California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
Phone (916) 445-5014
Fax (916) 327-6308
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GRAY DAVIS, GOVERNOR

LICENSING COMMITTEE
Meeting Summary

DATE: September 24, 2002

TIME: 9:00 a.m. – 2:30 p.m.

LOCATION: 400 Street, Suite 4070
Sacramento CA 95814

BOARD MEMBERS PRESENT David Fong, Chair
Clarence Hiura

STAFF PRESENT: Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer
Robert Ratcliff, Supervising Inspector
Judi Nurse, Supervising Inspector
Anne Sodergren, Licensing Unit Manager
Paul Riches, Legislative Analyst

Call to Order

Committee Chairman David Fong called the meeting to order at 9:00 a.m.

Update on the June 2002 Pharmacist Licensure Examination

Chairman David Fong reported that the pass/fail letters for the June 2002 examination were mailed on August 16, 2002. A total of 1,156 applicants took the examination and 616 passed (53%). During the two weeks following the examination, even with limited resources caused by the hiring freeze and staff vacancies, the board was able to license over 415 candidates. Approximately 90% of the 415 candidates were issued a pharmacist license within 24 hours of receiving the fee in the board's office. Also, provided was the demographic information for this examination.

Presentation on the Pharmacy Technician Certification Examination – Bruce Wearda, Chair Certification Council

Bruce Wearda, Chair of the Certification Council for the Pharmacy Technician Certification Board presented an overview of the Pharmacy Technician Certification Examination (PTCE) administered by the Pharmacy Technician Certification Board (PTCB). He explained that the PTCB was established in 1995, by four founding organizations, the American Pharmaceutical Association, the American Society of Health-System Pharmacists, the Illinois Council of Health-System Pharmacists and the Michigan Pharmacists Association. The PTCB examination is the national standard for pharmacy technician assessment. PTCB has certified over 100,000 pharmacy technicians nationwide and administered 23 successful examinations. Most recently, the National Association of Boards of Pharmacy (NABP) has joined as partner with the PTCB recognizing the importance of the registration and certification of pharmacy technicians nationwide.

To qualify for certification, an applicant must have a high school diploma or GED and never been convicted of a felony. The examination is comprised of 140 multiple-choice questions with 15 pre-test, non-operational questions. The examination fee is $120 and it is offered three times a year. Recertification is required every two years. Recertification includes the completion of 20 hours of continuing education that includes one hour on pharmacy law. A certified technician may earn 10 hours of the required 20 hours of CE at the workplace under the direct supervision of a pharmacist.

The PTCB examination is psychometrically sound and a legally defensible certification process. It is a competency-based examination that meets the 1985 *Standards for Educational and Psychological Testing*. The PTCB uses subject-matter experts to write the examination questions. In 2000, the PTCB performed a job analysis, which identified the content outline for the examination. It serves as the blueprint for item development, item classification, and test development efforts. The examination pass rate since 1995 is 80%. Between 1995-1999, it was 82%. It is believed that the recent drop in pass rate is because of a recent Texas mandate that requires certification of all pharmacy technicians. The average pass rate for California is 88% and there are 3,000 certified technicians in California.

Mr. Wearda explained that currently there are 32 states that require the registration of pharmacy technicians, and there are 6 states that require the PTCB examination. There are also 4 other states that recognize the PTCB in some form. He also noted that in 2001, 60% of the applicants that took the PTCB came from community pharmacy.

The Committee asked Mr. Wearda to present an overview of the PTCB to the Board of Pharmacy at its meeting in October.

Review of the Pharmacy Technician Registration and Program Requirements (Business and Professions Code sections 4115-4115.5 and the California Code of Regulations section 1793-1793.7)

The Licensing Committee discussed the current registration and program requirements for pharmacy technicians. There were several suggestions for revising the program. It was recommended that the board accept the PTCB examination as one method for qualifying to be a

registered pharmacy technician, but not to allow it as the sole qualifier. It was recommended that the board should also impose additional qualifications for registration such as education and/or training. It was also suggested that the board should require a two-tiered registration process for pharmacy technicians. The first level would the existing requirement that provides for rapid, minimum training for community pharmacy technicians. The second level of registration would be for the more complex practice of acute care and home infusion pharmacy. It would be an extensive curriculum that would prepare technicians for registration at a more advanced level.

