-16 in the application packet for this). This verification must be prepared by the state board of pharmacy in each state in which you are licensed.

3. **Official Transcript:** Your official transcript must be sent to the Board directly from your school or college of graduation.

4. **Fingerprinting:** All applicants must undergo a background check by submitting fingerprints for analysis by law enforcement agencies. Applicants residing in California must use Live Scan. Applicants residing outside California may come to California and use Live Scan, or submit rolled fingerprints on fingerprints cards obtained from the Board (call the Board for these cards). If you use Live Scan, you will pay a processing fee at the Live Scan submission facility. **If you submit fingerprint cards:** there is a fee of $51 for processing of rolled fingerprints that you must include with your application to the Board.

For complete information about how you can become a licensed pharmacist in California, go to the California State Board of Pharmacy Web site at www.pharmacy.ca.gov.

California State Board of Pharmacy, 1625 N. Market Blvd., Suite N-219, Sacramento, CA 95834 (916) 574-7900

October 2008

CALIFORNIA STATE BOARD OF PHARMACY

BE AWARE & TAKE CARE: Talk to your pharmacist!

Pharmacist Licensure in California

Requirements at a Glance for:

U.S. School of Pharmacy Graduate *and* **NOT** Licensed in Another State

QUALIFICATIONS FOR ELIGIBILITY

1. **Education:** You must possess a B.S. in Pharmacy or a PharmD degree from a domestic school of pharmacy accredited by the American Council on Pharmaceutical Education (ACPE).

2. **Experience:** You must submit documentation of 1,500 intern experience hours in both community pharmacy and institutional pharmacy practice settings. (Intern hours in another state must be verified by the state board of pharmacy where the hours were earned.)

3. **Testing:** You must take and pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination (CPJE). These two exams are separate exams, and administered by different agencies. You have one year to take both exams from the date the California State Board of Pharmacy determines you are eligible. If you have passed the NAPLEX examination after January 1, 2004, you may not have to retake this examination.

APPLICATION REQUIREMENTS

(Provided below is an overview of the requirements to be eligible to take the licensure examinations for California. All forms and detailed instructions about this process are online at www.pharmacy.ca.gov under "Information for Applicants." Please allow 60 days for the Board to process your application.)

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   Note: you must:
   - Be at least 18 years of age
   - Have a Social Security Number
   - Submit the application fee of $185 with the application.
   - Submit the Examination Security Agreement (Form 17A-76)
   - Submit the Affidavit of Intern Experience Obtained in Community and Institutional Pharmacy Settings (Form 17A-77)

2. **Intern Experience:** Submit documentation of 1,500 hours of intern experience earned in both community pharmacy and institutional pharmacy practice settings. Intern hours earned in another state must be verified by the state board of pharmacy where the hours were earned. Use the License and Non-California Intern Hours Verification Form (form 17A-16), which is part of the application package, for this purpose.

3. **Official Transcript:** Your official transcript must be sent to the Board directly from your school or college of graduation. The date of graduation and pharmacy degree earned must be posted on the transcript. (Note: Some colleges do not post PharmD degrees to transcripts until two to three months after graduation; be sure to ask about when the degree will be posted when you request a transcript.)

4. **Fingerprinting:** All applicants must undergo a background check by submitting fingerprints for analysis by law enforcement agencies. Applicants residing in California must use Live Scan. Applicants residing outside California may come to California and use Live Scan, or submit rolled fingerprints on fingerprints cards obtained from the Board (call the Board for these cards). If you use Live Scan, you will pay a processing fee at the Live Scan submission facility. **If you submit fingerprint cards:** there is a fee of $51 for processing of rolled fingerprints that you must include with your application to the Board.

For complete information about how you can become a licensed pharmacist in California, go to the California State Board of Pharmacy Web site at www.pharmacy.ca.gov.

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October 2008

CALIFORNIA STATE BOARD OF PHARMACY

BE AWARE & TAKE CARE: Talk to your pharmacist!

Pharmacist Licensure in California

Requirements at a Glance for:

Graduate of a Foreign School of Pharmacy

QUALIFICATIONS FOR ELIGIBILITY

1. **Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate:** You must be certified by the FPGEC. You must submit a copy of your FPGEC certificate as proof of your FPGEC certification.

2. **Experience:** You must submit documentation of 1,500 intern experience hours in both community pharmacy and institutional pharmacy practice settings. (Intern hours in another state must be verified by the state board of pharmacy where the hours were earned.)
   OR:
   If you have been licensed as a pharmacist for a minimum of one year in another state in the U.S., you may instead submit verification of this licensure from the applicable state board of pharmacy. If you have less than one year of experience as a licensed a pharmacist in another state, you must submit proof of completion of 1,500 hours of intern experience from the respective state boards of pharmacy in each state where the intern hours were earned.

3. **Testing:** You must take and pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination (CPJE). These two exams are separate. You have one year to take both exams from the date the California State Board of Pharmacy determines you are eligible. If you have passed the NAPLEX examination after January 1, 2004, you may not have to retake this examination.

APPLICATION REQUIREMENTS

(Provided below is an overview of the requirements to be eligible to take the licensure examinations for California. All forms and detailed instructions about this process are online at www.pharmacy.ca.gov under "Information for Applicants." Please allow 60 days for the Board to process your application.)

1. **Application:** Submit a completed Application for Pharmacist Licensure and Examination (Form 17A-1) with a photo attached.
   Note: you must:
   - Be at least 18 years of age
   - Have a Social Security Number
   - Submit the application fee of $185 with the application.
   - Submit the Examination Security Agreement (Form 17A-76)
   - Submit the Affidavit of Intern Experience Obtained in Community and Institutional Pharmacy Settings (Form 17A-77)

2. **Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate:** Submit a copy of your FPGEC certificate with your application.

3. **Proof of Experience:**
   - INTERN EXPERIENCE: submit documentation of 1,500 hours of intern experience earned in both community pharmacy and institutional pharmacy practice settings. Intern hours earned in another state must be verified by the state board of pharmacy where the hours were earned. Use the License and Non-California Intern Hours Verification Form (form 17A-16), which is part of the application package, for this purpose.

     OR

   - LICENSED PHARMACIST IN ANOTHER STATE: submit evidence of licensure as a pharmacist for a minimum of one year in another state in the U.S. (use Form 17A-16). This verification must be prepared by the applicable state board of pharmacy. If you have less than one year of experience as a licensed a pharmacist in another state, you must submit proof of completion of 1,500 hours of intern experience (as described above).

4. **Fingerprinting:** All applicants must undergo a background check by submitting fingerprints for analysis by law enforcement agencies. Applicants residing in California must use Live Scan. Applicants residing outside California may come to California and use Live Scan, or submit rolled fingerprints on fingerprints cards obtained from the Board (call the Board for these cards). If you use Live Scan, you will pay a processing fee at the Live Scan submission facility. **If you submit fingerprint cards:** there is a fee of $51 for processing of rolled fingerprints that you must include with your application to the Board.

For complete information about how you can become a licensed pharmacist in California, go to the California State Board of Pharmacy (Board) Web site at www.pharmacy.ca.gov.

California State Board of Pharmacy, 1625 N. Market Blvd., Suite N-219, Sacramento, CA 95834 (916) 574-7900

October 2008

You track

Preparation of Application to the CA Board:

☐ _____ Date Completed — Requested my school to send my transcript with degree posted.

☐ _____ Date Completed — Submitted a completed, signed & dated Application for Pharmacist Licensure and Examination (17A-1)

☐ _____ Date Completed — Submitted fee of $185 by check or money order payable to the board
Check/money order #_____
Check/money order was cashed on _____. This means my application was received by the board.

☐ _____ Date Completed — Attached a color photo of myself on photo quality paper to my application

☐ _____ Date Completed — Submitted signed and dated Examination Security Acknowledgement (17A-76)

☐ _____ Date Completed — Submitted a total of 1500 intern hours earned with my application.
_____ of 1500 hours earned in CA using Intern Hours Affidavit (17A-29)
_____ of 1500 hours earned outside of CA using License and Non-CA Intern Hour Verification Form (17A-16)

☐ _____ Date Completed — Submitted a signed and dated Affidavit of Intern Experience Obtained in Community and Institutional Pharmacy Setting (17A-77)

☐ _____ Date Completed — Submitted a completed Live Scan form – service at DOJ & FBI level
Note: If you are residing outside CA, you are required to submit fingerprint cards with fingerprints professionally rolled on board provided cards with fingerprint processing fee of $51 in lieu of the Live Scan form.

Application Mailed to CA Board:_____

- ✓ Please allow 45 days for processing. You will be made eligible within the 45 days or you will receive a letter from the board requesting additional information.
- ✓ Once you are made eligible, you will receive an eligibility letter from the board.
- ✓ You will receive a CPJE Handbook from PSI within 5 days of receiving your eligibility letter.

You track

Application Submitted to NAPLEX:_____

- ✓ If you designated CA your primary state or transfer state, the board will receive a list weekly from NABP indicating those NAPLEX applicants who wanted their scores transferred to CA.
- ✓ Once you have been deemed eligible by the board, your eligibility will be verified to NABP within 2 weeks of being made eligible with the board provided you have applied to take the NAPLEX.

Scheduled to take the CPJE/NAPLEX

☐ _____ _____ Scheduled CPJE with PSI on _____.
Date Scheduled — Test Site Location

☐ _____ _____ Scheduled NAPLEX with Pearson Vue on _____.
Date Scheduled — Test Site Location

Results Received

CPJE – 14-30 days after exam taken unless Quality Assurance (QA) assessment is in place. You may check the board's Web site at http://www.pharmacy.ca.gov/forms/rel_exam_scores.pdf to see if a QA is in place.
NAPLEX – 14-30 days after test is taken.

CPJE and NAPLEX: 75 or higher – Passing
CPJE and NAPLEX: 74 or lower – Failing - Submit Retake Application (17A-1A)

Issuing RPH License

- ✓ If the California Board of Pharmacy has notified you that you have passed both CPJE and NAPLEX, you will be sent a Request for Issuance of Pharmacist License (17A-9).
- ✓ You will be instructed to update your address and sign the form as well as remit an initial licensing fee of $150 made payable to the California Board of Pharmacy by either check or money order.

  My check/money order #_____ was mailed on _____.
  Check/money order was cashed on _____. This means the board received my application.

- ✓ The board will issue your license within 5 business days of your initial licensing fee being cashed. If additional information is required, the board will contact you.
- ✓ Your license will be posted on the board's Web site within 24 hours of issuance.
- ✓ Your pocket license will be mailed to you in approximately 2-4 weeks.
- ✓ Your wall certificate will be mailed to you in approximately 4-6 weeks.

Attachment 5

- *Information on The Coalition on Shortages of Allied Health Professionals*
- *Workgroup Meeting Minutes*

Coalition on Shortages of Allied Health Professionals

Mission

To create and lead a statewide, coordinated effort to develop and implement strategic solutions to the shortage of non-nursing allied health professionals.

Organizational Structure

The Coalition on Shortages of Allied Health Professionals is comprised of the CHA Workforce Committee, Allied Healthcare Workforce Advisory Council and four workgroups.

CHA Workforce Committee Goals

- Through the establishment of service area workgroups, identify barriers, such as legislative and regulatory obstacles, that are linked to the causes of shortages of professionals in the areas of imaging, laboratory and pharmacy services.
- In conjunction with the Allied Healthcare Workforce Advisory Council, develop and implement solutions to eliminate these barriers.
- Foster collaboration among CHA member hospitals and health systems, other advocacy organizations, education, research, business and state government, among others.
- Promote a long-term vision for the allied health workforce in California.
- Further develop links with workforce partners and stakeholders.
- Pursue joint public/private partnerships for workforce training and education.

