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

Licensing Committee Report

Members:

Greg Lippe, Public Member, Chairperson
Ryan Brooks, Public Member
Ramón Castellblanch, PhD, Public Member
Debbie Veale, PharmD
Tappan Zee, Esq., Public Member

LICENSING COMMITTEE REPORT AND ACTION

a. FOR INFORMATION: Report Available: Addressing Drug and Device Recalls in Hospitals

Attachment A

Background:

During the spring of 2008, the board identified 94 hospital pharmacies with recalled heparin still within the facilities, two to three months following the last recall. The board cited and fined the hospital pharmacies and pharmacists-in-charge of these pharmacies. However, because several of these hospitals and one PIC still have appeals of the citations and fines pending, board members cannot yet discuss the specific parameters of any of these cases without recusing themselves from voting on the specific case in the future should they be appealed to the Office of Administrative Hearings.

Throughout 2009, the board convened a two-board member task force to work with relevant associations, regulators, hospitals, wholesalers and patient advocates on ways to improve recalls, and other changes needed to provide for improved drug distribution and control within a hospital. Three public meetings were held statewide. A document establishing the parameters for recalls in hospitals was one major outcome of these meetings.

For this meeting:

At the January 2010 Board Meeting, the board approved the text of this report. Since the meeting, the board has reformatted the report into a format more befitting a report.

b. FOR ACTION: Review and Approval of Accreditation Agencies for Sterile Injectable Compounding Pharmacies

Background:

California Business and Professions Code section 4127 et seq. establishes a specialized category of pharmacy licensure for pharmacies that are 1. already licensed pharmacies, and 2. compound injectable sterile drug products. These specialized pharmacies may be either hospital pharmacies or community pharmacies. As a condition of licensure, these pharmacies must be inspected by the board before initial licensure and each year before renewal of the license. This is the only category of board licensure that requires annual inspections as a condition of renewal.

Currently the board has 243 such licensed facilities in California, and 93 nonresident pharmacies with such permits.

However, there is an exemption in existing law from this specialty category of board licensure for pharmacies if:

- the pharmacy is licensed by the board or the Department of Public Health
- AND
- the pharmacy is currently accredited by the Joint Commission on Accreditation of Healthcare Organizations or other private accreditation agencies approved by the board.

Currently there are two accreditation agencies approved by the board: 1. Accreditation Commission for Health Care, Inc (ACHC), and 2. Community Health Accreditation Program (CHAP).

The board also has specific regulation requirements to be followed by all pharmacies that perform sterile injectable compounding duties whether licensed by the board or accredited by one of three accreditation agencies. Recently the board modified its regulations for pharmacies that compound medication. Included in these requirements are modified requirements for pharmacies that compound sterile injectable medication. These regulations were approved and filed with the Secretary of State on January 6, 2010, and pursuant to the board's directive, will take effect July 6, 2010. (The board also directed an additional six months of "educational" enforcement for the new requirements to facilitate compliance.)

At this meeting:

The board periodically reviews its approval of the accreditation agencies it has the authority to approve. Under need for review are ACHC and CHAP.

Since 2003 when both agencies were approved by the board, board inspectors have not identified a problem with the accreditation standards used to accredit any pharmacy in California. In 2003, the Licensing Committee developed criteria for the evaluation of applications by accrediting entities for board approval. It was decided that the evaluation of accrediting agencies for board approval under Business and Professions Code section 4127.1 should be based on the accrediting agency's ability to evaluate the pharmacy's conformance with California law and good professional practice standards and the following factors. Both agencies were last reviewed by the board in 2006.

- 1. Periodic inspection** -The accrediting entity must subject the pharmacy to site inspection and re-accreditation at least every three years.
- 2. Documented accreditation standards** -The standards for granting accreditation and scoring guidelines for those standards must reflect both applicable California law and

sound professional practice as established by nationally recognized professional or standard setting organizations.

3. **Evaluation of surveyor's qualifications** -The surveyors employed to perform site inspections must have demonstrated qualifications to evaluate the professional practices subject to accreditation.
4. **Acceptance by major California payers** -Recognition of the accrediting agency by major California payers (e.g., HMOs, PPOs, PBGH, CalPERS).
5. **Unannounced inspection of California accredited sites** -The board must conduct unannounced inspections of two or more accredited sites and find those sites in satisfactory compliance with California law and good professional practice.
6. **Board access to accreditor's report on individual pharmacies.**
7. **Length of time the accrediting agency has been operating.**
8. **Ability to accredit out-of-state pharmacies.** Non-resident pharmacies are eligible for licensure under the sterile compounding statutes and accreditation should be equally available to both resident and non-resident pharmacies.

Staff believes that a meaningful review of the two agencies and a third accreditation agency seeking board approval involves the agencies' incorporation of the new sterile injectable compounding requirements and ability to accredit against these standards into their accreditation inspections. However, at the current time, the board has not initiated this review of the accreditation standards (although all three agencies have been advised of the modified requirements).

Moreover, assessment of the agencies is very detailed (nearly 300 pages have been submitted by the two agencies already accredited), and the board was unable to have its chief enforcement inspector perform this review due to an extended absence (which has just ended). The criteria the board has used in the past to assess the accreditation processes of these agencies has been drafted into a proposed regulation, currently awaiting action by the board.

At this time, the board staff suggest that the board: 1. extend the approval of the two already approved accreditation agencies, ACHC and CHAP, for one year until April 2011, 2. direct board staff to review and assess the three accreditation agencies seeking board approval as accrediting agencies for sterile injectable compounding pharmacies, 3. bring staff's report to a future Licensing Committee Meeting (the next meeting is scheduled for June 16, 2010), and 4. bring the committee's recommendations to the board for action at a future meeting.

c. **FOR INFORMATION: Processing Timelines and Workflow of the Board**

Attachment B

In late June 2009, the Governor issued an Executive Order imposing a third furlough day on each month on state employees. This order also closes state offices three Fridays each month through June 2010.

Board staff continue to evaluate our most mission critical functions for the board's licensing unit staff. Unfortunately, even with priority changes, processing times have extended since February 2009 when furloughs were initiated to well beyond the board's strategic objectives detailed in the strategic plan.

In March 2010, the board learned about the potential to modify the furloughs of staff performing licensing functions to achieve fulfillment of an initiative pursued by the Governor called the Job Creation Initiative. The goal is to reduce the backlog of licensing applications for all DCA special fund licensing agencies (including the board) by 50 percent from a December 2009 assessment.

Since March, on four weekends, some board staff have deferred furlough days (to a future time) by performing licensing functions that will lead to licensure of new individuals and firms. Once staff work 40 hours in a week, they are able to be paid for overtime hours in excess of 40 hours.

Results have already been achieved. The processing times for pharmacy technician applications had grown to 90 days at the beginning of the year. This was reduced to 60 days during March due to the extra attention of board staff banking their furlough days to a future time.

Board staff are also preparing for an influx of exam applications as students graduate from the schools of pharmacy. With a redirection of staff and additional workdays, we hope to process California graduates applications within 10 days from receipt, if the applications are submitted by the school.

