



ORGANIZATIONAL DEVELOPMENT COMMITTEE

Amy Gutierrez, PharmD, Board President
 Debbie Veale, RPh, Board Vice-President

a. Budget Update/Report

Attachment 1

1. Fiscal Year 2015/16 Final Budget Report

Fiscal year 2015/16 ended on June 30, 2016. The final FY 2015/16 numbers were not available for the July Board Meeting.

Budget charts detailing the preliminary revenue and expenditure information for FY 2015/16 are provided in **Attachment 1**. As illustrated in the charts, the board has expended \$20,968,800 and taken in \$19,747,600 in FY 2015/16.

2. Fund Condition Report

Attachment 2

Attachment 2 includes the fund condition reports prepared by the Department. The information below reflects the estimated fund condition with the additional revenue from the approved fee increase signed by the Governor:

| Fund Condition: With Fee Increase | | |
|--|---------------------|--------------------------|
| Fiscal Year | Fund Balance | Months in Reserve |
| 2015/2016 | \$10,519,000 | 6.1 |
| 2016/2017 | \$6,126,000 | 3.5 |
| 2017/2018 | \$8,433,000 | 4.7 |
| 2018/19 | \$10,511,000 | 5.8 |

3. Governor’s Budget for Fiscal Year 2016/2017

On June 27, 2016, the Governor signed the budget for FY 2016/17. The new budget year began July 1, 2016. The board’s spending authorization for the year is \$20,652,000, which is a 2.9 percent increase from the prior year. This includes about \$12.8 million in salary & wages and benefits, about \$2.75 million in pro rata to the DCA and state as well as \$2.1 million in enforcement costs (including Office of the Attorney General and Office of Administrative Hearings).

b. Board Member Reimbursement Information

Attachment 3

Board members may seek reimbursement for expenses and per diem payments. These are hours and expenses claimed by board members during the indicated periods are reported during each quarterly board meeting. Board members are paid for each day of a board meeting but, in accordance with board policy, may also submit hours for work performed doing additional board business. It is important to note that these figures only represent hours where reimbursement was sought. It is not uncommon for board members to waive their per diem payments. The final reimbursements for last fiscal year as well as the first quarter of fiscal year 2016/17 are provided in **Attachment 3**.

c. Personnel Update

Board Member Updates

Greg Murphy stepped down from the board at the end of August 2016. Mr. Murphy was a public member appointment by the Governor. During his tenure with the board Mr. Murphy served on the board's Licensing Committee, Enforcement and Compounding Committee and the Prescription Drug Abuse Subcommittee.

The board currently has two vacant positions. The positions are both public member appointments and were formerly held by Rosalyn Hackworth and Greg Murphy.

Staff Updates

Recent Hires/Transfers/Promotions

- Lisa Henry promoted to a Research Program Specialist I on September 1, 2016 in the Complaint unit.
- Katrina Trinchera promoted to an AGPA in the Licensing unit on October 1, 2016.
- Victor Macias joined the board on October 3, 2016 as an AGPA in the Complaint unit.

The following new Inspectors joined the board on October 10, 2016.

- Linda Panofsky is on the Sterile Compounding team.
- Ellie Delune is on the Drug Diversion and Fraud team.
- Scott Huhn is on the Compliance / Routine Inspection team.
- Kavita Nankani is on the Compliance / Routine Inspection team.

Departures

- Julia Price returned to her former position at Veterinary Medical Board. Her last day with the board was July 22, 2016.
- Catherine Hodnett's left state service. Her last day with the board was August 19, 2016.
- Gabriella Coronado accepted a promotion with the Office of Emergency Services; her last day with the board was August 29, 2016.
- Carolyn Klein is retiring. Her last day with the board was October 14, 2016.

Recruitments

- One Staff Services Manager II to oversee the Administration and Licensing units.
- One Program Technician III to process intern pharmacist applications.
- One Staff Services Analyst in the Criminal Conviction unit.
- One Associate Governmental Program Analyst in the Complaint unit to conduct CURES data research and analysis.
- One permanent, intermittent Office Technician to provide support in the Licensing unit.
- One Seasonal Clerk to provide support in the Licensing unit.
- One Seasonal Clerk to provide support in the Administration unit.
- One Seasonal Clerk to provide support for the Complaint unit.
- One Inspector for the Compliance / Routine Inspection teams.
- One CEA to serve as Chief of Enforcement over two Drug Diversion and Fraud teams, the Prescription Drug Abuse team and the Probation / Drug Diversion for Self-Use team.

