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

Licensing Committee Report

Members:

Stan Weisser, RPh, Chairperson
Randy Kajioka, PharmD
Ramón Castellblanch, Public Member

IX. LICENSING COMMITTEE REPORT AND ACTION

a. Report of the Committee Meeting Held December 3, 2009

1. FOR DISCUSSION: Request to Modify Title 16 California Code of Regulations Section 1713(d) Regarding Requirement that Automated Dispensing Machines Be Adjacent to the Secure Pharmacy Area

Attachment 1

Background

In 2005 and 2006, the board discussed and eventually promulgated a regulation to allow automated dispensing machines in pharmacies to dispense refill medications -- if requested by the patient and approved by the pharmacist. This was a use of emerging technology and several pharmacies had sought the board's authority to install such machines in their pharmacies to provide patients with afterhours access (as well as access during times when the pharmacy was open) to refills. Basically, a patient could pick up refill medication, if approved by the pharmacy, from a vending-like machine using a credit card for payment and not specifically deal with the pharmacy staff. The machine was to be located near -- specifically adjacent -- to the physical area of the pharmacy.

A number of conditions were built into the regulations to provide for assurance patients would not be required to use these machines for refills if they were not supportive. A copy of the final regulation is provided below.

This regulation was promulgated cautiously. Throughout 2006, the board modified and adopted the regulation now in effect as section 1713. In January 2007, the regulation actually took effect.

During the meeting, the committee heard a presentation from Phil Burgess, representing Asteris, one vendor of these automated delivery devices. Mr. Burgess is seeking a waiver to the requirements in 1713 (d)(6) which requires that the delivery device be located adjacent to the secure pharmacy area. In making the request, Mr. Burgess stated that they would like to place the device in a secure area that is readily accessible to the patient and that a telephone would be placed adjacent to the device for patients that wished to speak with a pharmacist.

Mr. Burgess will provide a presentation to the board during the meeting.

A written copy of the waiver request as well as a copy of CCR 1713 is provided in **Attachment 1**. At the request of the committee, staff will be prepared to discuss various options for the board to consider.

2. FOR ACTION: Final Review of Parameters for Recalls in Hospitals

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 many of these hospitals and PICs have appealed the citations and fines, board members cannot discuss the specific parameters of any of these cases without recusing themselves from voting on the specific case in the future should they be appealed to the Office of Administrative Hearings.

Over the last year, 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 meetings were held, and at the last meeting in September, a draft Best Practices document was refined. A draft document establishing the parameters for recalls in hospitals was one major outcome of these meetings.

The revised document will be provided during the board meeting. The last step will be a presentation to the board for ratification and future publication in the board's newsletter.

3. FOR INFORMATION: Emergency and Disaster Response Planning: Update on the H1N1 Emergency Response Activities in California

For more than one year, health care providers, policy makers and governments worldwide have been dealing with the H1N1 flu worldwide pandemic.

In California, the board has provided assistance. This has included:

- Sharing our subscriber alert system to advise licensees of directives from the California Department of Public Health
- Ensuring the expedited licensing of storage locations for the H1N1 vaccines
- Establishing a specialized list of compounding pharmacies that the Department of Public Health can access if special, compounded formulations of medications are needed
- Transferring messages from board licensees that need a response or intervention from the Department of Public Health's Emergency Planning and Response Branch, Emergency Preparedness Office

Board staff continues to work closely with the Department of Public Health to assist in ways that will benefit the public.

In order to ensure that the board can act quickly to activate the board's emergency response policy in response to a sudden declared crisis, at the October Board Meeting, the board voted that:

In the event that the board is not able to convene a public meeting on regular notice or pursuant to the emergency meeting provisions of the Open Meetings Act, any three members of the board may convene a meeting by teleconference, by electronic communication (e.g., email), or by other means of communication to exercise the powers delegated to the full board pursuant to Business and Professions Code section 4062.

4. FOR INFORMATION: Impact on Patient Care Caused by Diverse Supply Issues Impacting the Availability of Medication in Hospitals

Several months ago Chad Signorelli, PharmD, Assistant Director of Pharmacy Services, Lompoc Valley Medical Services, contacted the board with concerns regarding the abundance of medications that are unavailable due to various manufacturer supply issues.

Dr. Signorelli provided a presentation to the committee. He cited several examples of concerns that impact hospital operations and harm patient care:

- Offer for a shortage product, vecuronium, at a 1000% markup (\$16 vs \$170)
- Bicillin L-A 141% price increase (Used for Syphilis)
- Albuterol Inhaler 273% price increase (Used for acute asthma attacks)
- Phenylephrine Inj 3915% price increase (Treatment of hypotension, vascular failure in shock)
- Cefoxitin 208% price increase (Used to prevent infection in Ob/Gyn surgeries)
- Albumin 1112% price increase (Used to maintain cardiac output in shock)

Dr. Signorelli shared that the American Society of Health System Pharmacists (ASHP) maintains a list of current shortages. The list includes over 35 items and is but a sampling of the medications that go periodically in and out of supply over the course of the year. Although this in and of itself is a problem that needs to be dealt with, what it creates is arguably even more of a detriment to at least the financial feasibility of facilities that are struggling to break even.

Dr. Signorelli indicated that for most hospitals, contracts are in place to prevent this, but, unfortunately, as supply from our normal distribution chain reaches zero, the open market of alternate suppliers enters the picture. As a result, some are forced to acquire these hard to find, potentially life-saving medications, from distributors that do nothing but selectively stock-pile them.

Dr. Signorelli indicated that it appears that middle distributors are somehow shifting product from the legitimate wholesaler to themselves and reducing the available contract priced supply for every hospital in the nation and stated that gray market suppliers continue to hound hospitals daily with their stock of short supply medications at greatly inflated prices.

5. FOR ACTION: State if California's Right Care Initiative

Attachment 2

During the late summer, the Department of Managed Health Care convened a meeting to describe its development of a Right Care Initiative (RCI), which seeks to improve patient care related to blood pressure, diabetes, and lipid control. Basic information about this project is provided on the attached pages.

In this regard, the Pharmacy Foundation of California led the California Pharmacy Council in providing comments in support of a pharmacist's role in medication therapy management. The board is a member of the California Pharmacy Council.

Attachment 2 contains a copy of the California's Pharmacy Council's letter to the Department of Managed Health Care, signed by all members of the council.

During the committee meeting, the committee ratified the Executive Officer's decision to sign this letter on behalf of the board. The board should consider ratification of this letter as well if they wish to establish a formal position on the Rite Care Initiative with endorsed medication therapy management.

6. FOR INFORMATION: Update: Psychometric Assessment of the PTCB and ExCPT Pharmacy Technician Exams

During the April 2009 Board Meeting, the board voted to direct staff to take the necessary steps to secure a vendor to complete the necessary psychometric assessments of the Pharmacy Technician Certification Board (PTCB) and Exam for the Certification of Pharmacy Technicians (ExCPT). The psychometric assessment of the examination is needed to ensure for compliance with Section 139 of the Business and Professions Code.

The results of the review would ensure that these applicants who qualify for licensure as a pharmacy technician have passed a validated exam.

Board staff was hopeful that the Office of Examination Resources would have staff to perform these evaluations; however we were recently advised that this is not feasible. Given this, board staff will resume discussion on contracting options with the department to determine possible avenues to facilitate this review.

7. FOR INFORMATION: Reporting and Accounting of Intern Hours for California Pharmacy School Students

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

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

During the October 2009 Board Meeting, the board discussed the reporting and accounting of intern hours. At that time, staff advised the board of some problems encountered by students and board staff. For students who earn their experience in other states, it is virtually impossible to determine where an intern has gained experience as the board accepts intern hours verified by the state board in the state where the hours were earned. Additionally, the distinction upon whether these hours have been earned in a pharmacy under the supervision of a pharmacist cannot be discerned. Some states have specific requirements for their respective jurisdictions

that are not consistent with our requirements. For example, board staff was recently advised that New York will no longer verify intern hours.

Over the last few years, the Licensing Committee has considered proposals to amend the intern hour requirements. The committee has also discussed major changes to intern experience requirements established by the Accreditation Council for Pharmacy Education (ACPE) in the last few years. These new requirements added hours to the educational requirements students need as part of their intern training and are required as a condition for a school to maintain its accreditation status with the ACPE.

Based on further review of the statutory requirements detailed in pharmacy law, such a change would require statutory amendment. As such, this change is not possible at this time. The following statement was placed on the board's web site to respond to questions from students and schools of pharmacy regarding the change.

Recently the Board of Pharmacy considered changes to the application process for pharmacist licensure. This change was in response to the fact that some states no longer verify intern hours to other states.

Please note that the intern hours requirements in California remain unchanged. All applicants for the pharmacist licensure examination must earn 1,500 hours of internship (or have been licensed as a pharmacist in another state for one year.) For states that do not validate or transfer intern hours, applicants must submit proof of their intern experience on board affidavits (form 17A-29) as part of their exam application.

Likewise, the board will continue to require submission of intern hours on board affidavits (form 17A-29) as part of the application process for the exam.