The processing time for many of the business licensure categories was about 60 days. This was reduced to about 35 days. To achieve this reduction in processing time, board staff placed a temporary suspension on status inquiries. We are again responding to status inquiries. However, workload studies show that on average, most board staff spends about 1.5 days each week responding to status inquiries, which is problematic in a four-day workweek. Currently applicants can request the status of an application either over the phone or via e-mail.

All licensing staff continue to update their voice-mail message to include the date range of applications currently being processed. The board's receptionists are advising callers of these details as well. Executive staff and managers continue to be available to address immediate or urgent applicant concerns.

Attachment B contains two charts detailing the number of applications received and licenses issued.

d. FOR ACTION: Competency Committee Report

Effective April 1, 2010, the board instituted a quality assurance review of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). We hope to complete this review and release examination results once the review is complete sometime in June 2010.

1. FOR ACTION: Review and Approval of a New Content Outline for the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)

Attachment C

Pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis periodically which serves as the basis for the CPJE examination.

To complete this analysis, the committee recently developed a job analysis survey with the board's contracted psychometric firm. The survey was offered to specific, randomly selected California pharmacists (via postcard and a link to the board's Web site) and to California pharmacists generally in December 2009. There were 692 pharmacists who provided responses.

According to the board's contracted psychometric firm, these results are sufficient for a statistically reliable sample.

The information learned from this survey resulted in the need to slightly change the content outline of the CPJE to ensure it remains valid for California. The content outline identifies specific subject areas for the CPJE that will be generated into any examination, and serves as a study guide for students.

Since the beginning of the year, under the leadership of the board's psychometric consultant, the Competency Committee has worked on revising its content outline. That work has now been completed. The board needs to review and ultimately approve the new content outline. The new content outline will be used to construct examinations administered after April 1, 2011. Board Member Kajioke and Supervising Inspector Dang participated in this process.

The current and proposed content outlines are provided in **Attachment C**.

California law in section 4200.2 of the Business and Professions Code directs that:

- 4200.2.** When developing the California Practice Standards and Jurisprudence Examination for Pharmacists, the board shall include all of the following:
- (a) Examination items to demonstrate the candidate's proficiency in patient communication skills.
 - (b) Aspects of contemporary standards of practice for pharmacists in California, including, but not limited to, the provision of pharmacist care and the application of clinical knowledge to typical pharmacy practice situations that are not evaluated by the North American Pharmacy Licensure Examination [NAPLEX].

There are three major sections for the examination, there are slight modifications proposed in weighting as follows:

Current:

- | | |
|---|--------------|
| I. Provide Medication to Patients | 25 questions |
| II. Monitor and Manage Patient Outcomes | 25 questions |
| III. Manage Pharmacy Operations | 25 questions |

Proposed:

- | | |
|--------------------------|--------------|
| I. Patient Medications | 25 questions |
| II. Patient Outcomes | 30 questions |
| III. Pharmacy Operations | 20 questions |

More specifically, the items identified for deletion from the current content outline are (indicated on the 2006 Content Outline in the attachment):

- 1A1. Interpret prescription/medication order.
- 2B2. Prepare IV admixtures.
- 2A3. Determine the need for a referral.
- 2A4. Communicate the therapeutic plan to the patient/patient's representative, the prescriber and other health care professionals.
- 3A4. Store pharmaceuticals, durable medical equipment, devices and supplies under proper storage conditions

The items proposed for addition to the content outline are (indicated on the Proposed Content Outline in the attachment).

- 1A7. Assess prescription/medication order for insurance coverage.
- 1B2. Select specific product(s) to be dispensed for a prescription/mediation order.
- 1B8. Use automated dispensing equipment (e.g., Pyxis, Omnicell, Accu-Dose, ScriptPro)
- 1B9. Prepare finished dosage forms for dispensing (e.g., measure, count, reconstitute, compound, repackage, unit dose).
- 2A3. Assess changes in health status (e.g., onset of new disease states, changes in clinical condition).
- 2A7. Resolve problems that arise with patient's therapy (e.g., ADRs, drug interactions).
- 2B10. Respond to consumer inquiries (e.g., internet searches, media information, FDA patient safety alerts, radio/television commercials)
- 2B11. Provide supplemental information as indicated (e.g., medication guides, computer-generated information, videos).

At this meeting:

The board will have the opportunity to review and approve the new content outline.

2. FOR INFORMATION: New English Language Proficiency Requirements for NABP's Foreign Pharmacy Graduate Examination Committee Certification/

Attachment D

In March 2010, the board was advised that the NABP's Foreign Pharmacy Graduate Examination Committee (FPGEC) had revised its requirements for foreign-educated pharmacists seeking certification by the FPGEC. California law (Business and Professions Code section 4200) requires certification of foreign-educated pharmacists by the FPGEC as a condition of application for licensure as a California pharmacist.

According to the FPGEC, effective April 1, the TOEFL iBT will be the sole English proficiency examination accepted for new candidates seeking certification. The TOEFL iBT, a computer-based exam, will replace the paper-based TOEFL and the Test of Spoken English.

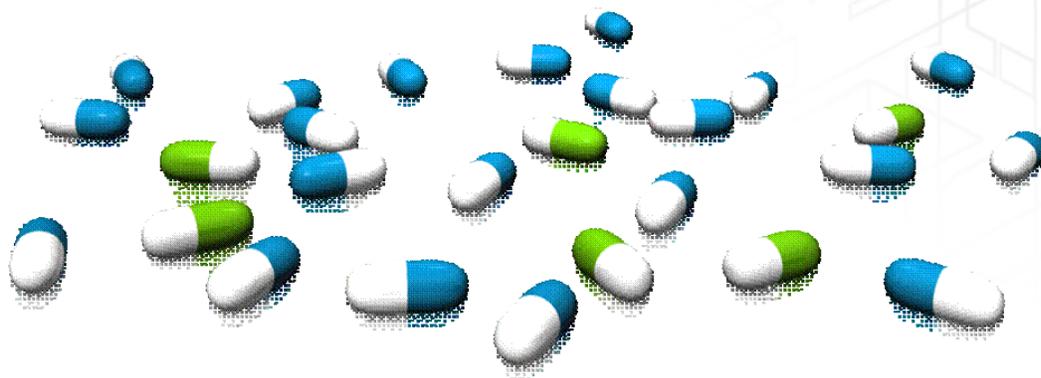
e. FOR INFORMATION: Third Quarterly Report on Licensing Committee Goals for 2009-10

Attachment E

Attachment 6 contains a copy of the board's licensing statistics and the first quarter's status of Licensing Committee Goals.

Attachment A

*Final Report: Addressing Drug and
Device Recalls in Hospitals*



Addressing Drug and Device Recalls in Hospitals

Developed by participants at the meetings of the California State Board of Pharmacy's Subcommittee to Evaluate Drug Distribution in Hospitals

January 2010

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January 2010

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Note:

This is a guidance document (not law, statute or regulation) for recalls in hospitals, and represents a list of possible actions to take to remove recalled drugs from all patient care areas in hospitals.