d. Discussion and Consideration of the 2017-2021 Strategic Plan

Attachment 4

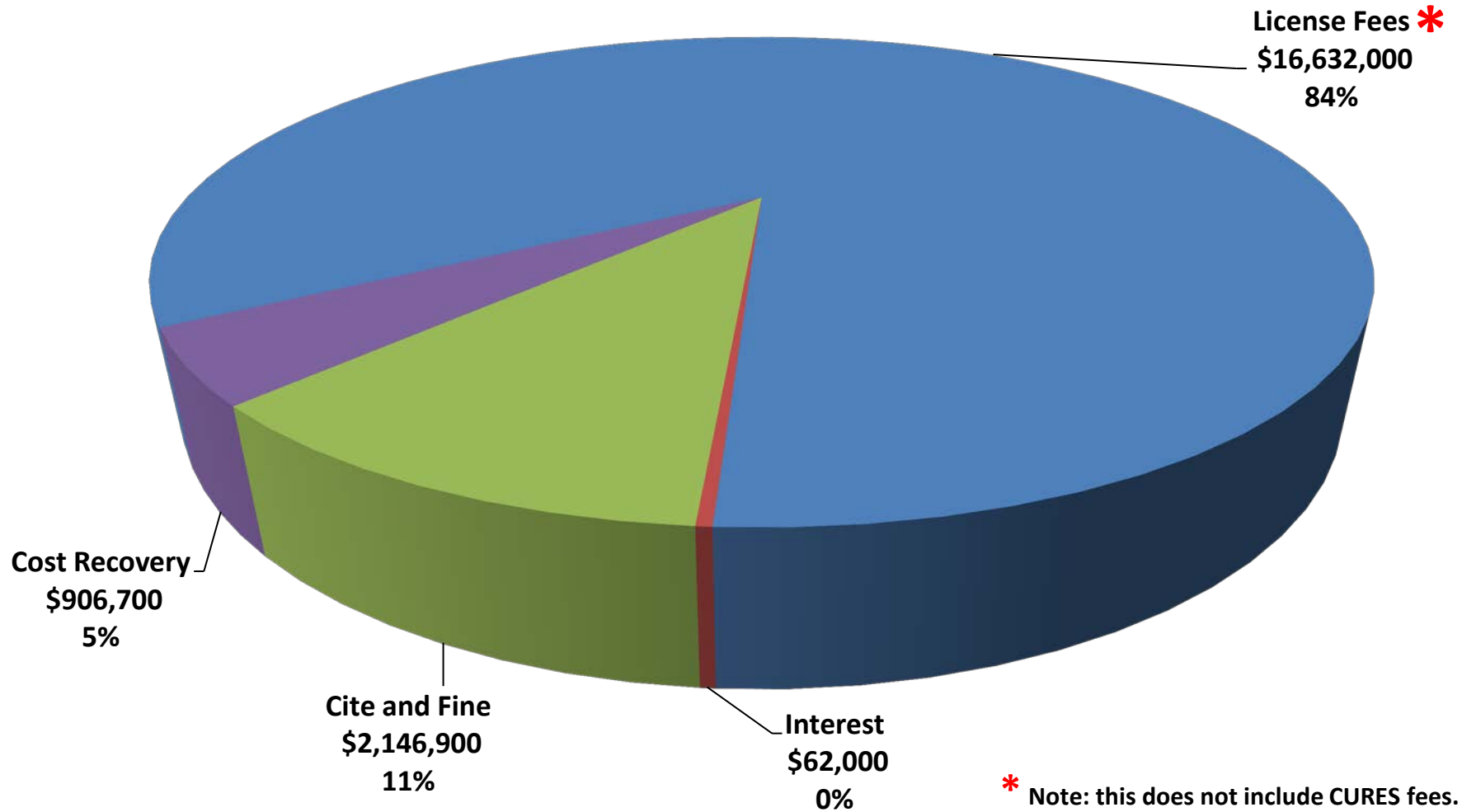
The final draft of the plan as prepared by the DCA Strategic Organization, Leadership and Individual Development (SOLID) is provided in **Attachment 4**. During the meeting members will have the opportunity to review and discuss the plan. Upon approval of the draft plan, board staff will work with the department to develop an action plan and reporting mechanism for measuring the board's success in achieving the goals established in the plan.