During this meeting, additional solutions were offered. Board staff will confer with staff counsel on these proposals and will discuss them at a future Licensing Committee Meeting if appropriate.

8. FOR INFORMATION: Processing Timelines and Workflow of the Board

Attachment 3

In late June, 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 and executive staff continue to evaluate our most mission critical functions for the board's licensing unit staff. Unfortunately, even with changes, processing times are extending well beyond the board's strategic objectives detailed in the strategic plan and will continue to grow. The current processing times for pharmacy technician applications is about 90 days and is about 60 – 75 days for all other application types. While this is not where we want to be organizationally, it is reality for the near future.

To allow staff to focus on the most important functions of their jobs, processing applications and issuing licenses, executive staff twice previously authorized a temporary stop in responding to applicants calling on the status of a pending application. This temporary stop allows staff to focus on reducing the backlog of new applications as well as complete a file inventory.

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. Currently applicants can request the status of an application either over the phone or via e-mail.

Executive management recently advised staff that pharmacy technician applicants can now only submit a status request via e-mail. This method of request allows the board to research and respond to such inquiries in a more efficient manner. (Currently the board receives over 600 telephone status inquiries from pharmacy technician applicants on a monthly basis.)

In an effort to provide applicants with general information, all licensing staff update their voice-mail message to include the date range of applications currently being processed. The board's receptionists are advising callers as well. Executive staff and managers continue to be available to address immediate or urgent applicant concerns.

Attachment 3 contains two charts detailing the number of applications received and licenses issued.

9. FOR INFORMATION: Competency Committee Report

Effective December 1, 2009, 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 results by the end of January 2010.

Each Competency Committee workgroup met this fall and focused on examination development and item writing. Additional workgroup meetings are scheduled throughout 2010.

10. FOR INFORMATION: Job Analysis for the CPJE Underway in December 2009

Attachment 4

Pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis periodically which serves as the basis for the examination. To complete this analysis, the committee recently developed a job analysis with the board's contracted psychometric firm. The information learned from this survey will determine if changes are necessary to the content outline of the CPJE.

The survey was released in December to a random sample of pharmacists before the end of year and a link was posted on the board's Web site. In addition, subscriber alerts were sent out encouraging all pharmacists to participate in the survey. Pharmacists that completed the survey will be awarded three hours of continuing education.

The competency committee will begin evaluating the survey results in February 2010. A new content outline for the exam will be made in August 2010.

Attachment 4 contains a copy of the survey.

11. FOR INFORMATION: Summary of the December 3, 2009 Licensing Committee Meeting

Attachment 5

Attachment 5 contains a copy of the meeting summary from the December 3, 2009 Licensing Committee Meeting.

b. FOR INFORMATION: Second Quarterly Report on Licensing Committee Goals for 2009-10

Attachment 6

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

Attachment 1

1. Requests from Phil Burgess
2. California Code of Regulations Section 1713

Ms. Herold:

On behalf of Asteres, we hereby request an appearance before the California Board of Pharmacy at the January 20/21 meeting in Sacramento.

The purpose of our appearance will be to seek approval for the installation of an automated prescription "pick up" system in a hospital environment whereby the unit is not directly attached to the pharmacy.

Upon review of Section 1713, we feel that the Board has regulatory authority to grant this request based upon Paragraph 1713 (b) which states in part:

"In addition, the Board may, in its sole discretion, waive application of subdivision (a) for good cause. Subdivision (a) contains the language prohibiting the picking up of prescriptions from "any place not licensed as a retail pharmacy". We will be prepared to justify this action by the Board demonstrating how that the unit will be in a high-traffic, secure area on the hospital campus and that a telephone installation immediately adjacent to the unit will allow readily available access by the patient to a pharmacist for counseling.

Failing this argument, then we would request a specific waiver from Section 1713 (d) (6) requiring that "the device is located adjacent to the secure pharmacy area". We are prepared to have representatives appear from California hospitals to represent to the Board that by allowing flexibility in the placement of these "pick-up" devices on their campuses, that the net result will be to improve patient compliance and thereby improve patient care. Asteres will present past history to show to the Board that these devices can be installed in an area not adjacent to the pharmacy, yet in a secure manner..as well as in a manner where counseling by a pharmacist to the patient will be equally if not more readily available than in a standard retail environment.

Thank you for your consideration.

Phil

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Chicago, IL 60613
(773) 595-5990
www.philburgessconsulting.com

Title 16, California Code of Regulations

1713. Receipt and Delivery of Prescriptions and Prescription Medications Must be to or from Licensed Pharmacy

(a) Except as otherwise provided in this Division, no licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.

(b) A licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by the patient or at the hospital, institution, medical office or clinic at which the patient receives health care services. In addition, the Board may, in its sole discretion, waive application of subdivision

(a) for good cause shown.

(c) A patient or the patient's agent may deposit a prescription in a secure container that is at the same address as the licensed pharmacy premises. The pharmacy shall be responsible for the security and confidentiality of the prescriptions deposited in the container.

(d) A pharmacy may use an automated delivery device to deliver previously dispensed prescription medications provided:

(1) Each patient using the device has chosen to use the device and signed a written consent form demonstrating his or her informed consent to do so.

(2) A pharmacist has determined that each patient using the device meets inclusion criteria for use of the device established by the pharmacy prior to delivery of prescription medication to that patient.

(3) The device has a means to identify each patient and only release that patient's prescription medications.

(4) The pharmacy does not use the device to deliver previously dispensed prescription medications to any patient if a pharmacist determines that such patient requires counseling as set forth in section 1707.2(a)(2).

(5) The pharmacy provides an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of a patient.

(6) The device is located adjacent to the secure pharmacy area.

(7) The device is secure from access and removal by unauthorized individuals.

(8) The pharmacy is responsible for the prescription medications stored in the device.

(9) Any incident involving the device where a complaint, delivery error, or omission has occurred shall be reviewed as part of the pharmacy's quality assurance program mandated by Business and Professions Code section 4125.

(10) The pharmacy maintains written policies and procedures pertaining to the device as described in subdivision (e).

(e) Any pharmacy making use of an automated delivery device as permitted by subdivision (d) shall maintain, and on an annual basis review, written policies and procedures providing for:

(1) Maintaining the security of the automated delivery device and the dangerous drugs within the device.

(2) Determining and applying inclusion criteria regarding which medications are appropriate for placement in the device and for which patients, including when consultation is needed.

(3) Ensuring that patients are aware that consultation with a pharmacist is available for any prescription medication, including for those delivered via the automated delivery device.

(4) Describing the assignment of responsibilities to, and training of, pharmacy personnel regarding the maintenance and filing procedures for the automated delivery device.

(5) Orienting participating patients on use of the automated delivery device, notifying patients when expected prescription medications are not available in the device, and ensuring that patient use of the device does not interfere with delivery of prescription medications.

(6) Ensuring the delivery of medications to patients in the event the device is disabled or malfunctions.

(f) Written policies and procedures shall be maintained at least three years beyond the last use of an automated delivery device.

(g) For the purposes of this section only, "previously-dispensed prescription medications" are those prescription medications that do not trigger a non-discretionary duty to consult under section 1707.2(b)(1), because they have been previously dispensed to the patient by the pharmacy in the same dosage form, strength, and with the same written directions.

Authority cited: Sections 4005, 4075, and 4114 Business and Professions Code. Reference: Sections 4005, 4052, 4116 and 4117 Business and Professions Code.

Attachment 2

1. Project Statement for the Rite Care Initiative
2. California's Pharmacy Council's letter to the Department of Managed Health Care



Brief Project Statement

California Department of Managed Health Care &
National Committee for Quality Assurance

RIGHT CARE INITIATIVE

Clinical Quality Improvement Leadership Collaborative

Sponsor

California Department of Managed Health Care Director's Office
Contact: Hattie Rees Hanley, MPP, *Health Policy Advisor, Office of the Director, (916) 323-2704*
Warren Barnes, JD, *Counsel to Right Care Initiative*

Technical Expert Group Chair

Stephen Shortell, PhD, MPH, *Professor and Dean, University of California, Berkeley, School of Public Health*

Principal Investigator

Robert Kaplan, PhD, *Professor and Chair, University of California, Los Angeles, Health Services Research*

Diabetes & Heart Disease Work Group Chair

Joseph Scherger, MD, *Medical Director, Quality Improvement and Informatics, Lumetra*

Hospital Acquired Infections Work Group Co-Chairs

Helen Halpin, PhD, *Professor and Director, Center for Health and Public Policy Studies, UC Berkeley School of Public Health*
Arnold Milstein, MD, *Medical Director, Pacific Business Group on Health and National Thought Leader, Mercer*

Funders

Johnson & Johnson, Blue Shield of California Foundation, Novartis, and California Health Care Foundation ("hot spot" identification)

Objective

To measurably improve clinical outcomes through enhancing the practice of evidence-based medicine in a collaborative, expert-based, public-private, multi-year effort, working with the leadership of California health plans and medical groups, National Committee for Quality Assurance, Pacific Business Group on Health, California Quality Collaborative, California Medical Association Foundation, University of California, RAND, University of Southern California, additional clinical quality experts, associated businesses, and the California Department of Managed Health Care.