These practices can be summarized as:

1. Pre-position the facility to receive notice of recalls from multiple sources,
2. Identify if the facility has the product,
3. If so, quickly remove the product from all patient care areas,
4. Identify, assess, notify and treat patients who may have received the product,
5. Identify alternative products to maintain therapy,
6. Return the quarantined product,
7. Document and evaluate the process.



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Actions for Recalls

A product recall includes any notice from a drug manufacturer, wholesaler and/or FDA to return a drug product or medical device due to suspected contamination or defect. For ease of discussion throughout this discussion, “drug product” also includes medical device.

Pre-Recall Planning

The pharmacy department has direct authority and ultimate responsibility for implementation of the facility’s recall policy and procedures. To achieve this, the hospital’s administration needs to provide full support to the pharmacy department in executing the duties described below.

The pharmacy department should develop and implement written policies and procedures for the effective and efficient removal of recalled products from all patient care areas (inpatient and outpatient) and storage areas. However, policy and procedure development must be multidisciplinary in approach. At a minimum, representatives from nursing, medicine, pharmacy services and administration should be involved. The focus should encompass all patient care areas, including outpatient services.

1. Components of Written Procedures for Recalls:

- Develop a duties or detail list with all steps needed to be taken during a recall so that any staff member can effectively carry out the steps. The procedures should identify the specific roles and responsibilities of all personnel involved in the recall process in sufficient detail to ensure maximum compliance. For many hospitals, a dedicated and trained recall team that knows all the policies, procedures and pertinent regulations will provide best support to the hospital in responding consistently in handling recalls. In other hospitals, fewer staff may be involved.
- Ensure knowledge of drug recall procedures by developing facility-wide systems and providing periodic training at least annually. Ensure that:
 - Staff understand federal and state regulations governing drug product or medical device recalls.
 - Communication occurs about all pertinent recall information and a notice of the recall is distributed to all impacted areas and appropriate staff in a timely manner.
 - Various communication avenues throughout the organization are used to spread notices of recalls (email, fax inter-campus, interoffice mail, hospital newsletter – some of these methods are too slow but can serve as reminders).
 - Flyers are posted about recalls; for example, post flyers saying “bad heparin” with the lot numbers recalled.
 - There is a centrally located repository of recall notices that is readily retrievable.

2. Know All Drug Storage Areas in Hospitals:

- Maintain control over drug storage everywhere in the hospital. Identify all locations where drugs are kept throughout the hospital: prohibit storage outside these areas.

- Allow no drugs in the hospital that were not purchased through the pharmacy. There should be no allowance for drugs to be brought in for patient use without the express knowledge and approval of the pharmacy department.
- Medical devices should be inventoried and controlled in a manner that facilitates their rapid location by the manufacturer, model product or serial number.
- Minimize the number of and maximize the quality and authority of the individuals carrying out monthly inspections. Ensure that someone is authorized to do what is necessary to secure the drug supply throughout the facility. During monthly inspections, check for recently recalled drugs to double check they have been removed from the hospital's supplies.

3. Once a Recall Has Been Initiated:

- Establish a centralized method to receive, interpret and disseminate information about recalls, especially Class 1 recalls.
- Assess the actual or potential clinical significance of the recall on patient care, and identify alternative drug therapy for recalled drugs or devices.
- Specify who is responsible for checking specified drug storage areas and obtain a signoff by the individual conducting the check.
- Establish timelines for completion of each task.
- Establish a method to ensure all drug storage areas are checked, and then perform an audit. For example, after recall notices are faxed to all pharmacies, require all responses confirming that all recalled drugs have been removed be returned within 72 hours. After the faxes are received, consider double checking via audit of the drug storage locations.
- Ensure that recalled drugs and devices are stored by the pharmacy in an area clearly designated as a quarantine area until disposed of as directed in the recall notice.

4. Additional Steps:

- Monitor subsequent product shipments to ensure recalled products are not shipped into the facility.
- Establish a system by which patients who may have been affected by the recalled product are identified and the patients' primary physician is notified and provided with recall information.
- Establish a system to monitor implementation on a regular basis to provide insight into opportunities for process improvement.

5. Quality Assurance and Process Improvement:

- Implement monthly reporting of recall activities. Such reports should include:
 - The number of recalls received by the organization.
 - The number of recalls requiring action by the organization.
 - The length of time from receipt of the recall notice until closure is attained.
 - The number of patients affected or potentially affected, including any adverse outcomes.
 - The location and quantity of recalled product returned.

- Identification of any problems encountered with the recall process.
- Share these reports with staff to review and identify opportunities for process improvement.

6. Activities with Drug Wholesalers to Improve Recalls:

- Have a wholesaler representative dedicated to the hospital or hospital group. Alternatively, designate one person as the hospital's liaison with the wholesaler. This person can run reports and identify recalled drugs purchased by the hospital.
- Collaborate and communicate with the wholesaler on drug shipments and recalls, including shipments after a recall is announced.

7. Technology-Based Solutions:

- Stock drugs in automated dispensing cabinets (Pyxis, Omnicell) to easily and quickly do an electronic lockout for recalls.
- Implement an adverse drug reaction system that allows better tracking of what occurred in relation to a recalled drug was administered to patients. Outcome: better communication with patients.
- Obtain an electronic receipt of recall notices from multiple sources.

IMPROVEMENTS FOR THE RECALL SYSTEM:

1. Notification System for Recalls Needs Improvement:

- Have a more effective recall notification system that originates in one place, listing what the issue is, what should be done, what steps should be taken, etc. Having one notice from one source with all the relevant information would minimize confusion.
- Encourage the FDA to develop a standardized format for recalls, including listing the reason for the recall, so adherence is easier to achieve.
- Recall notices should state whether the recall is a Class I, II or III recall. Also, notices should have clear instructions about what actions to take.
- Encourage wholesalers to communicate recalled lot numbers to purchasers of their products.
- Recalled products repackaged under another name or brand by a different distributor should be recalled by all names, and a separate recall notice should be listed for the distributor.

2. Establish Tracking of Drugs Throughout the Hospital:

- Institute bar coding to better track drugs throughout the facility. Hospitals need to prioritize bar coding technology.
- Electronic tracing or notification (e.g., secure email) of recalls would be helpful.
- Institute RFID or bar codes and advocate to have standardized methodology in the way the information is sequenced. This should apply to the entire lifecycle of the product, so a recalled product can be identified in the hospital. E-pedigree requirements would enable better execution of a recall within a hospital.

3. Methods of Obtaining Recall Information:

- Redundant notification systems should be established to ensure the facility receives recall notices. Facilities are encouraged to subscribe to more than one method available for product recalls. Sole reliance on recall notification via the US Postal Service is not acceptable.
- Recall notices can arrive at hospitals via fax, certified letter, standard mail, emails from manufacturers, wholesalers, or notices with invoices for other drugs. Listserves of the FDA (<http://www.fda.gov/Safety/MedWatch/default.htm>), the California Board of Pharmacy and other entities can provide recall information.
- Closely working with the hospital's drug wholesalers will improve notice and distribution of recall information.