Workgroup Goals

- Identify and analyze barriers and challenges in developing, recruiting and retaining imaging, laboratory and pharmacy service professionals statewide.
- Draft an issue statement to the CHA Workforce Committee by December 1, 2008 that outlines and explains the barriers.
- Work with the CHA Workforce Committee to develop recommendations that will address the identified barriers with consideration given to emerging technologies and their future impact on the allied health workforce.

Guiding Principles for Committee, Council and Workgroups

- Coalition participants will have a fiduciary responsibility to the committee, council or workgroup of which they are a member.
- Recommendations will increase access to and improve quality of health care for Californians.
- Recommendations should take into consideration the need to build a diverse and culturally competent allied health workforce.
- Involving multiple partners and stakeholders is a valuable and necessary component for the success of the coalition.
- Proposed solutions must be statewide in nature.
- Recommendations must take into account the emergence of new technologies and their impact on the allied health workforce in the future.

Source: U.S. Department of Labor, Bureau of Labor Statistics.

Employment by occupation, 2006 and projected 2016 [Numbers in thousands]						
2006 National Employment Matrix		Employment		Change		Total job openings due to growth and net replacements,
		Number				
Title	Code	2006	2016	Number	Percent	2006-16 (1)
Pharmacists	29-1051	243	296	53	21.72	95
Pharmacy technicians	29-2052	285	376	91	32.04	178

(1) Total job openings represent the sum of employment increases and net replacements.
If employment change is negative, job openings due to growth are zero and total job openings equal net replacements.

Projected growth in employment between 2006 and 2016 is indicated by a descriptor such as "Average", "Faster than average", "Much faster than average", etc. These descriptors were developed by the Bureau of Labor Statistics and correspond to a percentage (%) range. The table below serves as a legend.*

If employment will:	The growth is considered:
Increase 27 % or more	**Much faster than average**
Increase 18 % - 26 %	**Faster than average**
Increase 9 % - 17 %	Average
Increase 0 % - 8 %	More slowly than average
	Decline

*Table created by UCSF, Center for the Health Professions

California Occupational Projections of Employment 2006-2016
Pharmacists and Pharmacy Techs

Annual Openings Due to Growth

Area	Code	Occupation	Est Yr-Proj Yr	Annual Openings Due to Growth
California	291051	Pharmacists	2006 - 2016	620
California	292052	Pharmacy Technicians	2006 - 2016	840

Annual Openings Due to Separation

Area	Code	Occupation	Est Yr-Proj Yr	Annual Openings Due to Separations
California	291051	Pharmacists	2006 - 2016	410
California	292052	Pharmacy Technicians	2006 - 2016	710

Total Estimated Annual Openings due to Growth and Separation

Area	Code	Occupation	Est Yr-Proj Yr	Total Annual Openings
California	291051	Pharmacists	2006 - 2016	1030
California	292052	Pharmacy Technicians	2006 - 2016	1550

Occupational Projections of Employment

Area	Occupation	Est Yr-Proj Yr	Estimated Employment
California	291051 Pharmacists	2006 - 2016	23,800
California	292052 Pharmacy Technicians	2006 - 2016	23,300

Source: State of California, EDD, Labor Market Info
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COALITION ON SHORTAGES OF ALLIED HEALTH PROFESSIONALS

PHARMACY WORKGROUP
MEETING NOTES

Tuesday, September 16, 2008
10:00 a.m. – 2:00 p.m.

California Hospital Association Board Room
1215 K Street, Suite 800
Sacramento, CA 95814
(916) 443-7401

Workgroup Members Present:
Dawn Benton
Allan Cohen
James Colbert (via conference line)
Virginia Herold
Mariann Novarina
Lorie Rice
Gloria Robertson
Kenny Scott
Anne Soderegren.

Staff Present:
Cathy Martin
Gail Blanchard-Saiger
Judith Yates (via conference line)

Educational Requirements/Pathways for Pharmacy Technicians and Pharmacists:

Pharmacy Technicians	Pharmacists
• HS Diploma, GED or CDCR Certification • OR foreign grad • OR graduated from School of Pharm and couldn't pass Pharmacist exam • OR 240 hours of OJT at a tech training program in a hospital • OR pass the PTC exam • OR Associate dg from Community College • OR certification from other vocational school	• 4 Year degree • In addition to +/- 4 MORE years of Pharmacy School • Results in PharmD degree • In order to practice must pass national and state exam • After exam, 50% of PhramD grads do a residency • Other 50% go to work as pharmacists

Pharmacy Technician Supply:

Issues identified by the workgroup:

- Currently, there is lack of ***qualified*** pharmacy technicians, *but not a lack* of pharmacy techs in general.
- There is also a lack of ***quality*** pharmacy technician training programs.
- Regardless of education, substantial OJT is required to develop a skilled pharmacy technician.
- Creating long term job satisfaction for a pharmacy technician position is challenging due to the following factors:
    - Emerging technologies have lead to a "care and feeding" of the technology, instead of the employee.
    - The job is typically low in pay.
    - There is no long term career path from Pharm Tech.

How do pharmacy technicians fit into our workgroup discussions and the overall goals of the Coalition?

Workgroup members recognized that pharmacy technicians can become ***part*** of the solution to the pharmacist shortage only if the above outlined issues are addressed. Merely increasing the number of techs will not be beneficial.

Workgroup members came to a consensus that time would be better spent focusing on the pharmacist shortage specifically and reserving consideration of pharmacy technician issues for discussion only as they relate to increasing ***qualified and skilled*** technicians. It was recognized that qualified technicians can support pharmacists, allowing them to fulfill their most important role of utilization of drugs and clinical pharmacy.

Pharmacist Supply:

General notes and comments captured during workgroup session:

Currently, the pharmacists supply is a zero-sum game. There are only a certain number of them and if one facility beefs up recruiting and is able to fill a spot, it just leaves another facility with a vacancy. Addressing the cause of the shortages, as opposed to putting additional efforts into recruitment at the workforce level, will be a more effective way to deal with the shortages on the whole.

Workgroup consensus is to bridge with community and retail pharmacists further on in the process.

Issues and barriers identified by the workgroup:

Education Related

- Lack of Pharmacy School "slots". Applicants significantly outnumber the number of slots available.
- Faculty shortages.
- Faculty salaries not commensurate with the education required to teach at a Pharm School.
- Pharmacy Schools loose diverse candidates to medical schools and other professional schools.
- Getting in to Pharmacy School is extremely challenging – stringent requirements.
- Pharmacy is the "invisible" profession. Not widely promoted as an option to students.
- Cost of going to Pharmacy School could be linked to a lack of diversity.
- Disconnect between the academic preparation of pharmacists and the realities of the job.
- A lack of management of expectations – what to expect as a pharmacists.
- Because of a lack of capacity at schools like UCSD/SF, the demand is being filled by proprietary schools. There is a concern over the quality of these schools– are the graduates qualified?

Workforce Related

- Lack of qualified pharmacy technicians increases the pharmacists workload.
- Lack of qualified candidates to choose from when recruiting and hiring.
- Recent trends indicating that pharmacists desire flexible and/or part time schedules, and/or no weekends or nights. (difficult for hospitals that operate 24/7)
- Strong competition between pharmacies of all sorts as they try to fill vacancies.
- Cost of living in CA very high.
- Loosing pharmacists to other states.
- Willingness of pharmacists to relocate can be an issue because California is so diverse from region to region. (i.e. someone from the bay area or LA may not be likely to fill a vacancy in the Central Valley where shortages are high or visa versa.)
- Flat salaries throughout career. Years of experience does not pay off.
- Gender trends – with majority of women in the field, flexible working schedules are increasing demand for coverage.
- Job dissatisfaction.
- Pharmacists moving to other related professions (home therapy, research, manufacturing, etc…)
- Lack of commitment – 2-3 pharmacists needed to fill 1 FTE.

Technology Related

- Although emerging technologies may fill a gap and help with pharmacists workload, technology can be:
  - Very expensive
  - Inconsistent with regulations.

- Workgroup reaction to ROBOT-Rx:
  - Rules are not clear on how to use the technology.

Other Related Issues/Barriers:

- Lack of State reciprocity for licensing.
- State licensing of Pharmacists in general may be an issue. National licensing sufficient?
- Increased regulations leading to an increased demand for pharmacists.
- Increased need for specialty pharmacists – siphoning of pharmacists from general supply.
- Lack of specialty pharmacists training programs.
- NPLEX: If you took the exam before 2004, you need to take it again to be licensed in CA

Information and/or data needed:

- Studies that show vacancies. – Cathy to see Virginia
- How does data differ from hospital to retail pharmacies?
- Demographics of graduates

Next Steps and Action Items:

- 90 minute call-in (in person available) meeting in October and November. Agenda items will include ranking issues/barriers in terms of their impact on the shortages.
- Connect Kathryn Knapp of Touro University to the group – Cathy to work with Lori Rice.
- Cathy Martin to send out meeting notes by September 25 and include proposed dates for October call.

Attachment 6

- *Letter from Greg Evans, PharmD*
- *LA Times Article, "Antibiotics in Our Livestock"*
- *Copy of 16 CCR 1780.1*

To: Virginia Herold, Executive Officer
California State Board of Pharmacy
From: Greg Evans, Pharm.D.
Access Pharmacy Resources
Date: March 30, 2007
Re: Existing laws for Vet Retailer Exemptees

Ginny:

As you know, a major part of our business is offering a training seminar for Designated Representatives for California licensed medical wholesalers and for non-resident wholesalers outside the state. Because of this, we come across others who are in need of training in other areas. Some we are able to assist and others fall beyond the scope of what we provide.

One recent example of "falling beyond the scope", is in the practice area of Veterinary Food-Animal Drug Retailers (VFADR). We recently received a call from a company who is seeking to have an individual trained to become licensed as a Vet Retailer Exemptee, in order to remain compliant with California regulations.

The current regulation, as listed in CCR 1780.1(m), outlines the training requirements to qualify for licensure as a Vet Retailer Exemptee. It reads as follows:

m. Training of Vet Retailer Exemptee
- (1) A course of training that meets the requirements of section 4053(b)(4) shall include at least 240 hours of theoretical and practical instruction, provided that at least 40 hours are theoretical instruction stressing:
  - (A) Knowledge and understanding of the importance and obligations relative to drug use on food-animals and residue hazards to consumers.
  - (B) Knowledge and understanding of state and federal law regarding dispensing of drugs, including those prescribed by a veterinarian.
  - (C) Knowledge and understanding of prescription terminology, abbreviations, dosages and format, particularly for drugs prescribed by a veterinarian.
  - (D) Understanding of cautionary statements and withdrawal times.
  - (E) Knowledge and understanding of information contained in package inserts.

A course that met these criteria was offered at one time by the UC Davis School of Veterinary Medicine. When CCR 1781.1 was implemented, there was a surge of those seeking licensure. Currently, there are only 22 VFADR's licensed in California. The demand from the initial surge has greatly diminished; therefore, UC Davis no longer offers the training program. I confirmed this with them on March 29, 2007. Because there are no providers of this training, it effectively renders CCR 1781.1(m)(1) irrelevant, by mandating something that is not available.

However, CCR 1781.1 goes on to offer alternative means of satisfying the training requirements. It states:

(2) As an alternative to the training program specified in paragraph (1), other training programs that satisfy the training requirements of section 4053 include fulfillment of one of the following:

(A) Possess a registration as a registered veterinary technician with the California Veterinary Medical Board.

(B) Being eligible to take the State Board of Pharmacy's pharmacist licensure exam or the Veterinary Medical Board's veterinarian licensure examination.