Focusing on three specific areas where California's clinical quality can clearly be improved, the Right Care Initiative's goal is to reduce morbidity and mortality among the 15 million commercial managed health plan enrollees through the application of scientific evidence and continuous quality improvement engineering methodology. Three trouble spots in need of particular attention, where focus may be directed for significant impact in lives saved and improved, are evident in data from NCQA, the Agency for Health Care Quality and Research, the Commonwealth Foundation, and the Centers for Disease Control:

1. Cardiovascular disease, with particular emphasis on hypertension.
2. Diabetes.
3. Hospital acquired infections.

NCQA estimates that improvement of California's cardiovascular disease and diabetes measures to the national HEDIS 90th percentile could result in 1694 to 2818 lives saved and a \$118 million reduction in avoidable hospital costs yearly. Other results include a reduction of 766,401 avoidable sick days and \$125.56 million in avoidable lost productivity.

2011 GOALS FOR REDUCING THE RAVAGES OF CARDIOVASCULAR DISEASE AND DIABETES:
PERFORM AT THE NATIONAL 90TH PERCENTILE (2009 TARGETS)
 - 70% OF HYPERTENSIVE PATIENTS WITH BLOOD PRESSURE CONTROLLED < 140/90 MMHG
 - 70% OF PATIENTS WITH CARDIOVASCULAR CONDITIONS WITH LDL-C CONTROLLED < 100 MG/DL
 - 52% OF DIABETICS WITH LDL-C CONTROLLED < 100 MG/DL
 - 81% OF DIABETICS WITH BLOOD SUGAR HBA1C CONTROLLED < 9

2011 GOALS FOR REDUCING HOSPITAL ACQUIRED INFECTIONS, GETTING TO ZERO
 MEDIAN OF ZERO CENTRAL LINE INFECTIONS AND
 SIGNIFICANT REDUCTION OF INFECTIONS DESIGNATED BY THE RIGHT CARE INITIATIVE WORK GROUP

Heart disease, diabetes, and prevention of hospital acquired infections are increasingly well understood scientifically. They are ripe for collaborative attention to ensure that California patients benefit from evolving best practices. Like the "100,000 Lives" national campaign for reducing medical errors, this project will catalyze the work of experts to facilitate improved outcomes through the application of evidence based medicine in the coordinated, managed care model, thus improving the lives of tens of thousands of California enrollees. Diabetes, hospital acquired infections, and reduction of medical errors were specifically named as priorities in Governor Schwarzenegger's 2007 reform proposal, providing initial inspiration for this continuous quality improvement project.

Initial Implementation Action and Specific Goals

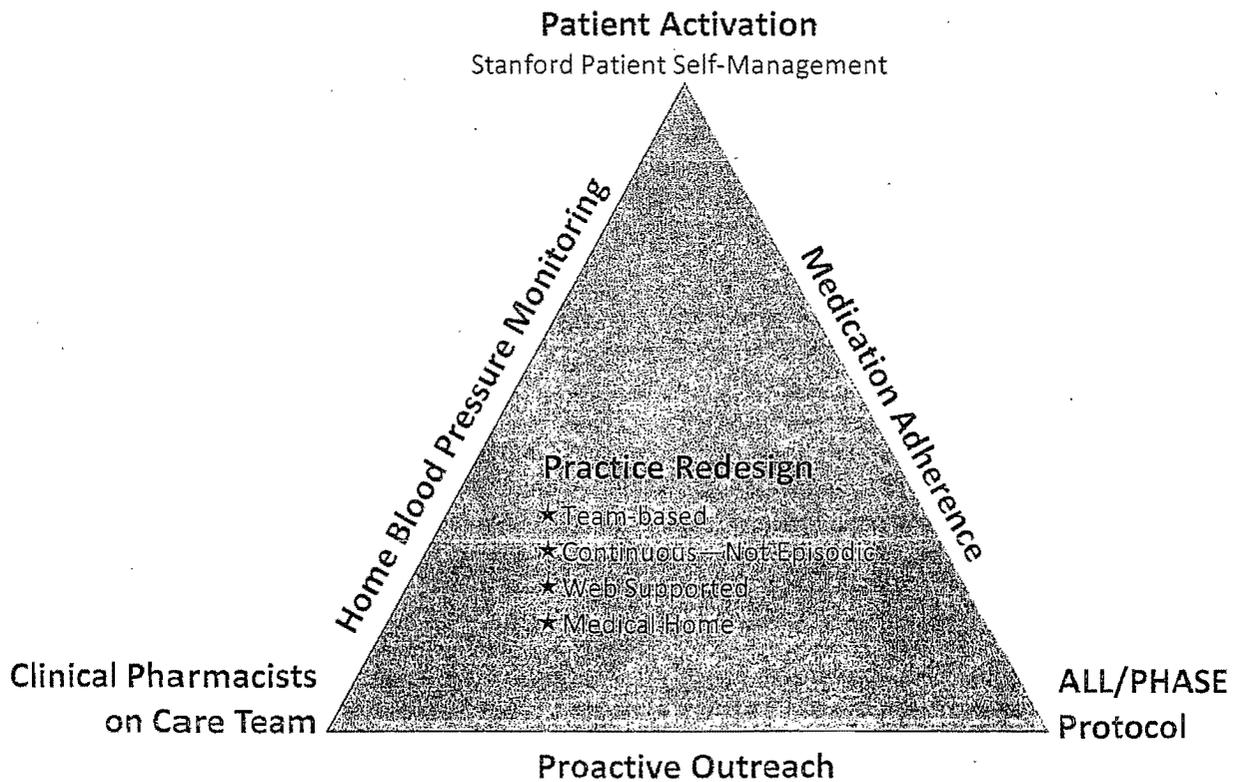
The DMHC launched the Right Care Initiative jointly with NCQA at the first annual clinical quality improvement Leadership Summit in March 2008, which was held on the UCLA campus and sponsored by the Deans of UCLA and UC Berkeley Schools of Public Health. The Summit was geared to obtain participation from the state's leading health plans and medical group medical directors, as well as thought leaders in evidence-based medicine.

Through periodic meetings, research, and collaborative action, the goal of the Right Care Initiative is to reach the 90th percentile in heart and diabetes HEDIS control measures of blood pressure, lipids, and glucose, and to cut the rate of death from hospital acquired infections, by 2011.

Research Questions

- What barriers are preventing improvement, and what are the best strategies for overcoming them?
- What are the best strategies for California to expedite a focused re-engineering effort to refine the implementation of evidence-based medicine to quickly meet these goals that are estimated to save approximately 7000 lives annually?

PROMISING INTERVENTIONS FOR REACHING SAFE CONTROL TARGETS



Right Care Initiative

http://www.hmohelp.ca.gov/healthplans/gen/gen_rci.aspx

California Office of the Patient Advocate, Medical Group Ratings by County and Meeting National Standards of Care

http://opa.ca.gov/report_card/medicalgroupcounty.aspx



CALIFORNIA PHARMACY COUNCIL



August 12, 2009

Lucinda (Cindy) Ehnes
Director
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

Dear Ms. Ehnes,

The California Pharmacy Council consists of the top leadership from California's pharmacy-related academic, professional, regulatory, and advocacy organizations. The Council's membership is listed below, and we collectively applaud your Department for its Right Care Initiative which seeks to "measurably improve clinical outcomes through enhancing the practice of evidence-based medicine in a collaborative, expert-based, public-private, multi-year effort."

As you pursue this effort, we want to make sure you are aware of our support in the event you need assistance leveraging the resources of our state's pharmacists who stand ready to help as medication experts and one of the most accessible members of a patient's health care team.

Given your initiative's focus on diabetes and heart disease, we would also like to make sure you are aware of the pharmacist's ability to play a critical role helping coordinate the care of patients with chronic conditions. Patient access to pharmacist-provided patient care services, such as medication therapy management (MTM), can make a significant difference in health outcomes and a patient's ability to self-manage conditions like diabetes and heart disease.

Across California, pharmacists are already working to reform the system and improve the quality of care and the delivery of services by offering MTM. In Los Angeles, one such MTM program is part of the Diabetes Ten City Challenge (DTCC), a program in the private sector being piloted by the American Pharmacists Association (APhA) Foundation. Thus far, the APhA Foundation's MTM programs have been able to repeatedly reduce health care spending for both the employer and employee in many different practice settings while improving the quality of life for the patient. A similar program is also being conducted in northern California which should soon include participation from CalPERS.