4. Administrative Policies

- Require that drugs be stored in specific locations and institute consequences when drugs are stored out of these areas. Increase the authority of the pharmacist-in-charge to better control where and how drugs are stored.
- Expand policies to increase responsibility of other department heads during a recall. All health care providers that are touching the drug are accountable.
- Bring together management, California Hospital Association, Medical Board, Nursing Board and Board of Pharmacy. Other health care providers should be cited and fined for their failure to follow the facility's recall procedures.

5. "Geographic" Concerns:

- Ensure there is a system to identify all outpatient clinics and other departments that are on the facility's license. This will help clarify what a pharmacist-in-charge is responsible for.
- Establish guidelines for an authorized medication storage area.
- Outside medications from vendors or contractors should not be allowed in the hospital.

Attachment B

Workload Statistics

Board of Pharmacy Licensing Statistics - Fiscal Year 2009/10

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
APPLICATIONS													
Received													
Pharmacist (exam applications)	185	287	132	134	90	128	29	105	161				1251
Pharmacist (initial licensing applications)	280	134	161	155	125	69	93	90	79				1186
Intern pharmacist	61	479	331	327	57	65	27	81	158				1586
Pharmacy technician	962	887	1036	1021	677	1018	202	845	1256				7904
Pharmacy	29	23	30**	28	18	22	19	26	25				190
Sterile Compounding	6	2	1	5	2	1	2	25	7				51
Clinics	6	6	13	8	3	10	5	8	2				61
Hospitals	0	0	0	0	0	0	1	0	0				1
Nonresident Pharmacy	3	6	3	5	6	1	8	3	20				55
Licensed Correctional Facility	0	0	0	0	0	0	2	0	0				2
Hypodermic Needle and Syringes	1	3	2	0	2	2	2	0	0				12
Nonresident Wholesalers	6	15	6	9	4	11	2	2	9				64
Wholesalers	5	7	6	15	5	6	6	1	7				58
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0	0				0
Designated Representatives	34	57	36	74	36	32	22	45	47				383
Issued													
Pharmacist	243	308	139	189	94	101	87	93	53				1307
Intern pharmacist	39	277	323	476	102	119	44	19	73				1472
Pharmacy technician	751	788	764	722	416	1407	889	704	1017				7458
Pharmacy	35	24	36	24	7	12	25	13	33				209
Sterile Compounding	9	2	7	1	0	0	0	2	1				22
Clinics	5	4	11	1	10	4	8	0	9				52
Hospitals	6	1	5	2	0	0	4	0	0				18
Nonresident Pharmacy	10	3	1	1	7	5	3	2	10				42
Licensed Correctional Facility	1	0	0	0	0	0	1	0	1				3
Hypodermic Needle and Syringes	1	5	1	3	2	1	1	1	2				17
Nonresident Wholesalers	10	13	16	4	9	2	11	3	6				74
Wholesalers	8	7	15	4	3	2	3	0	5				47
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	1	0	0				1
Designated Representatives	45	26	40	44	11	26	31	8	56				287

*u/a = unavailable

**corrected

Board of Pharmacy Licensing Statistics - Fiscal Year 2009/10

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Pending													
Pharmacist Examination	241	283	192	217	196	141	172	139					139
Intern pharmacist	278	496	488	320	159	226	201	235					235
Pharmacy technician	1894	1888	1837	1969	1451	2704	2121	2050					2050
Pharmacy	58	54	49	42	47	65	52	53	57				57
Sterile Compounding	18	18	13	12	16	19	19	17	25				25
Clinics	30	28	24	37	36	32	27	30	29				29
Hospitals	19	16	12	14	14	9	9	9	11				11
Nonresident Pharmacy	34	32	33	39	36	38	36	37	42				42
Licensed Correctional Facility	0	0	0	0	0	0	1	1	0				0
Hypodermic Needle and Syringes	19	10	11	12	10	10	6	4	5				5
Nonresident Wholesalers	92	79	72	79	73	79	70	66	70				70
Wholesalers	43	35	20	23	31	36	34	36	43				43
Veterinary Food-Animal Drug Retailer	1	1	1	2	2	2	0	0	0				0
Designated Representatives	132	88	128	119	159	167	163	168	197				197
Change of Pharmacist-in-Charge													
Received	189	159	130	182	119	134	160	43	36				1152
Processed	151	91	75	132	40	109	42	112	133				885
Pending	38	106	161	211	290	315	433	364	267				267
Change of Exemptee-in-Charge													
Received	37	22	19	14	12	14	9	6	5				138
Processed	6	7	0	13	1	9	12	0	10				58
Pending	31	46	65	66	77	82	79	85	80				80
Change of Permits													
Received	347	103	74	100	39	50	46	49	43				851
Processed	37	1	311	57	90	67	126	9	46				744
Pending	310	412	175	218	167	150	70	110	107				107
Discontinuance of Business													
Received	42	33	35	42	37	35	12	21	0				257
Processed	35	12	18	21	19	14	8	1	14				142
Pending	7	28	45	66	84	105	109	129	115				115

*u/a = unavailable

**corrected

Board of Pharmacy Licensing Statistics - Fiscal Year 2009/10

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Renewals Received													
Pharmacist	1213	2757	2836	1640	839	1687	1640	1340					13952
Pharmacy technician	1632	3740	4021	1716	527	2181	2059	2053					17929
Pharmacy	182	484	641	991	377	460	395	442					3972
Sterile Compounding	21	49	74	17	24	23	21	3					232
Clinics	76	131	187	70	55	80	100	87					786
Nonresident Pharmacy	34	31	53	14	23	17	21	21					214
Licensed Correctional Facility	0	1	27	0	6	0	0	0					34
Hypodermic Needle and Syringes	10	23	41	37	16	26	22	11					186
Nonresident Wholesalers	32	54	64	40	27	33	38	37					325
Wholesalers	32	71	71	30	20	41	37	20					322
Veterinary Food-Animal Drug Retailer	2	4	2	1	5	4	4	5					27
Designated Representative	149	306	320	192	145	139	135	116					1502

*u/a = unavailable

**corrected

Attachment C

*Current and Proposed Content
Outlines for the CPJE*

Attachment D

*New FPGEC English Proficiency
Requirements*

For CPJE Exams Taken On or After April 1, 2006



California State Board of Pharmacy Detailed Content Outline

1. Provide Medication to Patients

25 Items

A. Organize and Evaluate Information

- delete* → ① Interpret prescription/medication order
2. Obtain information from the patient/patient's representative for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
 3. Obtain information from prescriber and/or health care professionals for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
 4. Assess prescription/medication order for completeness, correctness, authenticity, and legality
 5. Assess prescription/medication order for appropriateness (e.g., drug selection, dosage, drug interactions, dosage form, delivery system)
 6. Evaluate the medical record/patient profile for any or all of the following: disease states, clinical condition, medication use, allergies, adverse reactions, disabilities, medical/surgical therapies, laboratory findings, physical assessments and/or diagnostic tests
 7. Evaluate the pharmaceutical information needs of the patient/patient's representative