(C) Having worked at least 1,500 hours within the last three years at a veterinary food-animal drug retailer's premises working under the direct supervision of a vet retailer exemptee. The specific knowledge, skills and abilities listed in sections 1780.1(m)(1)(A-E) shall be learned as part of the 1500 hours of work experience. A vet retailer exemptee who vouches for the qualifying experience earned by an applicant for registration must do so under penalty of perjury.

Because the first option of the 240 hour training program is apparently no longer available anywhere in California, the result is that the section (2) "alternative" options have now become the only options. This creates a deficit in an individual's ability to become licensed as a Vet Retailer Exemptee. If a VFADR company has turnover at the vet retailer exemptee position, it leaves very few and difficult alternatives for them to replace that person with a newly licensed individual.

The other types of licensed persons who can fulfill the vet exemptee role are hard to come by. Veterinary techs are few in number and mostly employed by veterinarians. Pharmacists and veterinarians are legally able to fill this role, but they are cost prohibitive and almost impossible to find for this type of work.

To resolve this issue, a few options come to mind. **First** - Is UC Davis willing to make their program available in some type of on-line or self-study format? No one is more knowledgeable about this topic, and it would require no changes to the law, as long as the 240 hour requirement was met. **Second** - If that is not viable, is it possible to make the training requirements similar to what is required to become a Designated Representative for a medical wholesaler? See BP 4053(b)(3)(A-E). This would require removing the mandated 240 hours of training. **Third** - I am not aware of any that offer it, but it may be possible for a trade or tech school to provide a 240 hour training program. But due to lack of high demand, I do not foresee anyone offering such an extensive program.

Ginny, I am not attempting to dilute the requirements for licensure, nor am I trying to be self-serving in bringing this issue to your attention. I am only responding to a call and subsequent discussion with a VFADR and their challenges to get licensed to stay compliant. I currently do not provide any vet exemptee training and honestly, there isn't a huge market for it. If the regulations were changed by taking away the 240 hour requirement and only mandating knowledge and understanding of certain topics, it would allow the material to be presented in a much shorter format, with review questions or an examination at the end to prove knowledge and understanding.

This would make it similar to what we do to train Designated Reps for medical wholesalers. If these changes occurred it is theoretically possible for us to develop such a program. The returns would be minimal, but if it provided a needed mechanism and filled a void to help companies and individuals get licensed and stay compliant, we could take a look at developing such a program. Whether we provide any training or not, CCR 1781.1 does not reflect current availability.

Thank you for your time and consideration of this proposal. I look forward to seeing you at future Pedigree Workgroup Meetings.

Karen Abbe/Pharmacy/DCANotes
05/06/2008 09:54 AM

To Virginia Herold/Pharmacy/DCANotes@DCANotes
cc Anne Sodergren/Pharmacy/DCANotes@DCANotes
bcc
Subject LA Times: Antibiotics in our livestock

Los Angeles Times

ANTIBIOTICS IN OUR LIVESTOCK
Their overuse in the meat and poultry industries may help spawn superbugs.

http://www.latimes.com/features/health/medicine/la-ed-antibiotics1-2008may01,0,756746.story

Los Angeles Times
May 1, 2008

Just when everyone is fretting over the price of food, the Pew Commission on Industrial Farm Animal Production released a report that outlines the ways in which factory farming exacts an additional toll on both the Earth and the consumer. The pollution of streams and groundwater and the greenhouse gases produced by animal waste entail actual dollar costs borne largely by taxpayers, as well as more intrinsic concerns about human health, environmental damage and animal well-being.

The good news is that, among the trends laid out in the report, the most troubling is also among the most fixable: overuse of antibiotics in livestock, a major contributor to the creation of drug-resistant bacteria and thus a direct assault on human health. The danger isn't in what consumers eat -- the U.S. Department of Agriculture strictly limits antibiotic residue in meat -- but in the superbugs that become part of the environment.

Not just a cure for infection anymore, antibiotics are routinely given to livestock to prevent disease in crowded pens and stockyards and to promote growth. The report says farms can buy these drugs without a prescription or veterinary permission, so it's no surprise that half of all the antibiotics worldwide are used in food production. The ubiquitous use of animal antibiotics saves consumers $5 to $10 a year on their meat and poultry bill, the National Academy of Sciences estimated in 1999. Even that relative pittance is a pseudo-saving, though, because the United States spends more than $4 billion a year to combat resistant infections, which kill 90,000 people a year in this country.

Experience elsewhere shows that meat producers can use far less medication. In 1998, Denmark banned antibiotic use in livestock except to treat illness. Four years later, a World Health Organization study found that the ban was already helping to reduce the potential for resistant bacteria, at minimal cost to meat producers and without significantly affecting the health of the livestock. Two years ago, the European Union banned the use of all growth-enhancing antibiotics.

Federal legislation that would phase out the use of livestock antibiotics (except to treat sick animals) is stalled, despite the endorsement of the American Medical Assn. and the American Academy of Pediatrics. No matter how frightening the grocery tab is getting, we cannot afford to lose the effectiveness of existing antibiotics. Public health comes before cheap meat.

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§1780.1. Minimum Standards for Veterinary Food-Animal Drug Retailers.

In addition to the minimum standards required of wholesalers by section 1780, the following standards shall apply to veterinary food-animal drug retailers.
(a) Drugs dispensed by a veterinary food-animal drug retailer pursuant to a veterinarian's prescription to a veterinarian's client are for use on food-producing animals.
(b) Repackaged within the meaning of Business and Professions Code section 4041 means that a veterinary food-animal drug retailer may break down case lots of dangerous drugs as described in 4022(a), legend drugs or extra label use drugs, so long as the seals on the individual containers are not broken. Veterinary food-animal drug retailers shall not open a container and count out or measure out any quantity of a dangerous, legend or extra label use drug.
(c) Dangerous drugs, legend drugs or extra label use drugs returned to a veterinary food-animal drug retailer from a client shall be treated as damaged or outdated prescription drugs and stored in the quarantine area specified in section 1780(e)(1). Returned drugs may not be returned to stock, or dispensed, distributed or resold.
(d) A pharmacist or person issued a permit under Business and Professions Code section 4053 (hereafter called a vet retailer designated representative) may dispense drugs for use on food-producing animals on the basis of a written, electronically transmitted or oral order received from a licensed veterinarian. Only a pharmacist or the vet retailer designated representative may receive an oral order for a veterinary food-animal drug from the veterinarian. A written copy of the oral prescription shall be sent or electronically transmitted to the prescribing veterinarian within 72 hours.
(e) When a vet retailer designated representative dispenses a prescription for controlled substances, the labels of the containers shall be countersigned by the prescribing veterinarian before being provided to the client.
(f) Whenever a vet retailer designated representative dispenses to the same client for use on the same production class of food-animals, dangerous drugs, legend drugs or extra label use drugs prescribed by multiple veterinarians, the vet retailer designated representative shall contact the prescribing veterinarians for authorization before dispensing any drugs.
(g) Refilling a veterinarian's prescription
(1) A veterinary food-animal drug retailer may refill a prescription only if the initial prescription is issued indicating that a specific number of refills are authorized. If no refills are indicated on the initial prescription, no refills may be dispensed. Instead, a new prescription is needed from the veterinarian.
(2) A veterinary food-animal drug retailer may not refill a veterinarian's prescription order six months after the issuance date of the initial order. Records of any refills shall be retained by the veterinary food-animal drug retailer for three years.
(h) Labels affixed to a veterinary food-animal drug dispensed pursuant to Business and Professions Code section 4041 shall contain the:
(1) Active ingredients or the generic names(s) of the drug

(2) Manufacturer of the drug
(3) Strength of the drug dispensed
(4) Quantity of the drug dispensed
(5) Name of the client
(6) Species of food-producing animals for which the drug is prescribed
(7) Condition for which the drug is prescribed
(8) Directions for use
(9) Withdrawal time
(10) Cautionary statements, if any
(11) Name of the veterinarian prescriber
(12) Date dispensed
(13) Name and address of the veterinary food-animal drug retailer
(14) Prescription number or another means of identifying the prescription, and if an order is filled in multiple containers, a sequential numbering system to provide a means to identify multiple units if shipped to the same client from the same prescription (container 1 of 6, container 2 of 6, etc.)
(15) Manufacturer's expiration date
(i) A record of shipment or an expanded invoice shall be included in the client's shipment, and shall include the names of the drugs, quantity shipped, manufacturer's name and lot number, date of shipment and the name of the pharmacist or vet retailer designated representative who is responsible for the distribution. Copies of the records shall be distributed to the prescribing veterinarian and retained by the veterinary food-animal drug retailer for three years.
(j) If a retailer is unable at any one time to fill the full quantity of drugs prescribed, the retailer may partially ship a portion so long as the full quantity is shipped within 30 days. When partially filling a veterinarian's prescription, a pharmacist or vet retailer designated representative must note on the written prescription for each date the drugs are shipped: the quantity shipped, the date shipped, and number of containers shipped, and if multiple containers are dispensed at one time, each container must be sequentially numbered (e.g., 1 of 6 containers),. If a retailer is unable to dispense the full quantity prescribed within 30 days, a new veterinarian's prescription is required to dispense the remainder of the drugs originally prescribed.
(k) Upon delivery of the drugs, the supplier or his or her agent shall obtain the signature of the client or the client's agent on the invoice with notations of any discrepancies, corrections or damage.
(l) If a person, on the basis of whose qualifications a certificate of exemption has been granted under Business and Professions Code Section 4053 (the vet retailer designated representative), leaves the employ of a veterinary food-animal drug retailer, the retailer shall immediately return the certificate of exemption to the board.
(m) Training of Vet Retailer Designated representative:
(1) A course of training that meets the requirements of section 4053(b)(4) shall include at least 240 hours of theoretical and practical instruction, provided that at least 40 hours are theoretical instruction stressing:

(A) Knowledge and understanding of the importance and obligations relative to drug use on food-animals and residue hazards to consumers.
(B) Knowledge and understanding of state and federal law regarding dispensing of drugs, including those prescribed by a veterinarian.
(C) Knowledge and understanding of prescription terminology, abbreviations, dosages and format, particularly for drugs prescribed by a veterinarian.
(D) Understanding of cautionary statements and withdrawal times.
(E) Knowledge and understanding of information contained in package inserts.
(2) As an alternative to the training program specified in paragraph (1), other training programs that satisfy the training requirements of 4053 include fulfillment of one of the following:
(A) Possessing a registration as a registered veterinary technician with the California Veterinary Medical Board.
(B) Being eligible to take the State Board of Pharmacy's pharmacist licensure exam or the Veterinary Medical Board's veterinarian licensure examination.
(C) Having worked at least 1,500 hours within the last three years at a veterinary food-animal drug retailer's premises working under the direct supervision of a vet retailer designated representative. The specific knowledge, skills and abilities listed in sections 1780.1(m)(1)(A-E) shall be learned as part of the 1500 hours of work experience. A vet retailer designated representative who vouches for the qualifying experience earned by an applicant for registration must do so under penalty of perjury.

NOTE: Authority cited: Sections 4005 and 4197, Business and Professions Code. Reference: Sections 4040, 4041, 4053, 4059, 4063, 4070, 4081, 4196, 4197, 4198 and 4199, Business and Professions Code.

Attachment 7

Draft report to the legislature on the impact of requiring remedial education after failing the pharmacist licensure examination four times

California State Board of Pharmacy
CPJE Statistics 4/1/08 – 9/30/08

The charts below display data for all candidates who took the CPJE examination between 4/1/08 – 9/30/08, inclusive.

The board also displays NAPLEX scores associated with any candidate who took the CPJE during this six-month period and was reported to the board, regardless of when the NAPLEX may have been taken (it could have occurred outside the six-month reporting period noted above). Typically, the board reports CPJE performance data at six-month intervals.