The DTCC is a community-based MTM program that helps patients manage their diabetes by supporting preventive care services from their pharmacists and physicians, who work together with the patient to optimize therapeutic outcomes. The DTCC was modeled after two other highly successful MTM programs, the Asheville Project (established in 1997) and HealthMapsRX (established in 2002 as the Patient-Self Management Program), which focus on patient education by coaching patients on setting goals, using medication properly, and tracking their condition. Data from these programs have shown:

* <http://www.healthmaprx.com/research>

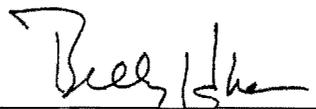
- A \$918 cost savings per employee in total health care costs during the initial year;
- An initial return on investment (ROI) at the beginning of the second year which exceeds a 4:1 ratio;
- A decrease in overall medical costs per patient between \$1,600 to \$3,200 per person per year compared to the baseline for each of the first five years; and
- An average employee approval rating above 95%

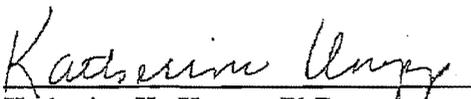
It is because of figures like these that the California Pharmacy Council strongly encourages the inclusion of pharmacist services within the group of interventions that will be promoted to achieve the goals of your Right Care Initiative.

If you would like any additional information about these services, or are in need of assistance designing, implementing, or evaluating MTM programs throughout the state, please do not hesitate to use us as a resource.

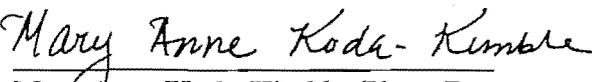
Sincerely,


 David Hawkins, PharmD
 Dean, CA NorthState College of Pharmacy

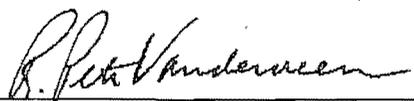

 W. William Hughes, PhD
 Dean, Loma Linda University School of Pharmacy

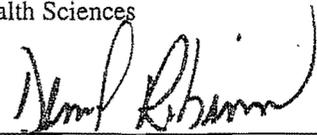

 Katherine K. Knapp, PhD
 Dean, Touro University College of Pharmacy

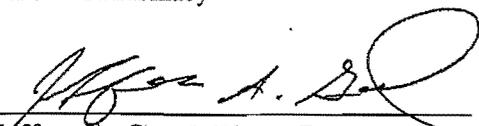

 Palmer Taylor, PhD
 Dean, UCSD Skaggs School of Pharmacy and
 Pharmaceutical Sciences

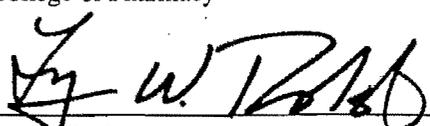

 Mary Anne Koda-Kimble, PharmD
 Dean, UC San Francisco School of Pharmacy

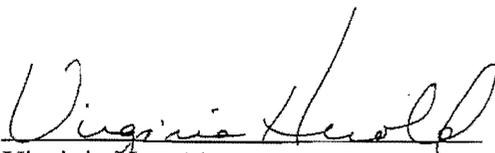

 Phillip R. Oppenheimer, PharmD
 Dean, Thomas J. Long School of Pharmacy and
 Health Sciences

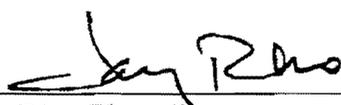

 R. Pete Vanderveen, PhD, RPh
 Dean, University of Southern California
 School of Pharmacy


 Daniel Robinson, PharmD
 Dean, Western University of Health Sciences
 College of Pharmacy


 Jeffery A. Goad, PharmD
 President, California Pharmacists Association


 Lynn Rolston
 CEO, California Pharmacists Association


 Virginia Herold
 Executive Officer, California Board of Pharmacy


 Jay Rho, PharmD
 President, CA Society of Health-System Pharmacists
 Research and Education Foundation



Dawn Benton, PharmD
EVP/CEO, CA Society of Health-System Pharmacists
Secretary, CSHP Research and Education Foundation



Scott Takahashi, PharmD, FCSHP
President, Society of Health-System Pharmacists



Marie Cottman, PharmD
President, Pharmacy Foundation of California



Michael J. Negrete, PharmD
CEO, Pharmacy Foundation of California

Workload Statistics

Applications Received	FY 07/08	FY 08/09	*FY 09/10
Pharmacist (exam applications)	2037	2276	738
Pharmacist (initial licensing applications)	1417	1391	730
Intern pharmacist	1818	1983	1198
Pharmacy technician	7609	8978	3906
Pharmacy	428	873	107
Sterile Compounding	74	58	14
Clinics	99	89	30
Hospitals	21	12	0
Nonresident Pharmacy	75	85	17
Licensed Correctional Facility	4	1	0
Hypodermic Needle and Syringes	13	29	6
Nonresident Wholesalers	103	106	36
Wholesalers	51	69	32
Veterinary Food-Animal Drug Retailer	2	3	0
Designated Representatives	464	457	201
Total	14,215	16,410	6876

Licenses Issued	FY 07/08	FY 08/09	*FY 09/10
Pharmacist	1386	1409	879
Intern pharmacist	1654	1820	1115
Pharmacy technician	7118	7096	3025
Pharmacy	427	796	119
Sterile Compounding	76	64	19
Clinics	106	67	21
Hospitals	31	29	14
Nonresident Pharmacy	59	80	15
Licensed Correctional Facility	3	2	1
Hypodermic Needle and Syringes	8	14	10
Nonresident Wholesalers	97	84	43
Wholesalers	59	41	34
Veterinary Food-Animal Drug Retailer	1	4	0
Designated Representatives	417	442	155
Total	11,442	11,948	5450

*Includes data through October 2009.

Job Analysis Survey

CABOP Survey

Welcome to the California Board of Pharmacy Job Analysis Survey

The information collected from this survey will be used to structure the California pharmacist jurisprudence examination. California law directs that this examination assess aspects of pharmacist practice in California not tested by the NAPLEX exam, proficiency in patient communication skills and knowledge of California Pharmacy Law. For this professional examination to be considered valid, it must be framed on questions that directly relate to the practice of pharmacy. The major source for obtaining this information is via a survey of actively practicing pharmacists

Your participation is important to the success of this project. And, because the questionnaire needs to be thoughtfully completed, the board is granting three hours of continuing education credit to those who complete the questionnaire.

This survey should take approximately 30 minutes to complete. Your survey responses are saved each time you click the 'Next' button at the bottom of the page. You may choose to complete the survey in more than one session. To connect to the survey again, use the same computer access the survey again. You will be taken to the page immediately following the page where your last responses were saved.

PLEASE COMPLETE THE SURVEY BY JANUARY 3, 2010.

If you have any questions about completing the survey, please contact:

Jennifer Benavente

CABOPsurvey@goAMP.com

of Applied Measurement Professionals, Inc.

CABOP Survey

Instructions

This survey contains a list task statements. You may either personally perform many of these tasks, or may be directly responsible for their performance.

Please consider both the frequency and importance of the task in your rating. For example, police officers fire their guns infrequently, but the ability to do so is "extremely significant." Likewise, police officers drive their patrol cars every day, but they may rate this activity "somewhat significant" when compare to other tasks they perform.

Section 1: Rating Scale

Thoroughly review the task statements in each section. Indicate your rating of the tasks that best describes your judgement of the task's significance.

Considering BOTH FREQUENCY AND IMPORTANCE,
how **significant** is this task to the practice of pharmacy in your practice setting?

Not performed

Not significant

Somewhat significant

Quite significant

Extremely significant

Notice that this is a two-part scale. First consider whether you perform the task; if you do not, answer "Not performed".
If you do perform the task, indicate the significance (considering both frequency and importance).

1. Provide Medication to Patients

A. Organize and evaluate information

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
1. Obtain information from the patient/patient's representative for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)	<input type="radio"/>				
2. Obtain information from prescriber and/or health care professionals for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)	<input type="radio"/>				
3. Assess prescription/medication order for completeness, correctness, authenticity, and legality	<input type="radio"/>				
4. Assess prescription/medication order for insurance coverage	<input type="radio"/>				
5. Assess prescription/medication order for appropriateness (e.g., drug selection, dosage, drug interactions, dosage form, delivery system)	<input type="radio"/>				
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	<input type="radio"/>				
7. Perform physical assessment (e.g., blood pressure measurement, observation of signs/symptoms, blood glucose checks, diagnostic tests)	<input type="radio"/>				
8. Evaluate the pharmaceutical information needs of the patient/patient's representative	<input type="radio"/>				
9. Evaluate literature for evidence-based pharmacotherapy (e.g., drug therapy, drug monographs, investigational drugs, off-label use)	<input type="radio"/>				

1. Provide Medication to Patients

B. Dispense Medications

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
10. Enter prescription information into patient profile	<input type="radio"/>				
11. Select specific product(s) to be dispensed for a prescription/medication order	<input type="radio"/>				
12. Use automated dispensing equipment (e.g., Pyxis, Omnicell, Accu-Dose, ScriptPro)	<input type="radio"/>				
13. Prepare finished dosage forms for dispensing (e.g., measure, count, reconstitute, compound, repackage, unit dose)	<input type="radio"/>				
14. Prepare IV admixtures	<input type="radio"/>				
15. Document preparation of medication in various dosage forms (e.g., compounded, unit dose)	<input type="radio"/>				
16. Document preparation of controlled substances for dispensing	<input type="radio"/>				
17. Verify label(s) for prescription containers	<input type="radio"/>				
18. Select auxiliary label(s) for container(s)	<input type="radio"/>				
19. Perform the final check of the medication prior to dispensing	<input type="radio"/>				