B. Dispense Medications

- delete* → ① Enter prescription information into patient profile
- delete* → ② Prepare IV admixtures
3. Document preparation of medication in various dosage forms (e.g., compounded, unit dose)
 4. Document preparation of controlled substances for dispensing
 5. Verify label(s) for prescription container(s)
 6. Select auxiliary label(s) for container(s)
 7. Perform the final check of the medication prior to dispensing

2. Monitor and Manage Patient Outcomes

25 Items

A. Determine a Course of Action and Manage Patient Outcomes

1. Determine desired therapeutic outcomes
2. Develop a therapeutic regimen for prescription medications (e.g., recommend alteration of prescribed drug regimen; select drug if necessary)

delete → ③ Determine the need for a referral

delete → ④ Communicate the therapeutic plan to the patient/patient's representative, the prescriber and other health care professionals

5. Recommend/order necessary monitoring and screening procedures (e.g., blood pressure, glucose levels, drug levels)
6. Communicate results of monitoring to patient/patient's representative, prescriber and/or other health care professionals
7. Manage drug therapy according to protocols

B. Educate Patients and Health Care Professionals

1. Assess the patient's understanding of the disease and treatment
2. Counsel patient/patient's representative regarding prescription medication

- therapy and devices
- 3. Counsel patient/patient's representative regarding nonprescription medication (OTC)
- 4. Counsel patient/patient's representative regarding herbal/complementary therapies
- 5. Counsel patient/patient's representative regarding non-drug therapy
- 6. Counsel patient/patient's representative regarding self-monitoring of therapy (e.g., devices, symptoms)
- 7. Verify the patient's/patient representative's understanding of the information presented
- 8. Educate health care professionals (e.g., physicians, nurses, medical residents/fellows, other health care providers/students, precepting intern pharmacists)

3. Manage Operations

25 Items

A. Procure Pharmaceuticals, Devices and Supplies and Control Inventory

- 1. Place orders for pharmaceuticals, durable medical equipment, devices and supplies, including expediting of emergency orders
- 2. Maintain a record-keeping system of items purchased/received/returned in compliance with legal requirements
- 3. Maintain a record of controlled substances ordered, received, stored and removed from inventory
- 4. Store pharmaceuticals, durable medical equipment, devices and supplies under proper storage conditions
- 5. Dispose of expired or recalled pharmaceuticals, durable medical equipment, devices, supplies and document actions taken
- 6. Communicate changes in product availability (e.g., formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians and other health care professionals
- 7. Maintain policies and procedures to prevent theft and/or drug diversion

Delete → ④

B. Perform Quality Assurance/Improvement

- 1. Assess pharmacist and/or pharmacy technician competence
- 2. Ensure the accuracy of medication administration
- 3. Implement a system for medication error prevention, assessment, and reporting (e.g., root cause analysis, National Patient Safety Goals)
- 4. Implement a system by which adverse drug reactions are documented, analyzed, evaluated and reported

C. Manage Operations, Human Resources and Information Systems

- 1. Monitor the practice site and/or service area for compliance with federal, state and local laws, regulations and professional standards
- 2. Supervise the work of pharmacy staff
- 3. Ensure the availability, control, and confidentiality of patient and prescription information (e.g., patient profiles, medication administration records)

D. Manage Medication Use System

- 1. Maintain a formulary system
- 2. Apply therapeutic interchange
- 3. Conduct medication use evaluations

**TOTAL 90 questions
including 15 unscored pretest items**



CALIFORNIA
Board of Pharmacy

PROPOSED

Content Outline - 75 Item Examination

*Underlining represents a task new to the content outline.

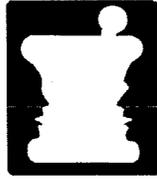
I. Patient Medications (25 Items)

A. Organize and Evaluate Information

1. Obtain information from the patient/patient's representative for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
2. Obtain information from prescriber and/or health care professionals for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
3. Assess prescription/medication order for completeness, correctness, authenticity, and legality
4. Assess prescription/medication order for appropriateness (e.g., drug selection, dosage, drug interactions, dosage form, delivery system)
5. Evaluate the medical record/patient profile for any or all of the following: disease states, clinical condition, medication use, allergies, adverse reactions, disabilities, medical/surgical therapies, laboratory findings, physical assessments and/or diagnostic tests
6. Evaluate the pharmaceutical information needs of the patient/patient's representative
7. Assess prescription/medication order for insurance coverage

B. Dispense Medications

1. Enter prescription information into patient profile
2. Select specific product(s) to be dispensed for a prescription/medication order
3. Document preparation of medication in various dosage forms (e.g., compounded, unit dose)
4. Document preparation of controlled substances for dispensing
5. Verify label(s) for prescription containers
6. Select auxiliary label(s) for container(s)
7. Perform the final check of the medication prior to dispensing
8. Use automated dispensing equipment (e.g., Pyxis, Omnicell, Accu-Dose, ScriptPro)



CALIFORNIA
Board of Pharmacy

Content Outline - 75 Item Examination

*Underlining represents a task new to the content outline.

9. Prepare finished dosage forms for dispensing (e.g., measure, count, reconstitute, compound, repackage, unit dose)

II. Patient Outcomes (30 Items)

A. Determine a Course of Action

1. Determine desired therapeutic outcomes
2. Develop a therapeutic regimen for prescription medications (e.g., recommend alteration of prescribed drug regimen; select drug if necessary)
3. Assess changes in health status (e.g., onset of new disease states, changes in clinical condition)
4. Recommend/order necessary monitoring and screening procedures (e.g., blood pressure, glucose levels, drug levels)
5. Document monitoring and therapeutic management activities
6. Manage drug therapy according to protocols
7. Resolve problems that arise with patient's therapy (e.g., ADRs, drug interactions)

B. Educate Patients and Health Care Professionals

1. Assess the patient's understanding of the disease and treatment
2. Counsel patient/patient's representative regarding prescription medication therapy and devices
3. Counsel patient/patient's representative regarding nonprescription medication (OTC)
4. Counsel patient/patient's representative regarding herbal/complementary therapies
5. Counsel patient/patient's representative regarding non-drug therapy
6. Counsel patient/patient's representative regarding self-monitoring of therapy (e.g., devices, symptoms)
7. Verify the patient's/patient representative's understanding of the information presented



CALIFORNIA
Board of Pharmacy

Content Outline - 75 Item Examination

*Underlining represents a task new to the content outline.