Overall Pass Rates

CPJE

		Frequency	Percent
Valid	F	221	18.4
	P	979	81.6
	Total	1200	100.0

NAPLEX

		Frequency	Percent
Valid	F	27	2.4
	P	1112	97.6
	Total	1139	100.0

Location of School

CPJE

			CJPE		JPE Total	NAPLEX		NAPLEX Total
			Fail	Pass		Fail	Pass	
School	California	Count	42	563	605	4	595	599
		% within PF	6.9	93.1		0.7	99.3	
	Other US	Count	123	330	453	13	396	409
		% within PF	27.2	72.8		3.2	96.8	
	Foreign	Count	56	85	141	10	120	130
		% within PF	39.7	60.3		7.7	92.3	
	Unclassified	Count	0	1	1	0	1	1
		% within PF	0	100		0	100	
Total		Count	221	979	1200	27	1112	1139
		% within PF	18.4%	81.6%		2.4%	97.6%	

Gender

			CJPE pass fail status		JPE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
gender	F	Count	149	694	843	19	787	806
		% within PF	17.7	82.3		2.4	97.6	
	M	Count	72	285	357	8	325	333
		% within PF	20.2	79.8		2.4	97.6	
Total		Count	221	979	1200	27	1112	1139
		% within PF	18.4%	81.6%		2.4%	97.6%	

Degree

			CJPE pass fail status		JPE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
degree awarded	BS Pharmacy	Count	70	112	182	12	156	168
		% within PF	38.5	61.5		7.1	92.9	
	Pharm D.	Count	151	867	1018	15	956	971
		% within PF	14.8	85.2		1.6	98.4	
Total		Count	221	979	1200	27	1112	1139
		% within PF	18.4%	81.6%		2.4%	97.6%	

California Schools

			CJPE pass fail status		JPE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
school	UCSF	Count	8	103	111	2	109	111
		% within PF	7.2	92.8		1.8	98.2	
	UOP	Count	19	126	145	1	140	141
		% within PF	13.1	86.9		0.7	99.3	
	USC	Count	5	173	178	1	176	177
		% within PF	2.8	97.2		0.6	99.4	
	Western	Count	4	107	111	0	111	111
		% within PF	3.6	96.4		0	100	
	Loma Linda	Count	5	31	36	0	35	35
		% within PF	13.9	86.1		0	100	
	UCSD	Count	1	23	24	0	24	24
		% within PF	4.2	95.8		0	100	
Total		Count	42	563	605	4	595	599
		% within PF	6.9%	93.1%		0.7%	99.3%	

US Schools of Pharmacy

	CJPE pass fail status		
	F	P	Total
Samford	0	1	1
U of AZ	0	5	5
U of AR	0	1	1
UCSF	8	103	111
U of Pacific	19	126	145
USC	5	173	178
U of CO	0	14	14
U of Conn	2	1	3
Howard DC	3	3	6
FL A&M	1	1	2
U of FL	1	8	9
Mercer	1	3	4
U of GA	0	4	4
Idaho SU	1	1	2
U of IL Chi	3	5	8
Butler U	0	6	6
Purdue	0	5	5
Drake	0	4	4
U of IA	2	5	7
U of KS	0	4	4
U of KY	1	1	2
Xavier	0	3	3
U of MD	2	5	7
MA Col Pharm	19	43	62
NE-MA	5	9	14
Ferris	1	2	3
U of MI	2	1	3
Wayne SU	2	2	4
U of MN	1	9	10
U of MS	1	1	2
St. Louis Col of PH	4	5	9
UMKC	2	3	5
U of MT	1	3	4
Creighton	3	10	13
Rutgers	3	4	7
U of NM	3	3	6
Western	4	107	111
Midwstern U Chicago	2	9	11
A&M Schwartz	4	6	10
St. Johns	4	8	12
SUNY-Buff	3	9	12
Union U	4	4	8
UNC	0	8	8

	CJPE pass fail status		Total
	F	P	
ND SU	0	1	1
OH Nrthrn U	0	1	1
OH State U	3	2	5
U of Cinn	0	1	1
U of Toledo	0	5	5
SW OK State	2	2	4
OR State U	0	3	3
Duquesne	2	1	3
Phl C of Pharm	1	2	3
Temple	3	9	12
U of Pitt	1	0	1
U of PR	1	0	1
U of SC	0	1	1
TX SO U	0	1	1
U of Hous	1	2	3
U of TX	1	3	4
U of UT	0	2	2
Med C of VA	3	6	9
U of WA	1	5	6
WA State U	1	3	4
WV U	2	1	3
U of WI-Mad	0	4	4
U of WY	2	0	2
Campbell U	0	1	1
Nova Southeastern	5	5	10
Wilkes University	0	1	1
Texas Tech	0	1	1
Bernard J Dunn	1	8	9
Midwestern AZ	3	7	10
Nevada College of Pharm	5	24	29
Loma Linda U	5	31	36
UCSD	1	23	24
MA School of Pharm - Worcester	2	4	6
Palm Beach Atlantic University	2	2	4
U of Appalachia	0	1	1
South U School of Pharm	0	1	1
Hampton U (VA)	0	1	1
Unclassified	0	1	1
Other/FG	56	85	141
Total	221	979	1200

Country

	CJPE pass fail status		Total
	F	P	
Armenia	0	1	1
Argentenia	1	1	2
Canada	1	3	4
Switzerland	0	1	1
Egypt	5	15	20
United Kingdom	0	1	1
India	21	19	40
Iran	2	0	2
Jordan	0	4	4
Kenya	0	1	1
Korea (N&S)	3	0	3
S. Korea	0	4	4
Lebanon	0	1	1
Nigeria/New Guinea	1	1	2
Nicaragua	0	2	2
Netherlands	0	1	1
Peru	0	1	1
Philippines	10	13	23
Pakistan	2	1	3
Seychelles	1	0	1
Serbia	0	1	1
Syria	1	1	2
Taiwan	1	0	1
USA	167	899	1066
Yugoslavia	3	1	4
South Africa	2	7	9
Total	221	979	1200

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

Report on the Requirement that Candidates Failing the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) Four Times Must Obtain Additional Education in Pharmacy

DRAFT

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

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

Summary

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

Background

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

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

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

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

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

Data:

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

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

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

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

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

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

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

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

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

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

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

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

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

Attachment 8

Minutes of the September 29, 2008, Licensing Committee Meeting

California State Board of Pharmacy
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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE
MINUTES

DATE: September 29, 2008

LOCATION: Department of Consumer Affairs
Sequoia Meeting Room
2420 Del Pas Road, Suite 109 A/B
Sacramento, CA 95834

BOARD MEMBERS PRESENT:
Susan L. Ravnan, PharmD, Chairperson
Stanley C. Weisser, RPh
Henry "Hank" Hough, Public Member
James Burgard, Public Member

STAFF PRESENT:
Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Kristy Schieldge, DCA Senior Legal Counsel
Tina Thomas, Analyst

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1. *Emergency And Disaster Response Planning*

- California Dept. of Public Health: Request from San Diego County for Exemption to Distribute Prophylaxis Drugs to Emergency Response Staff Prior to a Declared Emergency

Chairperson Susan Ravnan explained that in 2007, the board received a request from San Diego County to provide an unspecified number of up to 500,000 bottles of a 7-14 day dosing regiment of Doxycycline or Ciprofloxacin to First Responders, that would be stored in their homes for their and their families' use, with the remainder being stored somewhere (unmentioned) else. The county was seeking an exemption from patient-specific labeling because it would be "difficult, if not impossible" to label these containers. Chairperson Ravnan noted that this request was later withdrawn.

Chairperson Ravnan indicated that, in September 2008, the board received a new request from San Diego County. She explained that this plan calls for Doxycycline 100mg #20 to be prescribed to approximately 100,000 First Responders and Critical Access Employees and their family members. Each prescription would be written by the

Public Health Officer (a licensed California prescriber) and transmitted to a pharmacy for dispensing.

Chairperson Ravnan stated that San Diego County is seeking confirmation that this model satisfies the requirements in pharmacy law. A copy of the First Responder and Critical Access Employee Home Emergency Prophylaxis Kit Plan was contained within the committee packet provided.

Stan Weisser asked if it is legal for someone to prescribe "mass" prescriptions for each family member without a doctor-patient relationship.

Executive Officer, Virginia Herold, responded that that is a question for the Medical Board. She stated that in this case, the First Responders are county employees, and that Health Officers have in the past filled those prescriptions as the employer of those first responders. She reiterated that it would be up to the Medical Board to determine whether it would be a viable prescription when it is being dispensed to the family members, rather than the First Responder employees.

Kristy Schieldge, board counsel for DCA, stated her concerns as to whether the pharmacists are in the scope of their practice by not reviewing medical history on every patient they are dispensing for. She also cautioned the board in giving any legal opinion pertaining to the request, as it could be seen as giving approval.

Ms. Herold indicated that the initial request by San Diego County was to dispense the drugs without a label. This subsequent request, however, does have some degree of control. She also noted that Doxycycline has contraindications with a lot of other drugs.

There was discussion on where the medication supply would be dispensed and how it would be funded.

Mr. Weisser stated that he is not comfortable with the request and would need more information.

Hank Hough shared concern about the drugs expiring while sitting on the shelf in the First Responders' homes.

Ms. Herold stated that the intent is to make sure that the First Responders and their families are taken care of, so that they can respond to the emergency needs of the community. She added that the counties are trying to find ways to assist with accomplishing this. Ms. Herold stated that Orange County dispensed medications in a similar manner (without advising the board), but the drugs were only provided to the First Responders, not their family members. In that case, they were labeled patient-specific.

Jim Burgard shared the concern in dispensing to family members when medical history is unknown and contraindications are an issue.

Public Comment:

Lynn Rolston (CPhA) stated that they have received a lot of feedback from organizations in other counties. She indicated that the issue may need to be addressed with a more global approach, and that a solution is needed that would apply statewide. She reiterated that it would need to be addressed at some point, whether it is for this county or for another county with another drug, and that it would helpful to know what the parameters will be for situations of dispensing mass amounts of drugs to First Responders.

Steve Gray (Kaiser Permanente) stated that Kaiser has been approached to get involved in a similar situation because of their large dispensing facilities. He stated that it is important to determine who will conduct the dispensing. He pointed out that physicians can dispense in California, and that the Medical Board has been "loose" on the interpretation of dispensing guidelines. Dr. Gray stated that the law does not require a "good faith" physical exam in order to dispense certain medications. He used the example where a drug is prescribed based on information collected by experienced personnel. He also added that it is unlikely that those 100,000 prescriptions would be provided as written prescriptions, as the cost would be significant. He also noted that it is indicated that such prescriptions would not be covered under insurance programs, as it is not a current medical need.

Ms. Herold suggested that the board invite San Diego County to the next committee meeting and, in the interim, board staff will contact the Medical Board and other counties for input.

Mr. Burgard suggested that the board provide a letter to San Diego County, indicating some of the parameters of concern prior to their attendance at the next meeting.

Ms. Herold stated that she suspects San Diego County already anticipates this as outside of the normal course of business for dispensing a prescription to a pharmacy. She added that they would provide parameters for the county as suggested. She noted that the intention is to ultimately have a "drive by" type arrangement for dispensing of the medication to the public in order to avoid large amounts of people arriving in the hospitals during a natural disaster, for example, who are not seeking medical treatment.

Mr. Burgard requested a copy of the letter that will be sent to San Diego County.

- **New Name for ESAR-VHPS**

In August board staff received notification that the ESAR-VHPS was renamed to Disaster Healthcare Volunteers of California.