2. Monitor and Manage Patient Outcomes

A. Determine a Course of Action

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
20. Determine desired therapeutic outcomes	<input type="radio"/>				
21. Develop a therapeutic regimen for prescription medications (e.g., recommend alteration of prescribed drug regimen; select drug if necessary)	<input type="radio"/>				
22. Determine the need for a referral	<input type="radio"/>				
23. Recommend/order necessary monitoring and screening procedures (e.g., blood pressure, glucose levels, drug levels)	<input type="radio"/>				
24. Manage drug therapy according to protocols	<input type="radio"/>				
25. Assess changes in health status (e.g., onset of new disease states, changes in clinical condition)	<input type="radio"/>				
26. Document monitoring and therapeutic management activities	<input type="radio"/>				
27. Resolve problems that arise with patient's therapy (e.g., ADRs, drug interactions)	<input type="radio"/>				
28. Apply basic scientific principles in the prediction of drug actions (biopharmaceutics, pharmacokinetics, pharmacology and pharmacodynamics)	<input type="radio"/>				

2. Monitor and Manage Patient Outcomes

B. Educate Patients and Health Care Professionals

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
29. Assess the patient's understanding of the disease and treatment	<input type="radio"/>				
30. Counsel patient/patient's representative regarding prescription medication therapy and devices	<input type="radio"/>				
31. Counsel patient/patient's representative regarding nonprescription medication (OTC)	<input type="radio"/>				
32. Counsel patient/patient's representative regarding herbal/complementary therapies	<input type="radio"/>				
33. Counsel patient/patient's representative regarding non drug therapy	<input type="radio"/>				
34. Counsel patient/patient's representative regarding self monitoring of therapy (e.g., devices, symptoms)	<input type="radio"/>				
35. Provide supplemental information, as indicated (e.g., medication guides, computer generated information, videos)	<input type="radio"/>				
36. Communicate results of monitoring to patient/patient's representative, prescriber and/or other health care professionals	<input type="radio"/>				
37. Verify the patient's/patient representative's understanding of the information presented	<input type="radio"/>				
38. Educate health care professionals (e.g., physicians, nurses, medical residents/fellows, other health care providers/students, precepting intern pharmacists)	<input type="radio"/>				
39. Respond to consumer inquiries (e.g. internet searches, media information, FDA patient safety alerts, radio/television commercials)	<input type="radio"/>				
40. Facilitate local disaster response (e.g., biohazards/bioterrorism, natural disasters, pandemics)	<input type="radio"/>				

2. Monitor and Manage Patient Outcomes

C. Promote Public Health

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
41. Participate in health screening programs (e.g., hypertension, diabetes, dyslipidemia, osteoporosis, immunizations)	<input type="radio"/>				
42. Participate in health-related public awareness/patient education programs (e.g., substance abuse, HIV/AIDS, smoking cessation, emergency contraception)	<input type="radio"/>				
43. Make recommendations regarding healthcare resources for patients (e.g., cultural, community, economic, language preference)	<input type="radio"/>				

3. Manage Operation

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

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
44. Ensure quality specifications for pharmaceuticals, durable medical equipment, devices and supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Place orders for pharmaceuticals, durable medical equipment, devices and supplies, including expediting of emergency orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Maintain a record keeping system of items purchased/received/returned in compliance with legal requirements (e.g., dangerous drugs, devices, supplies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Maintain a record of controlled substances ordered, received, stored and removed from inventory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Control Inventory

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
48. Store pharmaceuticals, durable medical equipment, devices and supplies under proper conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Dispose of expired or recalled pharmaceuticals, durable medical equipment, devices, supplies and document actions taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Communicate changes in product availability (e.g., formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians and other health care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Maintain policies and procedures to prevent theft and/or drug diversion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Manage Operations

C. Perform Quality Assurance/Improvement

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
52. Assess pharmacist and/or pharmacy technician competence	<input type="radio"/>				
53. Participate in a system for medication error prevention, assessment, and reporting (e.g., root cause analysis, National Patient Safety Goals, medication error reduction program)	<input type="radio"/>				
54. Participate in a system by which adverse drug reactions are documented, analyzed, evaluated and reported	<input type="radio"/>				
55. Ensure the accuracy of medication administration	<input type="radio"/>				

D. Manage Operations, Human Resources and Information Systems

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
56. Monitor the practice site and/or service area for compliance with federal, state and local laws, regulations and professional standards/guidelines	<input type="radio"/>				
57. Supervise the work of pharmacy staff	<input type="radio"/>				
58. Ensure the availability, control, and confidentiality of patient and prescription information (e.g., patient profiles, medication administration records)	<input type="radio"/>				

D. Manage Medication Use System

	Not performed	Not significant	Somewhat significant	Quite significant	Extremely significant
59. Maintain a formulary system	<input type="radio"/>				
60. Apply therapeutic interchange	<input type="radio"/>				
61. Conduct medication use evaluations	<input type="radio"/>				

Exam Distribution

What percentage of the California State Board of Pharmacy certification examination should come from each of the following areas? *Please type your numeric responses in the boxes below (i.e., 15 not 15%). Ensure the sum of your values equals 100.*

Provide Medication to Patients	<input type="text"/>
Monitor and Manage Patient Outcomes	<input type="text"/>
Manage Operations	<input type="text"/>

Survey Adequacy

Please list any other significant pharmacist activities that were not covered in the survey.

How well did this survey cover the important tasks of the pharmacist?

- Completely
- Adequately
- Inadequately

If inadequately, please explain why.

Demographics

This information is being collected for the purpose of statistical analysis only. All responses will be kept strictly confidential.

Which of the following best describes your primary practice setting?

- Community/Retail/Outpatient
- Acute Care Hospital/Inpatient
- Home Health, Long Term Care
- Ambulatory Care/Specialty Clinic
- Community/Retail/Outpatient
- Other (please specify)

What is the four-digit year of your initial pharmacist license?

What is your current work status as a Pharmacist?

- Not practicing
- Part-time
- Full-time

What is your highest pharmacy degree?

- BS
- PharmD
- Other (please specify)

What is your highest pharmacy degree?

- BS
- PharmD
- Other (please specify)

What is your current work status as a Pharmacist?

- Not practicing
- Part-time
- Full-time

Which of the following pharmacy post-graduate education have you completed? (Select all that apply)

- None
- Residency
- Fellowship
- Other (please specify)

In which zip code is your primary practice setting located? Please enter your five-digit zip code.

How did you hear about the job analysis survey?

- Invitation letter from the Board
- Newsletter article
- Subscriber alert
- Website

Demographics - Optional

The following questions are OPTIONAL.

What is your gender?

Male

Female

What is your racial/ethnic background? *Select all that apply.*

	Hispanic or Latino	Not Hispanic or Latino
American Indian/Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>	<input type="checkbox"/>

CABOP Survey

CEU Registration

You may receive the three hours of continuing education awarded upon completion of the survey. The board will verify your 3 hours of continuing education in writing to your address of record.

If you do not wish to receive continuing education hours proceed to the next page.

To receive continuing education hours, please provide your five-digit license number. The board will provide you a letter verifying the 3 hours of continuing education by January 20, 2010.

RPH:

Conclusion

Thank you for completing the California Board of Pharmacy Job Analysis survey.

December 3, 2009 Licensing Committee Meeting Summary



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

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE
MINUTES**

DATE: December 3, 2009

LOCATION: Samuel Greenberg Board Meeting Room
Los Angeles International Airport
1 World Way
Los Angeles, California 90045

**COMMITTEE MEMBERS
PRESENT:** Stanley C. Weisser, RPh, Chair
Randy Kajioka, PharmD

**COMMITTEE MEMBERS
NOT PRESENT:** Ramón Castellblanch, Public Member

**STAFF
PRESENT:** Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Robert Ratcliff, Supervising Inspector
Kristy Schieldge, DCA Staff Counsel (via conference call)
Tessa Fraga, Staff Analyst

Call to Order

Chair Stanley Weisser called the meeting to order at 12:33 a.m.

1. Emergency and Disaster Response Planning: Update on the H1N1 Emergency Response Activities in California

Chair Weisser provided that for more than one year, health care providers, policy makers and governments worldwide have been dealing with the H1N1 flu worldwide pandemic.

Chair Weisser provided that board staff continue to work closely with the Department of Public Health to assist in ways that will benefit the public.

Chair Weisser provided that in order to ensure that the board can act quickly to activate the board's emergency response policy in response to a sudden declared crisis, at the October 2009 Board Meeting, the board voted that:

In the event that the board is not able to convene a public meeting on regular notice or pursuant to the emergency meeting provisions of the Open Meetings Act, any three members of the board may convene a meeting by teleconference, by electronic communication (e.g., email), or by other means of communication to exercise the powers delegated to the full board pursuant to Business and Professions Code section 4062.

Public Comment

Stanley Goldenberg provided comment on the availability of the H1N1 vaccine. He explained that there is a lot of questions and fear regarding the vaccine among patients, especially pregnant women.