8. Educate health care professionals (e.g., physicians, nurses, medical residents/fellows, other health care providers/students, precepting intern pharmacists)
9. Communicate results of monitoring to patient/patient's representative, prescriber and/or other health care professionals
10. Respond to consumer inquiries (e.g. internet searches, media information, FDA patient safety alerts, radio/television commercials)
11. Provide supplemental information, as indicated (e.g., medication guides, computer generated information, videos)

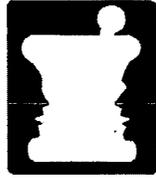
III. Pharmacy Operations (20 Items)

A. Procure Pharmaceuticals, Devices and Supplies, and Control Inventory

1. Place orders for pharmaceuticals, durable medical equipment, devices and supplies, including expediting of emergency orders
2. Maintain a record-keeping system of items purchased/received/returned in compliance with legal requirements (e.g., dangerous drugs, devices, supplies)
3. Maintain a record of controlled substances ordered, received, stored and removed from inventory
4. Dispose of expired or recalled pharmaceuticals, durable medical equipment, devices, supplies and document actions taken
5. Communicate changes in product availability (e.g., formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians and other health care professionals
6. Maintain policies and procedures to prevent theft and/or drug diversion

B. Perform Quality Assurance/Improvement

1. Assess pharmacist and/or pharmacy technician competence
2. Ensure the accuracy of medication administration
3. Participate in a system for medication error prevention, assessment, and reporting (e.g., root cause analysis, National Patient Safety Goals, medication error reduction program)



CALIFORNIA
Board of Pharmacy

Content Outline - 75 Item Examination

*Underlining represents a task new to the content outline.

4. Participate in a system by which adverse drug reactions are documented, analyzed, evaluated and reported

C. Manage Operations, Human Resources and Information Systems

1. Monitor the practice site and/or service area for compliance with federal, state and local laws, regulations and professional standards/guidelines
2. Supervise the work of pharmacy staff
3. Ensure the availability, control, and confidentiality of patient and prescription information (e.g., patient profiles, medication administration records)

D. Manage Medication Use System

1. Maintain a formulary system
2. Apply therapeutic interchange
3. Conduct medication use evaluations



nabp

451
Licensing

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: Maria Boyle, Competency Assessment Senior Manager
DATE: March 11, 2010
RE: FPGEC Amends the English Language Proficiency Requirements for Certification Program

NABP continues to take steps to maintain the integrity of the Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification Program. Recently, the NABP Executive Committee approved amendments to the requirements for FPGEC Certification, which include changes to the accepted English language proficiency examination and what constitutes a valid test site location.

English Language Proficiency Requirement

Effective April 1, 2010, the Test of English as a Foreign Language (TOEFL) Internet-based Test (iBT) will be the sole English language proficiency examination accepted for **new** candidates seeking FPGEC Certification. Consequently, score reports from the paper-based TOEFL and the Test of Spoken English (TSE) will no longer be accepted for all new FPGEC candidates as of this date. Maintaining one standard for English proficiency – the TOEFL iBT – will further promote uniformity among all candidates seeking FPGEC Certification.

Test Center Locations

Also, beginning April 1, 2010, TOEFL iBT score reports from international Educational Testing Service (ETS) test site locations will no longer be accepted for **new** candidates seeking FPGEC Certification. TOEFL iBT score reports will only be accepted from ETS test centers located in NABP member and associate member jurisdictions including the 50 United States, District of Columbia, Guam, Puerto Rico, Virgin Islands, nine Canadian provinces, two Australian states, and New Zealand, as listed in the About Us section of the NABP Web site, www.nabp.net, under District Composition.

To eliminate multiple trips for internationally located candidates, NABP suggests that candidates try to schedule their TOEFL iBT on a date near to their scheduled Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) administration date. Currently, all FPGEC candidates must take the FPGEE at a US test center. The FPGEE will continue to be offered twice a year at more than 200 Pearson VUE testing centers in the continental US.

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

March 11, 2010

Page 2

In addition, score reports received from the Los Angeles, CA, ETS test site located at 3540 Wilshire Boulevard, will no longer be accepted on or after April 1, 2010.

Candidates Who Submit an Application Prior to April 1, 2010

To accommodate **current** candidates who were part of the FPGEC Certification program **prior** to April 1, 2010, and who may already be scheduled to take an English language proficiency examination, TOEFL and TSE score reports will be accepted until **June 30, 2010**. If a candidate is unable to pass the TOEFL and TSE by June 30, he or she will need to contact ETS and schedule to take the TOEFL iBT as the English language proficiency requirement.

The FPGEC will also accept score reports from international ETS test site locations from current candidates until the June 30 deadline. Candidates who are unable to pass the TOEFL iBT or the TOEFL and TSE by this date, will need to contact ETS and schedule to take the TOEFL iBT at a test site located in one of the NABP member or associate member jurisdictions. In addition, score reports received from the aforementioned Los Angeles ETS test site will be accepted from these candidates until June 30.

If you have any questions, please contact me via phone at 847/391-4400 or via e-mail at mboyle@nabp.net.

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

Debi M.
Licensure
nabp



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BOARD OF PHARMACY

2010 MAR 16 AM 11:03

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

FOR IMMEDIATE RELEASE

March 12, 2010

**For more information contact:
Larissa Doucette, Communications Manager
847/391-4405; custserv@nabp.net**

NABP Promotes Uniformity and Standardization in FPGEC Certification Program, Amends English Language Proficiency Requirements

The National Association of Boards of Pharmacy® (NABP®) continues to take steps to maintain the integrity of its examinations and programs. Recently, the NABP Executive Committee approved amendments to the requirements for Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification, which include changes to the accepted English language proficiency examination and what constitutes a valid test site location.

Effective April 1, 2010, the Test of English as a Foreign Language™ (TOEFL®) Internet-based Test (iBT) will be the sole English language proficiency examination accepted for new candidates seeking FPGEC Certification. Consequently, score reports from the paper-based TOEFL and the Test of Spoken English™ (TSE®) will no longer be accepted for all new FPGEC candidates as of this date. Maintaining one standard for English proficiency – the TOEFL iBT – will further promote uniformity among all candidates seeking FPGEC Certification.

Also, beginning April 1, 2010, TOEFL iBT score reports from international Educational Testing Service® (ETS®) test site locations will no longer be accepted for new candidates seeking FPGEC Certification. TOEFL iBT score reports will only be accepted from ETS test centers located in NABP member and associate member jurisdictions including the 50 United States, District of Columbia, Guam, Puerto Rico, Virgin Islands, nine Canadian provinces, two

(— more —)

Attachment E

*Third Quarterly Update on the
Committees Strategic Plan
Objectives*

LICENSING COMMITTEE

Goal 2: Ensure the qualifications of licensees.