This system, coordinated by the Emergency Medical Services (EMS) Authority, is to allow for health care professionals to sign up to serve as a volunteer in response to a disaster. The EMS will continue to work diligently to increase the number of volunteers in this program.

A copy of the memo provided by EMS Authority was contained within the committee packet provided.

2. *Patient Privacy Issues Arising From Abandonment Of Records – The Abandoned Records Project Of The California Office Of Privacy Protection*

Chairperson Ravnan stated that the California Office of Information Security and Privacy Protection recently convened a meeting to discuss abandoned records. She explained that abandoned records could involve health information, financial information or other personal information. She further explained that abandoned records include personal information for which no responsible owner or custodian can be located, but does not include improperly disposed of records, such as records being placed in a dumpster.

Chairperson Ravnan stated that the problem arises when records containing personal information are left behind by a professional or business. She indicated that sometimes these records are stored in self-service storage areas. The responsible party may have died, gone out of business or otherwise abandoned the premises, practice or records. Chairperson Ravnan said that the abandoned records pose a risk to the individuals whose personal information is compromised and could make them victims of identity theft, physical harm, etc. She stated that one possible solution is to notify the regulatory agency that licenses the professional who abandoned the records to take care of such records.

Chairperson Ravnan indicated that at this meeting, which is envisioned to become a series of meetings, the board shared their current records retention requirements for both current businesses as well as those that discontinue business. It appears that pharmacy law appropriately addresses several aspects of this issue, however it was clear from the meeting that not all professions have similar requirements to protect consumer information. Chairperson Ravnan did note, however, that pharmacy law does not address certain types of abandoned records such as those stored on unwanted computer equipment or offsite storage that becomes abandoned. She stated that the committee would develop a proposal to address this in the future.

Ms. Schieldge asked how this issue applies to the pharmacy board.

Ms. Herold provided background on an incident where a disposal issue arose because of tax records being stored in a private storage entity by a member of the board of accountancy who passed away. The Board of Pharmacy requires the completion of Discontinuance of Business form in the case of a deceased owner or close of business. Within that document, the location of the stored documents must be provided. The

location is required to be a licensed facility, with documents retained for at least three years. If that requirement is not followed, a citation and fine will be issued. Ms. Herold stated that the issue lies within the computer storage of documents when those computers are replaced and disposed of. She added that the board wants to ensure the proper storage of patient documents in all types of media, as they are highly confidential and contain sensitive material.

Ms. Schieldge referenced that there is a separate requirement under California Law, outside of the Information Practices Act, which states that records must be properly destroyed once they have completed use of the documents. She added that it does not address how the documents are to be destroyed, however, when the patient relationship no longer exists.

Ms. Herold stated that the issue at hand relates to a multi-disciplinary meeting and the various types of sensitive records being used. She indicated that the board needs to be cognizant of this concern over the highly confidential documents in reference

Mr. Burgard stated that he attended a meeting of an organization where legal disposal of hard drives are done in order to control the transfer of records when a computer is no longer used and discarded. He suggested this as an option.

Public Comment:

Dr. Gray stated that Centers for Medicare and Medicaid Services requires prescription records to be stored for 10 years. He further explained that those records need to be kept on paper for three of those years, and can be kept electronically after that. Dr. Gray also pointed out the frequent change of computer systems due to rapid technology, and noted that Kaiser changes computer systems approximately once every three years. He stated that computerized records are often stored by a service for practicality purposes and to reduce the cost impact. He added that the problem with contracts for such services often involves seizing the records when payment of services is not provided. Dr. Gray suggested that regulation be put in place which requires records to be returned to the pharmacy, regardless of payment of services.

Cookie Quandt (Long's Drugs) suggested that the board provide an article in the *Script* newsletter regarding the retention of records. She noted that as pharmacies are being acquired by Long's, they are educating them on what to do with records. Dr. Quandt stated that a refresher would be helpful.

Ms. Herold responded that the board does have the records retention information on the self-assessment form and the discontinuance of business form, but agreed that it could be included in the newsletter as well. She indicated that there will be additional meetings by the California Office of Information Security and Privacy Protection, and stated that they will bring the issue to the board for further discussion as well.

3. ***Update On The 2007 Compromise Of The NAPLEX Examination***

Chairperson Ravnan stated that the board was recently provided an update on the litigation against the Board of Regents of the University System of Georgia and two University of Georgia (UGA) College of Pharmacy professors. She explained that the litigation alleges that the University offered, and the professors conducted, a pharmacy examination review class in which the participants were provided with actual test questions from the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE).

Chairperson Ravnan indicated that the National Association of Boards of Pharmacy (NABP) continues to gather information related to this matter, which calls into question whether participants of the review course met the qualifications for licensure to practice pharmacy competently and safely. The NABP also indicated that they believe that this course was offered at other schools and colleges of pharmacy. Chairperson Ravnan stated that the NABP is taking steps to identify relevant students and will communicate any and all score invalidation and cancellations to the Board of Pharmacy, as well as the affected candidates.

Chairperson Ravnan noted that if any California licensed pharmacist is identified, the board will be required to pursue disciplinary action against the pharmacist to remove them from practice.

Chairperson Ravnan further explained that the board received a copy of a formal complaint filed by the NABP with the Accreditation Council for Pharmacy Education (ACPE) in regards to the accreditation status of the University of Georgia College of Pharmacy. This notification states that at the ACPE Report of Proceedings for June 18-22, 2008, Meeting of the ACPE Board of Directors, the University of Georgia College of Pharmacy was placed on probation (Spring 2009). Chairperson Ravnan stated that NABP is requesting the immediate revocation of the University of Georgia's accreditation.

A copy of NABP's update on the compromise as well as a copy of the formal complaint filed with the ACPE is contained within the committee packet provided.

Ms. Herold explained that the board has already been given names of four students from UGA involved with the compromise. Fortunately, they were not licensed in California. She indicated that NABP is seeking ACPE to verify the accreditation of UGA. If that occurs, graduates of that school would not be able to take the exam for licensure in California. She noted that UGA does send students to California for licensure. She also noted that a similar incident occurred in 1995 as well, and was to have been corrected then.

Anne Sodergren stated that NABP is also investigating other schools, as similar review courses may have been provided elsewhere.

Public Comment:

Dr. Quandt asked if there are any interns currently licensed in California that would be associated with UGA. She noted that the board would have to consider the licensure of those individuals as well.

Ms. Herold confirmed that would be the case, but only if the school loses their accreditation. If that occurs, those interns' licenses would need to be revoked.

4. Fact Sheets On Application Procedures For Pharmacist Applicants

Chairperson Ravnan indicated that approximately 50 percent of the pharmacist examination applications which the board receives are deficient. She stated that, in an effort to improve applicant understanding of the requirements for licensure, board staff has developed fact sheets that will be placed on the board's Web site. Chairperson Ravnan noted that the fact sheets are specific to each of the three groups of applicants who qualify for the pharmacist examination: recent graduate, foreign graduate and licensed pharmacists from out of state. She stated that the board hopes the end result of these fact sheets will be a reduced number of deficient applications and fewer inquiries to board staff.

Chairperson Ravnan also explained that, for the last several years, board staff has made site visits to California Schools of Pharmacy to provide presentations on the application process. These presentations reduce the number of deficient applications received from California graduates. She pointed out that the board cannot complete this type of outreach to out of state schools; however, they are hopeful that these fact sheets will have a similar affect.

Draft copies of the fact sheets were provided at the committee meeting for review and discussion.

Ms. Herold stated that the board has a detailed set of instructions for application to the pharmacy examination. She explained that when completing the application, applicants often don't read those instructions. Additionally, when applicants have deficiencies, they often don't refer back to those instructions. As a result, the board is providing the fact sheets as another piece of information for applicants to refer to. Ms. Herold indicated that the current budget constraints have caused significant reduction in staff size, especially in the licensing unit. Because of this, the board is unable to respond to the high volume of application status inquiries as the priority within licensing is to process applications. In order to assist applicants with monitoring the status of their applications independently, board staff has developed the U-Track form. Ms. Herold explained that this is an interim solution until I-licensing is in place. She indicated that the board staff is ready to place U-track on line, along with the fact sheets as discussed.

Mr. Weisser asked about the turnaround time for application processing.

Ms. Herold stated that the board is doing fairly well. She indicated that they have extended the timeframe for status calls to 60 days before contacting the board. She noted, however, that this is a slower time of year for examinations being taken.

Ms. Sodergren stated that exam applications are being processed at approximately 15 days from the time of receipt. She noted, however, that there is currently a large volume of intern applications.

Ms. Herold noted that Long's Drugs would potentially be purchased. She explained that when that occurs, the board estimates the cost at approximately 200 hours to process those applications. This is equivalent to labor hours of one full-time employee for one month. However, the board is unable to hire staff or allow overtime. Ms. Herold stated that they are being instructed by potential buyers to complete the applications within 24 hours, which is not a feasible request. She added that management would attempt to construct a team to expedite. Ms. Herold noted that a Quality Assurance exam is in process as of August, and results are expected to be released by next week. She explained that notification of those exam results will result in additional workload as well.

Public Comment:

Dr. Quandt stated that the most common question she receives from applicants relates to fingerprint scanning. She asked for an explanation of the delay due to scanning issues.

Ms. Herold indicated that that is a question for the Department of Justice (DOJ), as they are the agency who regulates fingerprint scanning.

Ms. Sodergren provided information on a recent challenge with scanning results where the DOJ has changed their requirements. She explained that there was a prior process that would allow for correction of errors (key entry, etc.) which has since been eliminated. She further explained that the DOJ has included an additional key indicator in order to process and provide results to the Board of Pharmacy, which is the applicant's social security number. Ms. Sodergren explained that the livescan operators are located throughout California, and often do not input the Social Security number as it is not a required field in the data entry, even though it is a required piece of information from the DOJ. Ms. Sodergren indicated that board staff is creating a specific set of instructions for applicants regarding the data required, so that the applicant ensures that the livescan operator includes all the information needed when inputting their data. She further explained that the board needs to be confident that they are licensing applicants who have properly identified themselves, which cannot be done if the social security number is not appropriately verified and documented as such by the Department of Justice.

Ms. Herold stated that they have encouraged DCA to create a task force to work with the DOJ, but it has not been pursued. She explained that many of the board licensed interns often continue to become pharmacists. She stated that those licensees are required to submit prints each time they apply for those classifications. Ms. Herold noted that the DOJ has also lost staff that cannot be replaced. She also stressed that it is not feasible for staff to follow-up on print results as they receive over 1000 prints a month.

Dr. Quandt asked when a candidate should follow-up with the board if they have completed a second livescan because of a deficiency.

Ms. Sodergren responded to wait for 30 days, as that is the timeframe DOJ requests the board to wait before requesting a follow-up with them. She added that the board continues to try to advocate with the DOJ.

Ms. Herold noted that the Board of Pharmacy is a "small user" with respect to the amount of prints that are processed at the DOJ.

Chairperson Ravnan asked if the board needs to approve the fact sheets.

Ms. Herold responded that they are only provided to the board for their review and board members are welcome to comment on them, but it is not required for approval.

5. ***Licensing Unit Workload Adjustments Made To Accommodate Budget Restrictions***

Chairperson Ravnan explained that, effective August 1, 2008, the Governor signed Executive Order 09-08, which required the board to dismiss several non-permanent employees and to furlough one additional staff member. She further explained that, as a result, the board lost six key staff responsible for, among other duties, assisting with the processing of applications and other licensee maintenance processes such as change of pharmacist-in-charge applications, change of designated representative-in-charge forms, discontinuance of business forms, etc.

Chairperson Ravnan noted that, the board additionally lost its licensing manager to another state agency in the first week of August. Unfortunately, also pursuant to the Executive Order, the board has been unable to fill this vacancy.