Another recommendation was to eliminate an applicant's ability to qualify for registration with "clerk-typist" experience. Further, it was encouraged that the board no longer allow an applicant to qualify for registration with an associate degree in biological sciences, physical sciences and natural sciences. This is because these fields do not prepare an individual for the practice of pharmacy technicians. The associate degree should be in pharmacy technology, which many academic institutions offer.

After considerable discussion, the Licensing Committee recommended for board action that the registration for pharmacy technicians be modified as follows: accept PTCB certification, accept the associate degree in pharmacy technology and eliminate the other associate degrees, revise the specificity of the theoretical and practical requirements of the training curriculum, accept graduation from a school of pharmacy, and eliminate the "equivalent experience" provision for the clerk-typist and hospital pharmacy technician.

Supervision of Ancillary Personnel – Proposed Alternatives to the Current Ratio Requirements

Committee Chairman David Fong stated that the Board of Pharmacy supports the ability of the pharmacist-in-charge and the pharmacist on duty to determine the number and combination of ancillary personnel that he/she may supervise. Ancillary personnel as defined would be the pharmacist intern, pharmacy technician and pharmacy technician trainee. Currently, a community pharmacist can supervise one pharmacy technician, one intern, one technician trainee, and one clerk-typist. This is a one to four ratio. However, a second pharmacist in a community pharmacy is allowed to supervise two technicians. And in a hospital inpatient pharmacy and a pharmacy that services long-term care facilities or home health patients, the ratio is one pharmacist to two pharmacy technicians.

Currently, the board's position is to increase the number of interns that a pharmacist can supervise to two, which would require legislation, and to amend its regulation to eliminate the ratio altogether for the clerk-typist. The board agreed to sponsor legislation next year to increase the intern ratio, making it a legislative priority. Additionally, the board has approved the regulation change to eliminate the clerk-typist ratio. This proposed changed is with the Legislation and Regulation Committee, which must notice it for a regulation hearing. The committee concluded its discussion that the board would need to consider the appropriate ratio of pharmacists to ancillary personnel that would ensure patient safety.

Feasibility of Offering the California Pharmacist Licensure Examination More than Twice A Year

The Licensing Committee was provided a table summarizing a number of alternatives for providing the pharmacist licensure examination. The table included the adoption of the National Pharmacist Licensure Examination (NAPLEX) and a California jurisprudence examination. This alternative would increase the availability of a licensure examination through the daily computer based administration. Total cost for this alternative would be $250,000, but would require a statue and regulation change to implement. Currently, it costs the board $350,000 annually to administer its examination.

The second alternative would be to give the California examination three times a year instead of twice. This would increase costs by $175,000 and would require a statutory change in order to increase fees to cover the costs. The board would also be required to submit a budget change proposal to increase its spending authority in order to administer the third exam.

The last alternative proposes to transition the California examination to a computer-based test. This option would require a new contract with a testing organization to develop and administer the exam by computer. It would appear that the board could absorb the costs; however, the candidate fee would have to be increased through a regulation change. Also, there would be a new "administration" fee assessed to the candidate.

It was also noted that Governor Davis signed AB 2165 that requires the Joint Legislative Sunset Review Committee to review the state's shortage of pharmacists and make recommendations on the course of action to alleviate the shortage, including, but not limited to, a review of the current California pharmacist licensure examination. It is anticipated that this information will be provided to the Joint Legislative Sunset Committee when it performs this review.