Outcome: Qualified licensees

Objective 2.1	Issue licenses within three working days of a completed application by June 30, 2011.								
Measure:	Percentage of licenses issued within three work days.								
Tasks:	1. Review 100 percent of all applications within 7 work days of receipt.								
		# of 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)	451	349	307		40	25	29	
	Pharmacist (initial licensing)	728	244	250		2	2	4	
	Pharmacy Intern	871	456	270		19	20	61	
	Pharmacy Technician	2,885	2,716	2,726		69	72	58	
	Pharmacies	80	68	72		25	18	23	
	Non-Resident Pharmacy	12	12	31		38	33	35	
	Wholesaler	18	26	14		30	31	31	
	Veterinary Drug Retailers	0	0	0		0	0	0	
	Designated Representative	127	142	114		30	32	29	
	Out-of-state distributors	27	24	13		30	34	33	
	Clinics	25	21	15		45	20	28	
	Hypodermic Needle & Syringe Distributors	6	4	2		30	1	21	
	Sterile Compounding	9	8	17		30	8	10	
	Change of Permit	405	189	138		32	45	45	
Pharmacist in Charge	478	435	239		14	14	30		
Designated Representative in Charge	78	40	20		14	14	30		
Discontinuance of Business	110	114	31		30	30	30		

2. Process 100 percent of all deficiency documents within five work days of receipt.

	Average Days to process deficiency:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist (exam applications)	15	15	15	
Pharmacist (initial licensing)	7	7	7	
Pharmacy Intern	15	15	15	
Pharmacy Technician	15	15	15	
Pharmacies	15	15	15	
Non-Resident Pharmacy	7	7	5	
Wholesaler	7	7	5	
Veterinary Drug Retailers	0	0	0	
Designated Representative	7	7	5	
Out-of-state distributors	7	7	5	
Clinics	20	15	15	
Hypodermic Needle & Syringe	7	7	5	

3. Make a licensing decision within three 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)	2	2	2	
Pharmacist (initial licensing)	2	2	2	
Pharmacy Intern	2	2	2	
Pharmacy Technician	5	5	5	
Pharmacies	2	2	5	
Non-Resident Pharmacy	3	3	10	
Wholesaler	2	3	10	
Veterinary Drug Retailers	0	0	0	
Designated Representative	1	2	5	
Out-of-state distributors	2	3	10	
Clinics	1	2	7	
Hypodermic Needle & Syringe	1	2	5	

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	690	384	233	
Pharmacy Intern	639	696	136	
Pharmacy Technician	2,303	2,544	2,614	
Pharmacies	108	45	77	
Non-Resident Pharmacy	14	13	15	
Wholesaler	30	9	8	
Veterinary Drug Retailers	0	0	1	
Designated Representative	111	81	95	
Out-of-state distributors	39	15	20	
Clinics	20	15	17	
Hypodermic Needle & Syringe	7	6	4	
Sterile Compounding	18	1	3	

5. Withdrawn licenses to applicants not meeting board requirements.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	95	20	141	
Pharmacies	0	0	21	
Non-Resident Pharmacy	1	1	3	
Clinics	0	0	1	
Sterile Compounding	0	1	1	
Designated Representative	19	0	21	
Hypodermic Needle & Syringe	4	0	5	
Out-of-state distributors	11	4	5	
Wholesaler	9	0	8	
Veterinary Drug Retailers	0	0	1	
Registered Pharmacist	0	0	62	
Intern Pharmacist	0	0	57	

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

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	32	6	7	
Pharmacies	0	1	0	
Non-Resident Pharmacy	0	0	0	
Clinics	0	0	0	
Sterile Compounding	0	0	0	
Designated Representative	1	0	0	
Hypodermic Needle & Syringe	0	0	0	
Out-of-state distributors	0	0	0	
Wholesaler	0	0	0	

7. Responding to e-mail status requests and inquiries to designated e-mail addresses.

	Qtr 1 *	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	863	852	962	
Pharmacy Technicians	1,214	1,333	2,411	
Site licenses (pharmacy, clinics)	716	1,216	989	
Site licenses (wholesalers, nonresident pharmacies)	701	695	608	
Pharmacist in Charge	358	761	***	
Renewals	533	715	***	

8. Responding to telephone status request and inquiries.

	Qtr 1 *	Qtr 2 **	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	100	153	84	
Pharmacy Technicians	100	64	0	
Site licenses (pharmacy, clinics)	200	237	368	
Site licenses (wholesalers, nonresident pharmacies)	151	278	220	
Pharmacist in Charge	143	98	***	
Renewals	112	51	***	

* 1st Qtr - E-mail and voicemail status requests for pharmacist, pharmacist intern and pharmacy technician were suspended from 8/21/09-9/11/09 to allow board staff time to focus on processing applications and issuing licenses.

** 2nd Qtr - Voicemail status requests for pharmacy technicians has been suspended since 10/15/09 to allow board staff time to focus on processing applications and issuing licenses.

*** 3rd Qtr - Not available.

Objective 2.2	Cashier 100 percent of all revenue received within two working days of receipt by June 30, 2011.																																																																														
Measure:	Percentage of revenue cashiered application within 2 working days.																																																																														
Tasks:	<table border="1" data-bbox="370 289 1515 798"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Revenue Received:</th> <th colspan="4">Average Days to Process:</th> </tr> <tr> <th>Qtr 1</th> <th>Qtr 2 *</th> <th>Qtr 3**</th> <th>Qtr 4</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Applications</td> <td>\$513,971</td> <td>\$466,525</td> <td>\$259,396</td> <td></td> <td>2</td> <td>3</td> <td>3.5</td> <td></td> </tr> <tr> <td>Renewals</td> <td>\$2,325,121</td> <td>\$1,748,422</td> <td>\$1,295,728</td> <td></td> <td>2</td> <td>3</td> <td>4.5</td> <td></td> </tr> <tr> <td>Cite and Fine</td> <td>\$285,685</td> <td>\$210,295</td> <td>\$325,035</td> <td></td> <td>4</td> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>Probation/ Cost Recovery</td> <td>\$38,031</td> <td>\$64,631</td> <td>\$179,510</td> <td></td> <td>4</td> <td>6</td> <td>9</td> <td></td> </tr> <tr> <td>Request for Information/ License Verification</td> <td>\$4,760</td> <td>\$5,770</td> <td>\$650</td> <td></td> <td>3</td> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>Fingerprint Fee</td> <td>\$16,346</td> <td>\$17,465</td> <td>\$9,481</td> <td></td> <td>2</td> <td>2</td> <td>3.5</td> <td></td> </tr> </tbody> </table> <p data-bbox="370 840 1437 945">* 2nd quarter data reported at the last board meeting reflected October and November 2009 only as these were the only data available at that time. 2nd quarter data is now complete and the revised data are displayed above.</p> <p data-bbox="370 955 1388 1020">** 3rd quarter reflects January and February 2010 data available at the time of report development</p>									Revenue Received:				Average Days to Process:				Qtr 1	Qtr 2 *	Qtr 3**	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Applications	\$513,971	\$466,525	\$259,396		2	3	3.5		Renewals	\$2,325,121	\$1,748,422	\$1,295,728		2	3	4.5		Cite and Fine	\$285,685	\$210,295	\$325,035		4	7	7		Probation/ Cost Recovery	\$38,031	\$64,631	\$179,510		4	6	9		Request for Information/ License Verification	\$4,760	\$5,770	\$650		3	2	2		Fingerprint Fee	\$16,346	\$17,465	\$9,481		2	2	3.5	
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Objective 2.3	Update 100 percent of all information changes to licensing records within five working days by June 30, 2011.																																												
Measure:	Percentage of licensing records changes within five working days.																																												
Tasks:	<table border="1" data-bbox="370 289 1523 573"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Requests Received:</th> <th colspan="4">Average Days to Process:</th> </tr> <tr> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Address/Name Changes</td> <td>1,830</td> <td>2,178</td> <td>2070</td> <td></td> <td>15</td> <td>10</td> <td>13</td> <td></td> </tr> <tr> <td>Off-site Storage Applications (approved)</td> <td>0</td> <td>0</td> <td>61</td> <td></td> <td>0</td> <td>0</td> <td>16</td> <td></td> </tr> <tr> <td>Transfer of Intern Hours to Other States</td> <td>200</td> <td>17</td> <td>120*</td> <td></td> <td>15</td> <td>15</td> <td>15</td> <td></td> </tr> </tbody> </table> <p data-bbox="370 615 1003 646">* March 2010 data not available at time of report.</p>		Requests Received:				Average Days to Process:				Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Address/Name Changes	1,830	2,178	2070		15	10	13		Off-site Storage Applications (approved)	0	0	61		0	0	16		Transfer of Intern Hours to Other States	200	17	120*		15	15	15	
	Requests Received:				Average Days to Process:																																								
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Transfer of Intern Hours to Other States	200	17	120*		15	15	15																																						