Chairperson Ravnan stated that, when faced with the challenge and the limited resources, board executive staff directed staff to suspend responding to status inquiries. She explained that this allowed board staff to focus on the most mission critical functions for licensing, which is processing applications.

Chairperson Ravnan provided a report of the workload statistics for August 2008. The application types were provided, with statistics for completion of licenses for each.

Chairperson Ravnan indicated that currently board staff is again responding to status inquiries. She noted, however, that these inquiries result in several staff losing the equivalent of at least one day per week in responding to such inquiries rather than processing applications, deficiencies, etc.

Chairperson Ravnan stated that, should board staff have to continue to operate with these limited resources, the board may need to permanently suspend status inquiries. The board recognizes that this creates frustration with applicants as well as board staff who pride themselves on providing excellent customer service. Chairperson Ravnan stated however, that until staffing levels return to appropriate levels, the board cannot continue to complete all tasks and respond to such inquiries without resulting in significant workload backlogs.

Ms. Herold commended the board staff on the volume of licenses processed.

Public Comment:

Dr. Gray referred back to a prior situation where the Board of Pharmacy budgeted funds were taken to bolster the General Fund. He asked if this may result in a similar situation.

Ms. Herold responded that the board has made the argument that fees are intended to pay for the services provided by the Board. She stated that there is consideration being given by the administration as to whether special funded agencies should be exempt from hiring freezes, etc. She added that the board did contribute $1 million to the state's General Fund this year as a loan.

Dr. Gray asked about a lawsuit against the state for such acts.

Ms. Herold confirmed the lawsuit with another department and explained that it is because the funds cannot be a permanent transfer. She further explained that it is acceptable to loan the funds, which is what the board has done.

Dr. Gray stated that he has been meeting with the schools of pharmacy and referenced the increased experiential hours now being required of their students. He indicated that he was concerned about the quantity of intern licenses being issued, and added that the schools can not increase hours if the students cannot get a license.

Ms. Sodergren responded that they have not received very many applications as of yet, but there will be over 400 coming at the end of the month.

Ms. Herold added that the priority is to process applications for pharmacists, followed closely in turn by interns.

Ms. Sodergren indicated that the board will most likely need to cease responding to status inquiries again, as they need those staff members to process applications due to the staffing shortage. Ms. Herold added that the receptionist staff has also become more knowledgeable and is able to field many of the calls when they can.

Mr. Weisser asked about the specifics surrounding the licensing manager vacancy.

Ms. Sodergren explained that if a state agency has already made a "good faith" hire, they can proceed with hiring that individual regardless of the Executive Order and budget constraints. She stated that that was the situation with the agency that the board's licensing manager transferred to. Unfortunately, however the board did not have a tentative offer in place for a replacement licensing manager and recruitment efforts were ceased because of the Executive Order.

Ms. Rolston referred to the loan previously discussed and asked what the terms were.

Ms. Herold responded that because of the deficit, the state can keep the funds until they determine that the board needs the funds returned to them. She noted that the board is planning for a fee increase in the future. She also stated that the loan is scheduled to be paid back the year after next.

Ms. Rolston stated that there are critical services needed by the industry which are conducted by the board, and is concerned that the fee increase will go back to a similar General Fund loan program as is currently in place.

Ms. Herold responded that the board is raising fees in order to provide additional services, and gave the example of needing a staff member to monitor fingerprinting results.

Ms. Rolston asked for clarification that the board is suspending services because they do not have the funds.

Ms. Sodergren responded that the services are being suspended because they do not have the staff due to the Executive Order.

Ms. Herold clarified that the fee increase would still be needed in order to provide additional staffing that is sorely needed.

6. ***The Coalition On Shortages Of Allied Health Professionals – Formation Of A Pharmacy Services Workgroup To Deal With Shortages Of Pharmacists And Pharmacy Technicians***

Chairperson Ravnan indicated that the California Hospital Association recently established a coalition to examine the shortages of allied health professionals. She explained that the mission of this coalition is to create and lead a statewide coordinated

effort to develop and implement strategic solutions to the shortage of non-nursing allied health professionals. She noted that this coalition is comprised of workforce committees, an advisory council and four workgroups. Chairperson Ravnan stated that the board executive staff was invited to participate on the pharmacy services workgroup, and that the focus is on pharmacists and pharmacy technicians in the hospital setting.

Chairperson Ravnan said that the first workgroup meeting was held on September 16, 2008. She noted that participants included staff and members of the California Hospital Association, the California Society of Health-Systems Pharmacists, a representative from academia, representatives from various hospitals and health systems as well as Board of Pharmacy staff. During this first meeting, barriers to the profession for both pharmacists and pharmacy technicians were identified. Chairperson Ravnan indicated that further discussion resulted in the group concluding that there is not a shortage of pharmacy technicians; rather it is a shortage of *qualified* pharmacy technicians.

Chairperson Ravnan stated that some of the barriers identified for pharmacists included a limited number of student slots for individuals looking to enter the profession, the pharmacist examination and reciprocity, losing potential candidates to other healthcare professions, e.g., medical school, and untested new schools of pharmacy.

Chairperson Ravnan noted that workgroup meetings will continue quarterly over the next year. She indicated that, based on the results of this workgroup as well as two others, it is the hope the coalition will develop and implement solutions to eliminate barriers, foster collaboration among CHA member hospitals and health systems, promote a long-term vision for the allied health workforce in California and develop links with workforce partners and stakeholders.

Information provided at the meeting as well as the meeting minutes are contained within the committee packet provided.

Public Comment:

Ms. Rolston noted that the coalition seems hospital-oriented, and asked if there is another group or association that is focused outside of hospitals.

Ms. Herold responded that the coalition is not quite ready to address the community setting. She stated that they are trying to take a collaborative effort to identify the scope of the issue and currently want to limit their focus to hospitals. Ms. Herold noted that they may expand to community settings in the future.

Mr. Weisser referenced a comment within the report which stated that there is a shortage of qualified pharmacy technicians, rather than technicians as a whole. He asked how a licensed technician is considered a "qualified" technician.

Dr. Gray commented on the discussion of non-hospital entities being included. He stated that the current lack of qualified technicians is a more significant problem within the hospitals, which is why there is a focus within that setting. He also indicated that the shortage of pharmacists creates a problem with competition, so there would potentially be a resistance if hospital groups attempt to collaborate with non-hospital groups. He explained that when students go outside of the hospitals to earn intern hours, they often find a more advantageous setting for careers. Dr. Gray noted that the task force is attempting to locate pharmacists who have intense clinical experience and identify their educational background in order to locate qualified candidates.

Dr. Gray explained the process involved in obtaining a prescription order and approval within the hospital setting. He stated that currently it is difficult to get an order approved even during regular business hours, as well as after hours.

Mr. Weisser commented that radiologists who work after-hours often become staff of acute facilities and must become licensed even if they are off-site. He asked if that is true of pharmacists as well.

Dr. Gray responded that radiologists must be credentialed in order to work in acute care facilities, and that that is not the same with pharmacists. Hospital pharmacists contrac with nonresident pharmacies to review medication orders. Oregon tried to address this with a new law that is going into effect where any out of state pharmacist providing care to an Oregon resident must be licensed. He noted that a waiver is possible. He stated that if this were to become law in California as well, then other states will most likely adopt the same law. Dr. Gray noted concern as this could potentially prevent consultations with professionals who have significant expertise, but are not licensed in California.

Chairperson Ravnan commented that the pharmacist shortage within hospital settings seems like a job dissatisfaction issue, based on Dr. Gray's comments. She noted that the report from the workgroup meetings indicated the barriers were due to a workforce shortage, and that job dissatisfaction was not included. Chairperson Ravnan asked if the identified barriers to pharmacists entering the profession were based on data or opinions of the group.

Ms. Herold indicated that no research was conducted. She stated that Kathy Napp has been recruited to assist.

7. Update: Task Force to Evaluate Pharmacy Technician Qualifications

Chairperson Ravnan stated that this year the California Society of Health-System Pharmacists (CSHP) sponsored legislation to increase the requirements for an individual to become licensed in California as a pharmacy technician. She noted, however, that this bill was pulled due to concerns expressed by key pharmacy stakeholders, with the intent of pursuing legislation again in 2009.

Chairperson Ravnan indicated that CSHP is sponsoring stakeholder meetings to elicit recommendations and comments to refine the proposal for next year. She noted that the first stakeholder meeting was held on June 25, 2008, and that board member, Stan Mr. Weisser, was designated by President Schell to represent the board at these meetings.

Chairperson Ravnan shared that the discussion at both the June 2008 Licensing Committee meeting and the stakeholder meeting revealed disagreement within industry about what and if there is a problem with the current existing pharmacy technician qualification requirements as well as whether the draft legislative proposal correctly addresses the minimum qualifications. She added that there appears to be disagreement about whether continuing education is necessary for pharmacy technicians.

Chairperson Ravnan stated that CSHP is currently working jointly with the California Pharmacists Association (CPhA) to determine common outcomes and CSHP anticipates resumption of sponsoring stakeholder meetings in the future to elicit stakeholder recommendations and comments to refine the proposal for next year.

Chairperson Ravnan indicated that, on the national level, during the NABP Annual meeting, a resolution was passed to establish a task force on standardized pharmacy technician education and training. She explained that this task force would assess and recommend revisions, if necessary, to the language in *the Model State Pharmacy Act and Model Rules of National Association of Boards of Pharmacy.*

Public Comment:

Bryce Docherty (California Society of Health-System Pharmacists) advised the board that CSHP had an internal stakeholder meeting with CPhA last week. He stated that there was consensus to look at the standardization of training. Mr. Docherty noted that progress was made at the last meeting, and that ultimately they will have a staff member of the board attend a committee meeting to share the information. He indicated that CSHP has a meeting scheduled in mid-October and CPhA will be having a meeting in mid-November. Mr. Docherty stated that they hope to have information to share by the end of the year.

Dawn Benton (CSHP) stated that, based on earlier stakeholder meetings, it was decided that it is important for CSHP and CPhA to be on the same page before engaging other stakeholders.

8. ***Veterinary Food-Animal Drug Retailers - Qualification Processes for Designated Representatives***

Chairperson Ravnan provided background, explaining that veterinary food-animal drug retailers (vet retailers) may distribute and label legend drugs or drugs for extra-label use prescribed by a veterinarian for use on food-animals. She further explained that a vet retailer's premises must be supervised by a registered pharmacist or a specially qualified individual approved by the board who holds a current vet retailer designated representative license. Chairperson Ravnan also noted that a vet retailer may not operate unless the pharmacist or vet retailer designated representative is physically present on the licensed premises.

Chairperson Ravnan noted that there are currently 23 vet retailers and 62 vet retailer designated representatives licensed in California.

Chairperson Ravnan explained that only a vet retailer designated representative or pharmacist may label the drugs that: (1) have been prescribed by a veterinarian, and (2) will be shipped to the veterinarian's client for use on food-animals. If the sole qualifying vet retailer designated representative or pharmacist leaves the employ of the vet retailer, the vet retailer must cease operations (and cannot perform labeling or shipping duties) until another pharmacist or vet retailer designated representative is employed and present.

Chairperson Ravnan indicated that individuals employed by a manufacturer, vet retailer, or wholesaler may qualify to become vet retailer designated representatives on the basis of specific education, training, and experience in areas covering the essential knowledge necessary to oversee operations of a vet retailer and to read, label and dispense vet food-animal drugs.