Dr. Steve Gray, representing Kaiser Permanente, provided that H1N1 vaccine availability is limited. He provided comment on the confusion surrounding the vaccine and the occurrence of price gouging. Dr. Gray recommended that the board encourage pharmacists to provide the vaccine to those who have been identified as "high risk."

Executive Officer Virginia Herold provided comment on the price gouging and displacement within the marketplace.

Discussion continued regarding the availability of the H1N1 vaccine.

There was no additional committee discussion or public comment.

2. Impact on Patient Care Caused by Diverse Supply Issues Impacting the Availability of Medication to Hospitals: Presentation by Chad Signorelli, PharmD, Assistant Director of Pharmacy Services, Lompoc Valley Medical Center

Presentation – Dr. Chad Signorelli, Lompoc Valley Medical Center

Dr. Chad Signorelli, representing Lompoc Valley Medical Center, provided an overview on diverse supply issues affecting hospital pharmacies. He expressed concern regarding the abundance of medications that are unavailable due to various manufacturer supply issues. Dr. Signorelli offered possible solutions to this supply issue including pedigree laws, enforce/clarify price gouging laws, conscience clauses, and forewarning of supply issues.

Committee Discussion

Ms. Herold provided that pedigree laws will help to alleviate this issue. She explained that currently it is illegal for pharmacies to sell drugs to a wholesaler other than the original wholesaler from which it purchased the drugs. She encouraged Dr. Signorelli to file a complaint in the event he is aware of such activity.

Public Comment

Stanley Goldenberg sought clarification with regards to compounding and this issue.

Dr. Steve Gray, representing Kaiser Permanente, provided comment on supply shortages and compounding. He discussed “just-in-time inventories” and contractual agreements between suppliers and hospitals.

Ms. Herold sought clarification regarding recourse if a supplier does not provide drugs during a shortage.

Dr. Gray referenced to good business practices. He recommended that education be provided on supply chain management.

Dr. Randy Kajioka asked if there are any guidelines that prohibit specialty wholesalers from having a specified percentage of “shortage-list drugs.”

Ms. Herold provided that a substantial portion of the secondary market specializes in specialized and hard-to-find products.

Bill Young, representing the California Pharmacists Association (CPhA), provided comment on the current drug shortage. He encouraged education or initiatives regarding alternative manufacturing sources.

There was no additional committee discussion or public comment.

3. Request to Modify Title 16 California Code of Regulations Section 1713(d) Regarding the Requirement that Automated Dispensing Machines Be Adjacent to the Secure Pharmacy Area

Chair Weisser provided that in 2005 and 2006, the board discussed and eventually promulgated a regulation to allow automated dispensing machines in pharmacies to dispense refill medications -- if requested by the patient and approved by the pharmacist. He stated that this was a use of emerging technology and several pharmacies had sought the board's authority to install such machines in their pharmacies to provide patients with afterhours access (as well as access during times when the pharmacy was open) to refills. Chair Weisser explained that a patient could pick up refill medication, if approved by the pharmacy, from a vending-like machine using a credit card for payment and not specifically deal with the pharmacy staff. He indicated that the machine was to be located near -- specifically adjacent -- to the physical area of the pharmacy.

Chair Weisser provided that in 2006 the board carefully crafted the placement of the machine to be very near the pharmacy for a number of reasons -- for added security, so that the pharmacy could readily refill it, so that patient could be near the pharmacy, and to ensure it was not placed outside a store.

Chair Weisser provided that this regulation was promulgated cautiously. He stated that throughout 2006, the board modified and adopted the regulation now in effect as section 1713. Chair Weisser advised that in January 2007, the regulation actually took effect.

Chair Weisser referenced to section 1713 (d):

- (d) A pharmacy may use an automated delivery device to deliver previously dispensed prescription medications provided:
 - (1) Each patient using the device has chosen to use the device and signed a written consent form demonstrating his or her informed consent to do so.
 - (2) A pharmacist has determined that each patient using the device meets inclusion criteria for use of the device established by the pharmacy prior to delivery of prescription medication to that patient.
 - (3) The device has a means to identify each patient and only release that patient's prescription medications.
 - (4) The pharmacy does not use the device to deliver previously dispensed prescription medications to any patient if a pharmacist determines that such patient requires counseling as set forth in section 1707.2(a)(2).

- (5) The pharmacy provides an immediate consultation with a pharmacist, either in-person or via telephone, upon the request of a patient.
- (6) The device is located adjacent to the secure pharmacy area.
- (7) The device is secure from access and removal by unauthorized individuals.
- (8) The pharmacy is responsible for the prescription medications stored in the device.
- (9) Any incident involving the device where a complaint, delivery error, or omission has occurred shall be reviewed as part of the pharmacy's quality assurance program mandated by Business and Professions Code section 4125.
- (10) The pharmacy maintains written policies and procedures pertaining to the device as described in subdivision (e).

Presentation – Phil Burgess, Asteres

Phil Burgess, representing Asteres, requested that the board amend regulation section 1713 (d)(6) regarding the placement of automated medication dispensing machines in hospitals. He provided an overview of a 24/7 automated pharmacy prescription pick-up machine.

Committee Discussion

Chair Weisser sought clarification regarding where the machines will be located.

Mr. Burgess provided that the machines will be located in a secure area that is readily accessible for the patient. He added that a telephone will be placed adjacent to the machine for patients to ask questions of a pharmacist.

Discussion continued regarding the capabilities of the machine. A variety of safety features were identified that help to prevent fraud. It was clarified that the machine dispenses refill prescriptions only.

Chair Weisser asked if this request is relevant to section 1713 (b) or (d), as Mr. Burgess indicated.

Ms. Herold stated that this issue will be taken to the board. She stated that subdivision (b) is broader than subdivision (d) and deals with the delivery of any prescription without the controls that are required under subdivision (d).

Kristy Schieldge, DCA Staff Counsel, expressed concern regarding whether a pharmacy license would allow for this request.

Mr. Burgess referenced to section 4119.1(d) regarding an automated drug delivery system.

Ms. Schiedge expressed concern regarding a pharmacy's responsibility for drugs that are not immediately accessible.

Dr. Steve Gray, representing Kaiser Permanente, offered support for the request being made. He stated that this technology represents another avenue for pharmacy delivery. Dr. Gray encouraged the board to look at this as an evolving process.

Dr. Paul Norris, representing Loma Linda University, clarified that the pharmacy would be responsible for the medication being dispensed by the machine.

Dr. John Cronin, speaking at the request of the California Pharmacists Association (CPhA), provided comment on how this request does not reflect the mission of the California Board of Pharmacy and the emphasis on pharmacist's care. He provided background on this issue. Dr. Cronin recommended that the board consider this request carefully.

Chair Weisser asked whether all 3 applicants for this request are acute facilities.

Mr. Burgess provided that the applicants are all hospitals.

Ms. Herold encouraged the committee to direct board staff to develop some possible options to offer to the board. She encouraged Mr. Burgess to submit a written request on the behalf of the 3 applicants.

There was no additional committee discussion or public comment.

4. Final Comments on Best Practices for Recalls in Hospitals

Chair Weisser provided that 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. He stated that the board cited and fined the hospital pharmacies and pharmacists-in-charge (PIC) of these pharmacies. Chair Weisser explained that because many of these hospitals and PICs have appealed the citations and fines, board members cannot discuss the specific parameters of any of these cases without recusing themselves from voting on the specific case in the future should they be appealed to the Office of Administrative Hearings.

Chair Weisser provided that the recall system is not working. He stated that over the last year, 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. Chair Weisser indicated that three meetings were held, and at the last meeting in September, a draft Best Practices

document was refined. He advised that the Best Practices for Hospital Recalls document is one major outcome of these meetings.

Chair Weisser provided that the document will be presented to the board at the January 2010 Board Meeting for adoption and future publication in the board's newsletter.

Committee Discussion

Ms. Herold provided that the California Society of Health-System Pharmacists (CSHP) very recently submitted proposed language and comments for the guidelines. She requested some time to review and refine these comments with the guidelines. Ms. Herold advised that she will bring a revised draft to the January 2010 Board Meeting.

Public Comment

Philip Swanger, representing the California Society of Health-System Pharmacists (CSHP), thanked the committee for the opportunity to submit comments.

There was no additional committee discussion or public comment.

5. Presentation of a Drug Distribution Model Proposed by Medco Health Solutions, Using Two Pharmacies, Each with Specialized Functions

Chair Weisser provided that this presentation was cancelled.

No committee discussion or public comment was provided.

6. State of California's Right Care Initiative

Chair Weisser provided that during the late summer the Department of Managed Health Care convened a meeting to describe its development of a Right Care Initiative (RCI), which seeks to improve patient care related to blood pressure, diabetes, and lipid control.

Chair Weisser provided that the Pharmacy Foundation of California led the California Pharmacy Council in providing comments in support of a pharmacist's role in medication therapy management. He advised that the board is a member of the California Pharmacy Council.

Chair Weisser referenced to the copy of the California's Pharmacy Council's letter to the Department of Managed Health Care, signed by all members of the council that is contained within the committee packet.

Committee Discussion

Ms. Schiedge asked the committee to consider ratifying the executive officer's decision to sign this letter.