Objective 2.4	Implement at least 25 changes to improve licensing decisions by June 30, 2011.
Measure:	Number of implemented changes.
Tasks:	<ol style="list-style-type: none"> <li data-bbox="370 218 1487 285">1. Determine why 26 states do not allow the use of a CA license as the basis for transfer of pharmacist license to that state. <i>Jan. 2007:</i> Survey of some states indicate misunderstanding of why California cannot accept NAPLEX scores earned before January 1, 2004. Educational efforts, on a state by state basis, initiated. <i>March 2007:</i> Pennsylvania agrees to accept California NAPLEX scores. <i>May 2007:</i> At National Association of Boards of Pharmacy meeting several states agree to reconsider their position against accepting California scores. <li data-bbox="370 516 1487 657">2. Evaluate the drug distribution system of clinics and their appropriate licensure. <i>1st Qtr 09/10:</i> Continued to advise clinics and their advocates about the barrier the Capen decision places on surgicenters/clinics from obtaining a board clinic permit. A legislative solution is needed. <i>3rd Qtr 09/10:</i> Board hears presentation by Fort Sutter Surgery Center discussing the issue. <li data-bbox="370 699 1487 951">3. Work with the Department of Corrections on the licensure of pharmacies in prisons. <i>June 2007:</i> Meet with the Department of Corrections Receiver to discuss possible regulatory structures for drug dispensing and distribution within correctional facilities. <i>Oct. 2008:</i> Board staff meet with Department of Corrections staff to develop regulatory structure for prisons. <i>Dec. 2008:</i> Met with receiver for correctional facilities to discuss regulatory structure. <li data-bbox="370 961 1487 1213">4. Work with local and state officials on emergency preparedness and planning for pandemics and disasters. Planning to include the storage and distribution of drugs to assure patient access and safety. <i>2nd Qtr 09/10:</i> Board votes that in declared emergencies where a board meeting cannot quickly be scheduled, a subcommittee of three members can make decisions for patient safety under provisions of Business and Professions Code section 4062 and the board's emergency response policy. <li data-bbox="370 1224 1430 1245">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.*

March 2009: *Board executive staff meet with the executive director of the ExCPT exam.*

April 2009: *Board directs staff to secure a psychometric review of both the PTCB and ExCPT exams, in wake of AB 418 being stalled in the legislature.*

2nd Qtr 09/10: *Board initiates discussions with DCA regarding use of their Ph.D to evaluate the validation studies.*

7. Review requirements for qualifications of pharmacy technicians with stakeholders

4th Qtr 07/08: *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)

Board participates in CSHP sponsored stake holder meeting.

2nd Qtr 08/09: *Executive officer participates in a meeting with CPhA and CSHP to provide technical advice on proposed legislation to be introduced next year. Attend CSHP sponsored stakeholder meeting.*

3rd Qtr 08/09: *Senate Bill 418 introduced to add new requirements for technicians. SB 418 is later dropped for the year.*

8. **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.
3rd Qtr 08/09: Request for Proposal for I-Licensing system modified to contain revised parameters. Staff changes in the Office of Information Services cause additional delay in moving the project forward. ATS project implemented.
2nd Qtr 09/10: Board advised of new initiative to facilitate online applicant submission and renewal.
9. **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.
Dec. 2009: Licensing Committee again discusses the requirements given that other states are no longer transferring intern hours.
10. **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.
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.
1st Qtr 09/10: Competency Committee develops occupational analysis survey.
2nd Qtr 09/10: Competency Committee develops new content online for CPJE.
11. **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.
3rd Qtr 08/09: Board participates in three ACPE reviews of the schools of pharmacy at USC, Touro and California Northstate.
3rd Qtr 09/10: Board participates in ACPE review of the school of pharmacy at UOP.

- 12. 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.
June 2009: Evaluation of designated representative training scheduled for September.
- 13. Convene Committee to evaluate drug distribution within hospitals.**
2nd Qtr 08/09: Executive Officer presents information at CSHP Seminar on failure of the recall system to remove Heparin from nearly 20% of California hospitals months after recall.
3rd Qtr 08/09: Board establishes subcommittee to initiate review.
March 2009: First meeting convened.
June 2009: Second meeting convened in San Francisco.
Sept. 2009: Third meeting convened in Sacramento.
Dec. 2009: Work of Hospital Subcommittee nearly completed. Board to review parameters for recalls at January 2010 meeting.
2nd Qtr 09/10: Document finalized.
- 14. Improve reporting of and accounting for intern hours.**
4th Qtr 08/09: Licensing Committee discusses how intern hours are reported to the board and specifics of where intern hours can be earned.
- 15. Participate in initiatives to increase the number of pharmacists in California to meet demand.**
4th Qtr 08/09: Board executive staff attend forums aimed at ensuring continual growth in the number of pharmacists and pharmacy technicians in California.
- 16. Assess the operations of specialty pharmacy services.**
4th Qtr 08/09: Board initiates review of refill pharmacies.
- 17. Encourage use of technology where it benefits the public.**
June 2009: Presentation to Licensing Committee of new robotic technology to compound drugs in hospitals.
Oct. 2009: Automation equipment demonstrated to Board that would facilitate unit dose packaging in hospitals and allow for barcoding.
Jan. 2010: Demonstration to Board if patient medication instructions in various languages accessible by emerging software available to pharmacies.
- 18. Secure the implementation of e-prescribing in California by the earliest possible date.**
4th Qtr 08/09: Licensing Committee sees presentation on e-prescribing pilot programs sponsored by the California HealthCare Foundation and CalPERS.
- 19. Ensure the public receives necessary pharmaceuticals in emergency response activities to the H1N1 pandemic.**
4th Qtr 08/09: Board assists the California Department of Public Health in responding to distribution of Tamiflu and Relenza. Pharmacy law requirements regarding labeling and dispensing not waived as standard and necessary pharmacists care could still be provided.
2nd Qtr 09/10: Board continues to work with Department of Public Health on H1N1 distribution issues.