Chairperson Ravnan stated that, in addition to the training required for designated representatives, designated representatives for vet retailers must also have either a course of training that includes as least 240 hours of theoretical and practical instruction, provided that at least 40 hours are theoretical instruction stressing:

- Knowledge and understanding of the importance and obligations relative to drug use on food-animals and residue hazards to consumers
- Knowledge and understanding of state and federal law regarding dispensing of drugs, including those prescribed by a veterinarian
- Knowledge and understanding of prescription terminology, abbreviations, dosages and format, particularly for drugs prescribed by a veterinarian
- Understanding of cautionary statements and withdrawal times
- Knowledge and understanding of information contained in package inserts

OR

- Possess a registration as a registered veterinary technician with the California Veterinary Medical Board

OR

- Be eligible to take the State Board of Pharmacy's pharmacist licensure exam or the Veterinary Medical Board's veterinarian licensure examination

OR

- Have worked at least 1,500 hours within the last three years at a veterinary food-animal drug retailer's premises working under the direct supervision of a vet retailer designated representative. Part of the 1,500 hours of work experience shall include knowledge and understanding of information contained in package inserts. A vet retailer designated representative who vouches for the qualifying experience earned by an applicant for registration must do so under penalty of perjury.

Chairperson Ravnan stated that the ability to read prescriptions and prepare and label containers for food animals without the oversight of a pharmacist requires specific training.

Chairperson Ravnan explained that, in the past, the University of California Davis had a 40-hour training course that satisfied the requirements for licensure as a vet retailer designated representative. Chairperson Ravnan stated, however, that the board received information that this program is no longer offered. She advised that the board staff is unaware of any other program in California that complies with the requirements in law.

Chairperson Ravnan stated that the board staff is requesting that the committee consider changes in the vet retailer program, specifically to either ask the Veterinarian Association or the Veterinarian Board to offer the 40-hour course, or to consider eliminating the program. Further, board staff is requesting that, given the nature of the work being performed by such individuals, the committee discuss if the requirements as framed in law are appropriate.

A copy of a letter from Greg Evans, PharmD, a Los Angeles Times article entitled, "Antibiotics in Our Livestock" , and a copy of Title 16, California Code of Regulations Section 1780.1 is contained within the committee packet provided.

Ms. Herold explained that the program has been with the board since 1998. She stated that it was set up in part because the US Department of Food and Agriculture requires a prescription when dispensing drugs to animals being used to produce food or are a food product. She further explained that, in the case of food-animals, the animals are considered property. Owners/ranchers provide drugs to a large amount of food-animals, and law states that they must have appropriately labeled containers on the premises. Ms. Herold stated that there is concern of less-than-adequate training provided to those who would be labeling the prescriptions.

Public Comment:

Dr. Michael Karle (California Veterinary Medical Association) provided background on the issue. He emphasized that that this is a consumer safety training issue, and

ultimately a food safety issue. He stated that CVMA has had two reports where drugs were mislabeled by vet retailers. Dr. Karle stated the current issues, which are:

- Selling drugs to clients without a valid prescription
- Not copying the indications onto the label
- Selling clients the wrong prescription drug
- Selling clients wrong quantities and refills
- Not placing prescription labels on over-the-counter drugs
- Selling more of the drug than prescribed
- Mishandling oral medications
- Not forwarding invoices appropriately
- Promoting drug use without consulting with the Veterinary Medical Association

Dr. Karle commended the board of pharmacy for discussion on the topic and pursuing site visits to the vet retailers. He noted that visits have not been done in past, and appreciates the boards attention to the issue. He stated that more will need to be done in order to raise the standards.

Dr. Karle commented on the board report, and stated that he doesn't think that eliminating the course requirements is the right action. In fact, he feels that even more education is needed by the vet retailers.

Chairperson Ravnan asked how many drugs are used in food-animals.

Dr. Karle responded that there are 40-50 prescription drugs. He noted that it is tightly regulated as to which drugs can be used and on which species.

Dr. Karle stated that there are several antibiotics that are available over-the-counter. He stated that all prescribed drugs must have a prescription from a licensed veterinarian. Dr. Karle indicated that part of the issue at hand is veterinarians are not good whistleblowers. CVMA is attempting to educate veterinarians on how to report the issue when they are aware of it, noting that there is no way that the Board of Pharmacy can take action unless a complaint is received.

Ms. Nurse stated that the veterinarians were unaware that they could report filling errors to the board. She noted the significance of the issue as the drugs are used in large amounts of food-animals and ultimately ends up in food consumed by the general public.

Ms. Herold stated that the board appreciates Dr. Karle's assistance in educating their staff of inspectors on the drugs used, appropriate laws, process for prescription fills, etc. within the veterinary food-animal arena.

Public discussion included possible solutions to the issue raised by Dr. Karle. Solutions discussed included:

- Implementation of a 40-hour course provided by CVMA
- Veterinarians labeling medications for the pharmacy
- Drugs dispensed by specific pharmacies properly trained on the use of such drugs on animals
- Restricting drug dispensing by vet retailers and requiring those drugs to be provided by veterinarians directly
- Continuing education for vet-retailers (it was noted that currently there is no option for continuing education coursework)
- Recertification of vet-retailers every 2-3 years

Ms. Herold stated the board understands the difficulty for veterinarians in reporting inappropriate dispensing by vet-retailer designated representatives. Ms. Herold clarified the issue of concern with allowing a group of individuals with little training to read prescriptions, label containers, and dispense drugs into the food supply. She added that the individuals working within the facilities are often less than properly trained.

Public discussion continued regarding the issues surrounding vet-retailer designated representatives, enforcement issues and what role other regulatory agencies play in protecting food-animals.

Ms. Herold stated that this is a program in which the Board of Pharmacy is not prepared to adequately monitor and administer, and that the professionals working in this area need to be properly educated and skilled. She noted that there is a need to expedite action on the issue as many retailers are not able to access the needed training at this point.

Dr. Gray suggested contacting Western University, as they have a veterinary program as well. He stated that they also have a relationship with Cal Poly Pomona, which is a multi-disciplinary campus and may have some contacts to consult and assist with developing a solution.

Ms. Herold commented on the possible change to require recertification of a vet-retailer or continuing education as a possible solution and stated it would be a statutory change, but agreed that it could be a possible option. She clarified, however, that it would be very difficult for the Board of Pharmacy to justify the additional regulation. She stressed the importance of providing the board with complaints, so that there is evidence of the need for such requirements and legislation.

Ms. Herold stated that the board would be willing to assist the CVMA in exploring the options discussed. She added that CVMA may be able to get demand simply by having the course available.

9. Continuing Education for Competency Committee Members

Chairperson Ravnan explained that the Competency Committee is a subcommittee of the board's Licensing Committee. She further explained that the 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). She also noted that a committee member term is generally about eight years.

Chairperson Ravnan indicated that annually, committee members attend approximately 3-4 two-day meetings to assist in examination development. She stated that each two-day committee consists of approximately 2-4 hours of preparation time in addition to 16 hours of meeting time. Chairperson Ravnan explained that committee members also participate in 2-4 writing assignments based on the examination development need. She added that committee members spend approximately 50-80 hours preparing for and attending committee meetings on an annual basis in addition to multiple writing assignments, and noted that they are compensated for time and travel.

Chairperson Ravnan stated that current pharmacy law requires pharmacists 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 Boards of Pharmacy (6 hours).

Chairperson Ravnan reported that in June 2008, the Licensing Committee considered a request from the Competency Committee to earn 6 hours of CE annually for participation in this committee. She advised that the Licensing Committee decided to request additional information on this topic and did not take action.

Chairperson Ravnan said that, based on further discussion with the Competency Committee during its annual retreat, the committee is revising and resubmitting its request. Specifically, one of the core functions of this committee is to complete on-line review of all test questions prior to administration. Chairperson Ravnan explained that, as the test questions cover all aspects of pharmacy practice and law, this on-line review requires a significant amount of committee time to research items and confirm that questions and answers are valid. Given this, the committee requests that the board award up to six hours of CE annually for members that complete this on-line review. (Typically committee members are not compensated for their time to complete this function. If a committee

member is seeking reimbursement for this time however, continuing education will not be awarded.)

Chairperson Ravnan indicated that if the committee and board vote to approve this request, a regulation change will be necessary to implement the change.

Ms. Schieldge clarified that this would apply to those who do not seek monetary compensation.

The committee discussed the total actual hours involved in completing the on-line review, including the ability to monitor completion of those hours.

MOTION: To recommend to the board to award six hours of continuing education to Competency Committee members, no more than annually, to complete the on-line review of all test questions prior to administration.

MOTION: SW/JB

SUPPORT: 5 OPPOSE: 0

10. Competency Committee Report

a) Update of the CPJE

Chairperson Ravnan reported that since the June 2008 Licensing Committee Meeting, the Competency Committee as a whole held its annual meeting to discuss examination development as well as other emerging issues.

Chairperson Ravnan stated that each Competency Committee workgroup was scheduled to meet this fall, however the meeting scheduled in September was cancelled because of the Governor's Executive Order. She indicated that a meeting is also scheduled in October and board staff is hopeful that this meeting will continue on as planned. She noted that the workgroup meetings focus primarily on examination development.

Chairperson Ravnan advised that the board anticipates the completion of the current Quality Assurance assessment.

b) Report To The Legisl ature On The Impact Of Requiring Foreign Graduates To Take Remedial Education After Failing The Pharmacist Licensure Examinations Four Times

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

Chairperson Ravnan stated that this section also requires the board to collect specified data and submit a report to the legislature detailing the findings. The reporting elements include:

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

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

The draft report was contained within the committee packet provided. Chairperson Ravnan advised that this report is due to the legislature on September 30, 2008.

Ms. Herold commented that the data reflects a benefit to retaking the exam.

11. Public Comment for Items Not on the Agenda/Agenda Items for Future Meetings

Mr. Hough commended Ms. Herold and Ms. Sodergren for their efforts during the budget restraints, specifically in the area of licensing.

No public comment was provided.

The meeting was adjourned at 12:07 p.m.

Attachment 9

Licensing Statistics First Quarter 2008-09

Board of Pharmacy Licensing Statistics - Fiscal Year 2008/09

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
APPLICATIONS													
Received													
Pharmacist (exam applications)	225	119	118										462
Pharmacist (initial licensing applications)	184	290	33										507
Intern pharmacist	70	502	130										702
Pharmacy technician	850	573	775										2198
Pharmacy	44	28	33										105
Sterile Compounding	7	5	3										15
Clinics	6	12	9										27
Hospitals	4	0	1										5
Nonresident Pharmacy	6	8	9										23
Licensed Correctional Facility	0	0	0										0
Hypodermic Needle and Syringes	1	3	4										8
Nonresident Wholesalers	12	5	4										21
Wholesalers	16	8	2										26
Veterinary Food-Animal Drug Retailer	0	0	1										1
Designated Representatives	34	37	44										115
Issued													
Pharmacist	193	291	42										526
Intern pharmacist	85	282	285										652
Pharmacy technician	481	926	681										2088
Pharmacy	26	23	59										108
Sterile Compounding	7	2	8										17
Clinics	1	5	22										28
Hospitals	3	6	2										11
Nonresident Pharmacy	1	8	7										16
Licensed Correctional Facility	2	0	0										2
Hypodermic Needle and Syringes	3	0	1										4
Nonresident Wholesalers	3	3	7										13
Wholesalers	4	5	5										14
Veterinary Food-Animal Drug Retailer	0	0	0										0
Designated Representatives	43	10	44										97