There was no additional committee discussion. No public comment was provided.

MOTION: To make the necessary ratifications to the executive officer's signature to the letter.

M/S: Kajioka/Weisser

Approve: 2 Oppose: 0 Abstain: 0

7. Update: Psychometric Assessment of the PTCB and ExCPT Pharmacy Technician Exams

Chair Weisser provided that during the April 2009 Board Meeting, the board voted to direct staff to take the necessary steps to secure a vendor to complete the necessary psychometric assessments of the Pharmacy Technician Certification Board (PTCB) and Exam for the Certification of Pharmacy Technicians (ExCPT). He stated that the psychometric assessment of the examination is needed to ensure for compliance with Section 139 of the Business and Professions Code. Chair Weisser provided that board staff initiated the process; however, because of an Executive Order signed by the Governor, we were unable to proceed.

Chair Weisser provided that the results of the review would ensure that these applicants who qualify for licensure as a pharmacy technician have passed a validated exam.

Chair Weisser provided that board staff has discussed contracting options with the department to determine possible avenues to facilitate this review and are hopeful that the Office of Professional Examination Services will have staff available to perform these services for the board.

Committee Discussion

Assistant Executive Officer Anne Sodergren provided that a formal request has been submitted.

There was no additional committee discussion. No public comment was provided.

8. Discussion of the Reporting and Accounting of Intern Hours for California Pharmacy School Students

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

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

Chair Weisser provided that during the October 2009 Board Meeting, the board discussed the reporting and accounting of intern hours. He stated that at that time, staff advised the board of some problems encountered by students and board staff. Chair Weisser explained that for students who earn their experience in other states, it is virtually impossible to determine where an intern has gained experience as the board accepts intern hours verified by the state board in the state where the hours were earned. He indicated that additionally, the distinction upon whether these hours have been earned in a pharmacy under the supervision of a pharmacist cannot be discerned. Chair Weisser provided that some states have specific requirements for their respective jurisdictions that are not consistent with our requirements. He stated that board staff was recently advised that New York will no longer verify intern hours.

Chair Weisser provided that over the last few years, the Licensing Committee has considered proposals to amend the intern hour requirements. He stated that the committee has also discussed major changes to intern experience requirements established by the Accreditation Council for Pharmacy Education (ACPE) in the last few years. Chair Weisser advised that these new requirements added hours to the educational requirements students need as part of their intern training and are required as a condition for a school to maintain its accreditation status with the ACPE.

Chair Weisser provided that given the changes surrounding the intern hours requirements as well as the disparity in how the board accepts hours from various jurisdictions, staff recommended during the October 2009 Board Meeting that the intern hours requirements remain unchanged, but that the method by which staff confirm this information be contingent upon one of the following:

- a candidates PharmD graduation from an ACPE accredited school of pharmacy OR
- licensure status in another state for one year OR
- 1500 hours of experience for foreign educated pharmacist that satisfies all other requirements for licensure.

Chair Weisser provided that based on further review of the statutory requirements detailed in pharmacy law, such a change would require statutory amendment. Chair Weisser indicated that the following statement will be placed on the board's web site to respond to questions from students and schools of pharmacy regarding the change.

Recently the Board of Pharmacy considered changes to the application process for pharmacist licensure. This change was in response to the fact that some states no longer verify intern hours to other states.

Please note that the intern hours requirements in California remain unchanged. All applicants for the pharmacist licensure examination must earn 1,500 hours of internship (or have been licensed as a pharmacist in another stated for one year.) For states that do not validate or transfer intern hours, applicants must submit proof of their intern experience on board affidavits (form 17A-29) as part of their exam application.

Likewise, the board will continue to require submission of intern hours on board affidavits (form 17A-29) as part of the application process for the exam.

Committee Discussion

Ms. Herold provided that the deans from each of the California schools of pharmacy have been notified about this issue.

Kathleen Hill Besinque, representing the University of Southern California (USC), proposed that the board create a form that schools can use to certify that their students have fulfilled the intern hour requirements.

Ms. Schieldge provided that verification would require a legislative change.

Dr. Kajioka discussed the creation of a form that would verify the hours obtained by out-of-state students.

Ms. Sodergren clarified that out-of-state students would be able to use the same form as proposed by Ms. Hill Besinque. She clarified that the form would need to be certified by a pharmacist under whose supervision the experience was obtained or by the pharmacist-in-charge at the pharmacy while the pharmacist intern obtained the experience, as required by section 4209(b). Ms. Sodergren provided that clarification is needed from board counsel regarding whether or not the proposed form would satisfy this requirement.

Eric Mack, representing Loma Linda University, provided that students are receiving unclear messages from board staff regarding these requirements. He expressed concern regarding experiential education requirements.

Ms. Sodergren reviewed the statement that will be released on the board's Web site. She stated that outreach could be provided to schools to clarify the requirements.

Discussion continued regarding the certification of intern hours.

Dr. Steve Gray, representing Kaiser Permanente, expressed concern regarding pharmacy experience obtained by graduates. He provided that the person signing the form should have appropriate knowledge regarding the actual experience obtained.

Ms. Herold provided comment on the benefit of schools certifying intern hours.

Fred Wiseman, representing the University of Southern California (USC), provided comment regarding a school's responsibility when signing the proposed form.

Paul Norris, representing Loma Linda University, provided that experiential directors from Loma Linda University visit their students on-site to ensure that they are receiving the necessary experience.

Mr. Mack provided that it is recommended that the requirement for 300 hours for introductory pharmacy practice experience be split evenly between institutional and community practice. He provided an overview of how this requirement is met at Loma Linda University.

Discussion continued regarding fulfillment of the intern hours requirement.

Ms. Schieldge reviewed the options for verification of intern hours based on the current requirements in pharmacy law. She reiterated that any changes to the requirements require legislative change.

Ms. Herold referenced to the statement that will be released on the board's Web site. She indicated that this will help to alleviate confusion and provide clarification for applicants.

There was no additional committee discussion or public comment.

9. Impact of State Furloughs on Processing Timelines and Work Flow of the Board

Ms. Sodergren provided that the board is continuing to perform its key licensing functions. She stated that the current processing times for pharmacy technician applications is about 90 days and is about 60 – 75 days for all other application types. Ms. Sodergren explained that there has been a significant increase in the number of applications received. She indicated that despite this increase in workload, the board has not received an augment in the number of staff.

Ms. Sodergren provided that status inquiries are to be submitted via e-mail. She stated that this method of request allows the board to research and respond to such inquiries more a more efficient manner. (The board receives over 600 telephone status inquiries from pharmacy technician applicants on a monthly basis.)

Ms. Sodergren provided that executive staff and managers continue to be available to address immediate or urgent applicant concerns from callers.

Committee Discussion

Ms. Herold encouraged all licensees to renew their licenses in a timely manner.

There was no additional committee discussion. No public comment was provided.

10. Competency Committee Report and Job Analysis for the CPJE Initiates in December 2009

Chair Weisser provided that each Competency Committee workgroup met this fall and focused on examination development and item writing. He advised that additional workgroup meetings are scheduled throughout 2010.

Chair Weisser provided that the committee also developed a job survey to be used to complete an occupational analysis with the board's contracted psychometric firm. He stated that pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis periodically (typically every five years) which serves as the framework for the

examination. Chair Weisser explained that the information learned from this survey will determine if changes are necessary to the content outline of the CPJE.

Committee Discussion

Ms. Herold provided an overview on the job analysis and the random sample solicited to participate. She stated that the board mailed 4,000 postcards to encourage licensees to participate in the job analysis. Ms. Herold advised that participants will receive 3 hours of continuing education credit. She encouraged all interested licensees to participate.

There was no additional committee discussion. No public comment was provided.

11. Public Comment for Items Not on the Agenda

Stanley Goldenberg, representing Bravo Pharmacy, shared a story of a 12-year-old patient who had achieved improvement in her blood pressure with the help of her pharmacist. He underscored the importance of pharmacists and their ability to change a life.

Dr. Steve Gray, speaking on his own behalf, provided comment regarding the misinformation to licensees regarding what their licenses entitle them to do. He recommended that the board consider holding a future discussion to provide clarification on this issue.

Eric Mac, representing the California Pharmacists Association (CPhA), expressed concern that there is not a requirement for a post-secondary degree for a pharmacy technician. He stated that CPhA is recommending that the committee establish standards for pharmacy technicians.

Phil Burgess provided that a resolution will be presented at the May 2010 National Association of Boards of Pharmacy (NABP) Meeting to encourage the standardization of technician training.

There was no additional public comment.

The meeting was adjourned at 2:38 p.m.