Requirement for Social Security Numbers as a Condition of Licensure

Assistant Executive Officer Virginia Herold reported that for years, board licensees have been subject to the provisions aimed at "dead beat parents" from failing to pay their court-ordered child support and yet enjoy the benefits of professional or occupational licensure. This is tracked is through the social security number of every applicant. Additionally, the Franchise Tax Board requires the board to obtain a social security number as a condition of issuing a license, for tax-related reasons.

Therefore, the board is required to have the social security number of all applicants. However, some foreign applicants do not have a social security number and instead use an ITIN number.

It is difficult for foreign applicants to obtain a social security number until they enter the USA. It is also difficult to enter the country unless a foreign applicant has a job, which in the case of many board applicants requires a board license. This is a Catch 22 situation since one cannot get a social security number until one is in the country, but one cannot enter the country without a job. However, the board cannot issue a license without a social security number.

The board previously has used ITIN numbers instead of a social security number; however the Legal Office has advised that the board must have the social security number. To prevent the Catch 22 situation, the board will continue to accept applicants from foreign applicants without a social security number. Once all other requirements are complete, the board will send a letter to the applicant advising that the only item missing is a social security number; this will allow the individual to apply to the INS and obtain a visa, and once in the country, the applicant can apply for a social security number. This process is accepted by the INS and is outlined in a letter from them dated November 20, 2001. This process and the letter from INS will be posted on the board's website for foreign applicants.

Proposed Regulation for Central Fill for Inpatient Hospital Pharmacies

Based on comments received previously, language was drafted that would allow for central fill of orders for hospital pharmacies. There were some suggestions to amend the current CCR 1707.4, which establishes the procedures for central refill for community pharmacies. The California Society of Health Systems Pharmacists agreed to review the language and provide additional comments.

Informational Hearing – Proposed Amendments to CCR 1732.2(b)

Previously, the board approved the amendment of this regulation to allow pharmacists to take continuing education that has been approved by other California health boards without petitioning the board for credit. The regulation was amended accordingly and scheduled for an informational hearing. Based on comments, the proposed language was modified. The proposed amended regulation will be noticed to the public for adoption without a regulation hearing unless one is requested.

Request from Cedars-Sinai Medical Center (CSMC) and Long Beach Memorial Medical Center (LBMMC) to Continue its Technician-Check-Technician Study

In May 1998, the California State Board of Pharmacy granted UCSF, School of Pharmacy, in conjunction with CSMC and LBMMC, a waiver pursuant of CCR 1731, to evaluate pharmacy technicians in the unit does distribution system. At its January 2001 meeting, the board granted an extension of the waiver until December 2002, in anticipation of a regulatory action that would allow technicians to check other technicians filling unit-dose medication cassettes in an inpatient setting. Subsequently, the board decided that the proposed changes would require legislation.

CSMC and LBMMC have reported that technicians functioning in this study have consistently met or exceeded the minimum target of 99.8% accuracy rate as documented by its quarterly reports to the board. Also, the results of the study were published in the June 15, 2002 issue of the American Journal of Health-System Pharmacists. CSMC and LBMMC have reported that their clinical pharmacy programs as well as patient care have benefited from the use of technicians in this capacity. They have also documented an increase in potential adverse events prevented by pharmacists interventions and have been able to respond to an increase number of

requests by physicians to manage drug therapy for inpatients receiving drugs with a narrow therapeutic index.

CSMC and LBMMC is requesting another extension of the study until December 2004 because the California Society of Health-Systems Pharmacists is introducing legislation in January 2003 to allow technicians to check technicians filling unit-dose cassettes setting pursuant to a strict quality control program.

The Licensing Committee discussed the importance of this study and enhanced patient benefits. They expressed concern that since the board already approved an extension once, that another extension for two years may not provide the necessary incentive for successful passage of the legislation. The committee recommended that the board consider extending the waiver for another year and if necessary, reconsider another extension next year depending on the status of the legislation.

Adjournment

Committee Chairman David Fong adjourned the meeting at 2:30 p.m.