u/a = unavailable

Board of Pharmacy Licensing Statistics - Fiscal Year 2008/09

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Pending													
Pharmacist Examination	u/a	1324	1228										1228
Intern pharmacist	u/a	309	304										304
Pharmacy technician	u/a	1154	1233										1355
Pharmacy	u/a	86	59										59
Sterile Compounding	u/a	39	42										42
Clinics	u/a	62	77										77
Hospitals	u/a	15	14										14
Nonresident Pharmacy	u/a	68	66										66
Licensed Correctional Facility	u/a	0	0										0
Hypodermic Needle and Syringes	u/a	11	12										12
Nonresident Wholesalers	u/a	109	110										110
Wholesalers	u/a	46	39										39
Veterinary Food-Animal Drug Retailer	u/a	5	5										5
Designated Representatives	u/a	166	158										158
Change of Pharmacist-in-Charge													
Received	110	149	153										412
Processed	112	126	246										484
Pending	157	180	87										87
Change of Exemptee-in-Charge													
Received	12	21	9										42
Processed	0	0	0										0
Pending	12	33	42										42*
Change of Permits													
Received	94	46	95										235
Processed	116	6	16										138
Pending	209	249	328										328
Discontinuance of Business													
Received	21	21	25										67
Processed	0	13	0										13
Pending	34	42	77										77

u/a = unavailable

Board of Pharmacy Licensing Statistics - Fiscal Year 2008/09

Renewals Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Pharmacist	1081	4018	1264										6363
Pharmacy technician	2011	5133	2055										9199
Pharmacy	625	640	337										1602
Sterile Compounding	18	54	26										98
Clinics	65	179	87										331
Nonresident Pharmacy	26	39	16										81
Licensed Correctional Facility	u/a	u/a	u/a										0
Hypodermic Needle and Syringes	18	35	20										73
Nonresident Wholesalers	21	68	32										121
Wholesalers	26	98	31										155
Veterinary Food-Animal Drug Retailer	2	3	2										7
Designated Representative	114	449	92										655

u/a = unavailable

Attachment 10

First Quarterly Report on Committee Goals for 2008-09

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)	462				20			
Pharmacist (initial licensing)	507				4			
Pharmacy Intern	702				11			
Pharmacy Technician	2198				26			
Pharmacies	110				19			
Non-Resident Pharmacy	23				24			
Wholesaler	26				20			
Veterinary Drug Retailers	1				14			
Designated Representative	115				30			
Out-of-state distributors	21				25			
Clinics	27				32			
Hypodermic Needle & Syringe Distributors	8				14			
Sterile Compounding	15				14			

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)	7			
Pharmacist (initial licensing)	7			
Pharmacy Intern	8			
Pharmacy Technician	8			
Pharmacies	15			
Non-Resident Pharmacy	20			
Wholesaler	14			
Veterinary Drug Retailers	14			
Designated Representative	10			
Out-of-state distributors	14			
Clinics	15			
Hypodermic Needle & Syringe	14			

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			
Pharmacist (initial licensing)	1			
Pharmacy Intern	1			
Pharmacy Technician	5			
Pharmacies	10			
Non-Resident Pharmacy	5			
Wholesaler	5			
Veterinary Drug Retailers	3			
Designated Representative	2			
Out-of-state distributors	5			
Clinics	5			
Hypodermic Needle & Syringe	3			

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	526			
Pharmacy Intern	652			
Pharmacy Technician	2008			
Pharmacies	121			
Non-Resident Pharmacy	16			
Wholesaler	14			
Veterinary Drug Retailers	0			
Designated Representative	97			
Out-of-state distributors	13			
Clinics	28			
Hypodermic Needle & Syringe	4			
Sterile Compounding	17			

5. Withdrawn licenses to applicants not meeting board requirements.

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

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	1055*			
Pharmacy Technicians	747*			
Site licenses (pharmacy, clinics)	625			
Site licenses (wholesalers, nonresident pharmacies)	516			

8. Responding to telephone status request and inquiries.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	94*			
Pharmacy Technicians	69*			
Site licenses (pharmacy, clinics)	76			
Site licenses (wholesalers, nonresident pharmacies)	126			

* Email and voicemail status requests for pharmacist, pharmacist intern and pharmacy technician were suspended from 8/8/08-9/8/08 to allow board staff time to focus on processing applications and issuing licenses. Email status requests for pharmacist, pharmacist intern and pharmacy technician were suspended from 10/2/08 to 10/20/08 to allow board staff time to focus on processing applications and issuing licenses.

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:	1. Cashier application fees. *1st Qtr 06/07:* *The average processing time for processing new application fees is 2-3 working days.* *2nd Qtr 06/07:* *The average processing time for processing new application fees is 2-3 working days.* *3rd Qtr 06/07:* *The average processing time for processing new application fees is 3 working days.* *4th Qtr 06/07:* *The average processing time for processing new application fees is 2-3 working days.* *1st Qtr 07/08:* *The average processing time for processing new application fees is 2-3 working days.* *2nd Qtr 07/08:* *The average processing time for processing new application fees is 2-3 working days.* *3rd Qtr 07/08:* *The average processing time for processing new application fees is 2-3 working days.* *4th Qtr 07/08:* *The average processing time for processing new application fees is 2-3 working days.* *1st Qtr 08/09:* *The average processing time for processing new application fees is 2-3 working days.* 2. Cashier renewal fees. *1st Qtr 06/07:* *The average processing time for cashiering is 2-3 working days.* *2nd Qtr 06/07:* *The average processing time for cashiering is 2-3 working days.* *3rd Qtr 06/07:* *The average processing time for cashiering is 2-3 working days.* *4th Qtr 06/07:* *The average processing time for cashiering is 2-3 working days.* *1st Qtr 07/08:* *The average processing time for cashiering is 2-3 working days.* *2nd Qtr 07/08:* *The average processing time for cashiering is 2-3 working days.* *3rd Qtr 07/08:* *The average processing time for cashiering is 2-3 working days.* *4th Qtr 07/08:* *The average processing time for cashiering is 2-3 working days.* *1st Qtr 08/09:* *The average processing time for cashiering is 2-3 working days.* 3. Secure online renewal of licenses. *1st Qtr 06/07:* *Board meets with programmers to initiate parameters for board licensing programs to convert to DCA Applicant Tracking Program.* *Jan. 2007:* *Board converts all application programs to DCA's Applicant Tracking Program. See Objective 2.4, Task 7 below.*

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:	1. Make address and name changes. *1st Qtr 06/07:* *Processed 1,832 address changes.* *2nd Qtr 06/07:* *Processed 1,322 address changes.* *3rd Qtr 06/07:* *Processed 1,613 address changes.* *4th Qtr 06/07:* *Processed 1,857 address changes.* *1st Qtr 07/08:* *Processed 1,990 address changes.* *2nd Qtr 07/08:* *Processed 1,470 address changes.* *3rd Qtr 07/08:* *Processed 1,528 address changes.* *4th Qtr 07/08:* *Processed 1,827 address changes.* *1st Qtr 08/09:* *Processed 1,922 address changes.* 2. Process discontinuance of businesses forms and related components. *1st Qtr 06/07:* *Processed 41 discontinuance-of-business forms. Processing time is 46 days.* *2nd Qtr 06/07:* *Processed 0 discontinuance-of-business forms.* *3rd Qtr 06/07:* *Processed 72 discontinuance-of-business forms. Processing time is 30 days.* *4th Qtr 06/07:* *Processed 38 discontinuance-of-business forms. Processing time is 30 days.* *1st Qtr 07/08:* *Processed 69 discontinuance-of-business forms. Processing time is 30 days.* *2nd Qtr 07/08:* *Processed 64 discontinuance-of-business forms. Processing time is 30 days.* *3rd Qtr 07/08:* *Processed 0 discontinuance-of-business forms.* *4th Qtr 07/08:* *Processed 183 discontinuance-of-business forms. Processing time is 30 days.* *1st Qtr 08/09:* *Processed 13 discontinuance-of-business forms. Processing time is 21 days.* 3. Process changes in pharmacist-in-charge and designated representative-in-charge. *1st Qtr 06/07:* *Processed 247 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.* *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.* *3rd Qtr 06/07:* *Processed 358 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.* *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.* *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.* *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.* *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.* *4th Qtr 07/08:* *Processed 422 pharmacist-in-charge changes. Average processing time is 23 days. Processed 3 designated representative-in-charge changes. Average processing time is 15 days.* *1st Qtr 08/09:* *Processed 246 pharmacist-in-charge changes. Average processing time is 26 days. Processed 5 designated representative-in-charge changes. Average processing time is 34 days.*

4. Process off-site storage applications.

1st Qtr 06/07: *Processed and approved 42 off-site storage applications. Average processing time is 30 days.*

1st Qtr 07/08: *Processed and approved 42 off-site storage applications. Average processing time is 30 days.*

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.*

4th Qtr 07/08: *Processed 53 applications. Average processing time is 20 days.*

1st Qtr 08/09: *Processed 28 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:	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. *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.* *March 2007:* *Pennsylvania agrees to accept California NAPLEX scores.* *May 2007:* *At National Association of Boards of Pharmacy meeting several states agree to reconsider their position against accepting California scores.* 2. Evaluate the drug distribution system of clinics and their appropriate licensure. 3. Work with the Department of Corrections on the licensure of pharmacies in prisons. *June 2007:* *Meet with the Department of Corrections Receiver to discuss possible regulatory structures for drug dispensing and distribution within correctional facilities.* *Oct. 2008:* *Staff meet with Department of Corrections staff to develop regulatory structure for prisons.* 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. *Sept. 2006:* *Committee hears presentation by DHS on emergency preparedness.* *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.* *Jan. 2007:* *Board publishes disaster response policy statement.* *Feb. & March 2007:* *Board attends seven-day DHS-hosted training session on surge emergency response as part of the state's disaster response.* *April - June 2007:* *Board continues to participate in SURGE planning activities and in a joint public/private partnership project envisioned by the Governor.* *June 2007:* *Board staff aids in contract evaluation to select a consultant to provide pre-emergency registration of health care providers.* *Sept. 2007:* *Board attends Rough & Ready Demonstration in Orange County.* *Oct. 2007:* *Board considers legislative proposal to license mobile pharmacies for deployment during declared disasters.* *Staff resume attendance at ESAR VHPs meeting of EMSA.* *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.* *Dec. 2007:* *Committee hears presentations on emergency preparedness by California Department of Public Health, L.A. County and Orange County emergency response offices.* *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.*

	Oct. 2008:	*Licensing Committee reviewed a revised request from San Diego County for an exemption of first responders and families. The Committee requested board staff send a letter to San Diego County expressing concerns and requesting attendance at a future committee meeting.* *Committee was advised ESAR-VHPS was renamed to Disaster Healthcare Volunteers of California.*
	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 PTCB 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)*
	June 2008:	*Board participates in CSHP sponsored stake holder meeting.*
	Oct. 2008:	*Board Executive Officer participated in a meeting with CPhA and CSHP to provide technical advise on proposed legislation to be introduced next year.*

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.*

Oct. 2008: *California Pharmacy Council meets to discuss Intern requirements.*

9. Implement new test administration requirements for the CPJE.

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.*

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.*

Oct. 2007: *Transition efforts to PSI continue.*

2nd Qtr. 07/08: *Transition efforts to PSI continue.*

3rd Qtr. 07/08: *New security procedures put in place and corresponding revisions to the Candidates' Guide are published and released.*

10. Participate in ACPE reviews of California Schools of Pharmacy.

Oct. 2007: *Board participates in review of California Northstate College of Pharmacy.*

Jan. 2008: *Board participates in review of UCSF.*

March 2008: *Board participates in review of Touro.*

11. Initiate Review of Veterinary Food Animal Drug Retailer Designated Representative Training.

Sept. 2007: *Licensing Committee initiates review of training requirements for Designated Representatives and notes problems with unavailability 40-hour course specified in board regulations.*

Oct. 2007: *Board evaluates options for training of designated representatives.*

Sept. 2008: *Licensing Committee hears testimony regarding program.*