Attachment 6

1. Board licensing statistics
2. Second quarter's status of Licensing Committee Goals

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							956
Pharmacist (initial licensing applications)	280	134	161	155	125	69							924
Intern pharmacist	61	479	331	327	57	65							1320
Pharmacy technician	962	887	1036	1021	677	1018							5601
Pharmacy	29	23	30**	28	18	22							120
Sterile Compounding	6	2	1	5	2	1							17
Clinics	6	6	13	8	3	10							46
Hospitals	0	0	0	0	0	0							0
Nonresident Pharmacy	3	6	3	5	6	1							24
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	1	3	2	0	2	2							10
Nonresident Wholesalers	6	15	6	9	4	11							51
Wholesalers	5	7	6	15	5	6							44
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0							0
Designated Representatives	34	57	36	74	36	32							269
Issued													
Pharmacist	243	308	139	189	94	101							1074
Intern pharmacist	39	277	323	476	102	119							1336
Pharmacy technician	751	788	764	722	416	1407							4848
Pharmacy	35	24	36	24	7	12							138
Sterile Compounding	9	2	7	1	0	0							19
Clinics	5	4	11	1	10	4							35
Hospitals	6	1	5	2	0	0							14
Nonresident Pharmacy	10	3	1	1	7	5							27
Licensed Correctional Facility	1	0	0	0	0	0							1
Hypodermic Needle and Syringes	1	5	1	3	2	1							13
Nonresident Wholesalers	10	13	16	4	9	2							54
Wholesalers	8	7	15	4	3	2							39
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0							0
Designated Representatives	45	26	40	44	11	26							192

*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							241
Intern pharmacist	278	496	488	320	159	226							278
Pharmacy technician	1894	1888	1837	1969	1451	2704							1894
Pharmacy	58	54	49	42	47	65							65
Sterile Compounding	18	18	13	12	16	19							19
Clinics	30	28	24	37	36	32							32
Hospitals	19	16	12	14	14	9							9
Nonresident Pharmacy	34	32	33	39	36	38							38
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	19	10	11	12	10	10							10
Nonresident Wholesalers	92	79	72	79	73	79							79
Wholesalers	43	35	20	23	31	36							36
Veterinary Food-Animal Drug Retailer	1	1	1	2	2	2							2
Designated Representatives	132	88	128	119	159	167							167
Change of Pharmacist-in-Charge													
Received	189	159	130	182	119	134							913
Processed	151	91	75	132	40	109							598
Pending	38	106	161	211	290	315							315
Change of Exemptee-in-Charge													
Received	37	22	19	14	12	14							118
Processed	6	7	0	13	1	9							36
Pending	31	46	65	66	77	82							82
Change of Permits													
Received	347	103	74	100	39	50							713
Processed	37	1	311	57	90	67							563
Pending	310	412	175	218	167	150							150
Discontinuance of Business													
Received	42	33	35	42	37	35							224
Processed	35	12	18	21	19	14							119
Pending	7	28	45	66	84	105							105

*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								9285
Pharmacy technician	1632	3740	4021	1716	527								11636
Pharmacy	182	484	641	991	377								2675
Sterile Compounding	21	49	74	17	24								185
Clinics	76	131	187	70	55								519
Nonresident Pharmacy	34	31	53	14	23								155
Licensed Correctional Facility	0	1	27	0	6								34
Hypodermic Needle and Syringes	10	23	41	37	16								127
Nonresident Wholesalers	32	54	64	40	27								217
Wholesalers	32	71	71	30	20								224
Veterinary Food-Animal Drug Retailer	2	4	2	1	5								14
Designated Representative	149	306	320	192	145								1112

*u/a = unavailable

**corrected

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.								
		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			40	25			
Pharmacist (initial licensing)	728	244			2	2			
Pharmacy Intern	871	456			19	20			
Pharmacy Technician	2,885	2716			69	72			
Pharmacies	80	68			25	18			
Non-Resident Pharmacy	12	12			38	33			
Wholesaler	18	26			30	31			
Veterinary Drug Retailers	0	0			0	0			
Designated Representative	127	142			30	32			
Out-of-state distributors	27	24			30	34			
Clinics	25	21			45	20			
Hypodermic Needle & Syringe Distributors	6	4			30	1			
Sterile Compounding	9	8			30	8			
Change of Permit	405	189			32	45			
Pharmacist in Charge	478	435			14	14			
Designated Representative in Charge	78	40			14	14			
Discontinuance of Business	110	114			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		
Pharmacist (initial licensing)	7	7		
Pharmacy Intern	15	15		
Pharmacy Technician	15	15		
Pharmacies	15	15		
Non-Resident Pharmacy	7	7		
Wholesaler	7	7		
Veterinary Drug Retailers	0	0		
Designated Representative	7	7		
Out-of-state distributors	7	7		
Clinics	20	15		
Hypodermic Needle & Syringe	7	7		

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

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

5. Withdrawn licenses to applicants not meeting board requirements.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	95	20		
Pharmacies	0	0		
Non-Resident Pharmacy	1	1		
Clinics	0	0		
Sterile Compounding	0	1		
Designated Representative	19	0		
Hypodermic Needle & Syringe	4	0		
Out-of-state distributors	11	4		
Wholesaler	9	0		
Veterinary Drug Retailers	0	0		

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

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	32	6		
Pharmacies	0	1		
Non-Resident Pharmacy	0	0		
Clinics	0	0		
Sterile Compounding	0	0		
Designated Representative	1	0		
Hypodermic Needle & Syringe	0	0		
Out-of-state distributors	0	0		
Wholesaler	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		
Pharmacy Technicians	1,214	1,333		
Site licenses (pharmacy, clinics)	716	1,216		
Site licenses (wholesalers, nonresident pharmacies)	701	695		
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		
Pharmacy Technicians	100	64		
Site licenses (pharmacy, clinics)	200	237		
Site licenses (wholesalers, nonresident pharmacies)	151	278		
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.

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="370 296 1518 804"> <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>\$317,616</td> <td></td> <td></td> <td>2</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>Renewals</td> <td>\$2,325,121</td> <td>\$1,049,490</td> <td></td> <td></td> <td>2</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>Cite and Fine</td> <td>\$285,685</td> <td>\$119,670</td> <td></td> <td></td> <td>4</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>Probation/ Cost Recovery</td> <td>\$38,031</td> <td>\$38,674</td> <td></td> <td></td> <td>4</td> <td>6</td> <td></td> <td></td> </tr> <tr> <td>Request for Information/ License Verification</td> <td>\$4,760</td> <td>\$4,030</td> <td></td> <td></td> <td>3</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Fingerprint Fee</td> <td>\$16,346</td> <td>10,556</td> <td></td> <td></td> <td>2</td> <td>2</td> <td></td> <td></td> </tr> </tbody> </table> <p data-bbox="370 846 1469 951">* 1st quarter data reported at the last board meeting reflected July and August 2009 only as these were the only data available at that time. 1st quarter data is now complete and the revised data are displayed above.</p> <p data-bbox="370 957 1490 1024">** 2nd quarter reflects October and November 2009 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	\$317,616			2	3			Renewals	\$2,325,121	\$1,049,490			2	3			Cite and Fine	\$285,685	\$119,670			4	7			Probation/ Cost Recovery	\$38,031	\$38,674			4	6			Request for Information/ License Verification	\$4,760	\$4,030			3	2			Fingerprint Fee	\$16,346	10,556			2	2		
	Revenue Received:				Average Days to Process:																																																																										
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Request for Information/ License Verification	\$4,760	\$4,030			3	2																																																																									
Fingerprint Fee	\$16,346	10,556			2	2																																																																									

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="365 289 1523 575"> <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></td> <td></td> <td>15*</td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>Off-site Storage Applications (approved)</td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Transfer of Intern Hours to Other States</td> <td>200</td> <td>17</td> <td></td> <td></td> <td>15</td> <td>15</td> <td></td> <td></td> </tr> </tbody> </table> <p data-bbox="365 653 1409 684">* Data is now available for 1st quarter address/name changes and is reflected above.</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			15*	10			Off-site Storage Applications (approved)	0	0			0	0			Transfer of Intern Hours to Other States	200	17			15	15		
	Requests Received:				Average Days to Process:																																								
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Off-site Storage Applications (approved)	0	0			0	0																																							
Transfer of Intern Hours to Other States	200	17			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 1495 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: Survey of some states indicate misunderstanding of why California cannot accept NAPLEX scores earned before January 1, 2004. Educational efforts, on a state by state basis, initiated.</i> <i>March 2007: Pennsylvania agrees to accept California NAPLEX scores.</i> <i>May 2007: At National Association of Boards of Pharmacy meeting several states agree to reconsider their position against accepting California scores.</i> <li data-bbox="370 520 1495 659">2. Evaluate the drug distribution system of clinics and their appropriate licensure. <i>1st Qtr 09/10: 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> <li data-bbox="370 667 1495 919">3. Work with the Department of Corrections on the licensure of pharmacies in prisons. <i>June 2007: Meet with the Department of Corrections Receiver to discuss possible regulatory structures for drug dispensing and distribution within correctional facilities.</i> <i>Oct. 2008: Board staff meet with Department of Corrections staff to develop regulatory structure for prisons.</i> <i>Dec. 2008: Met with receiver for correctional facilities to discuss regulatory structure.</i> <li data-bbox="370 928 1495 1180">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: 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.</i> <li data-bbox="370 1188 1495 1222">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.*
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.*
 - 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.*
 - 1st Qtr. 09/10: Competency Committee develops occupational analysis survey.*
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.*
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.*
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.*
 - 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.*