e. Future Board Meeting Dates

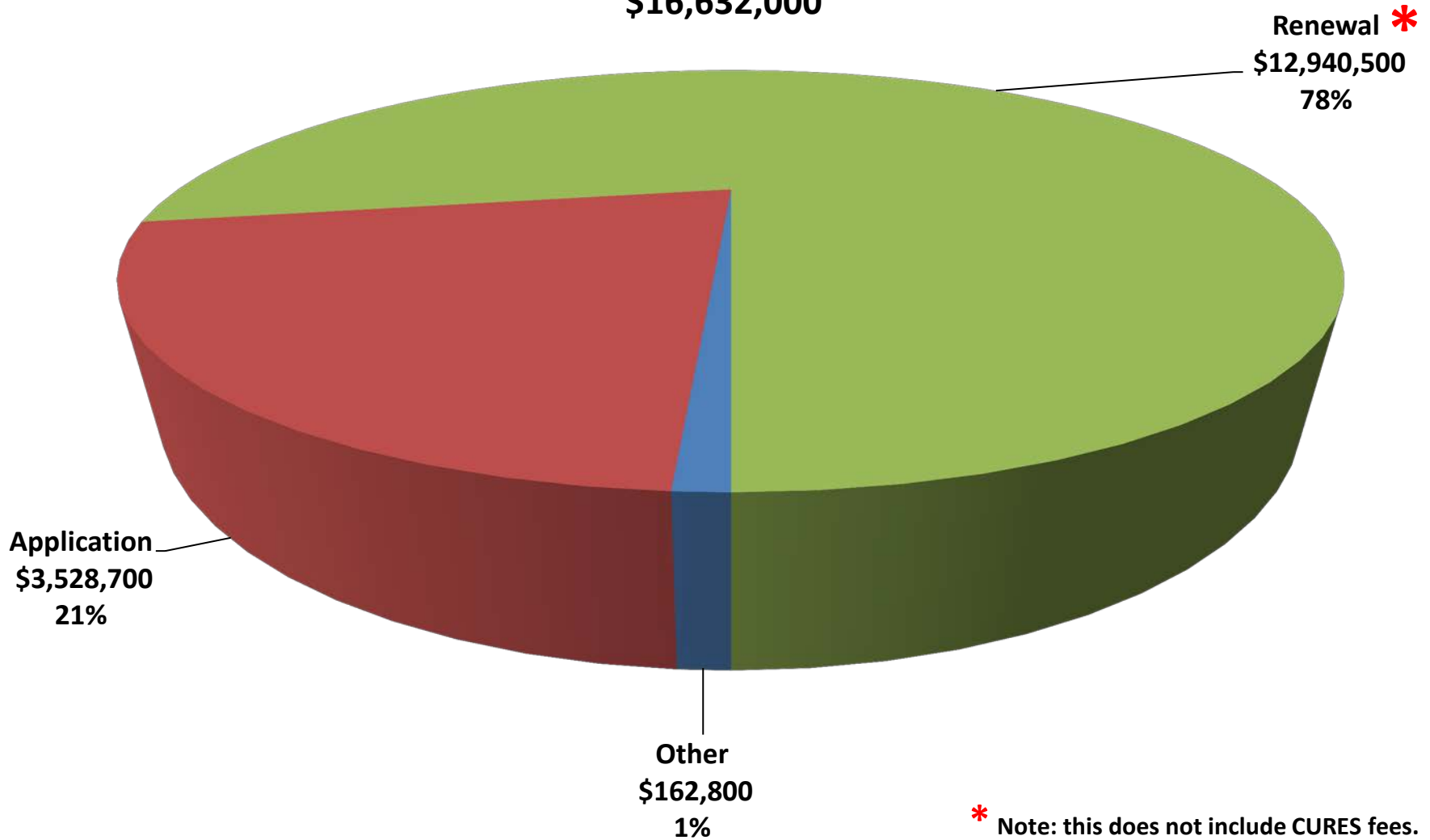
- January 24-25, 2017, *Location to be determined.*
- May 3-4, 2017, *Location to be determined.*
- July 25-26, 2017, *Location to be determined.*
- November 7-8, 2017, *Location to be determined.*

Attachment 1

**Origin of Revenue
FY 2015-2016
FM 13
\$19,747,600**



Applications vs. Renewals
FY 2015-2016
FM 13
\$16,632,000

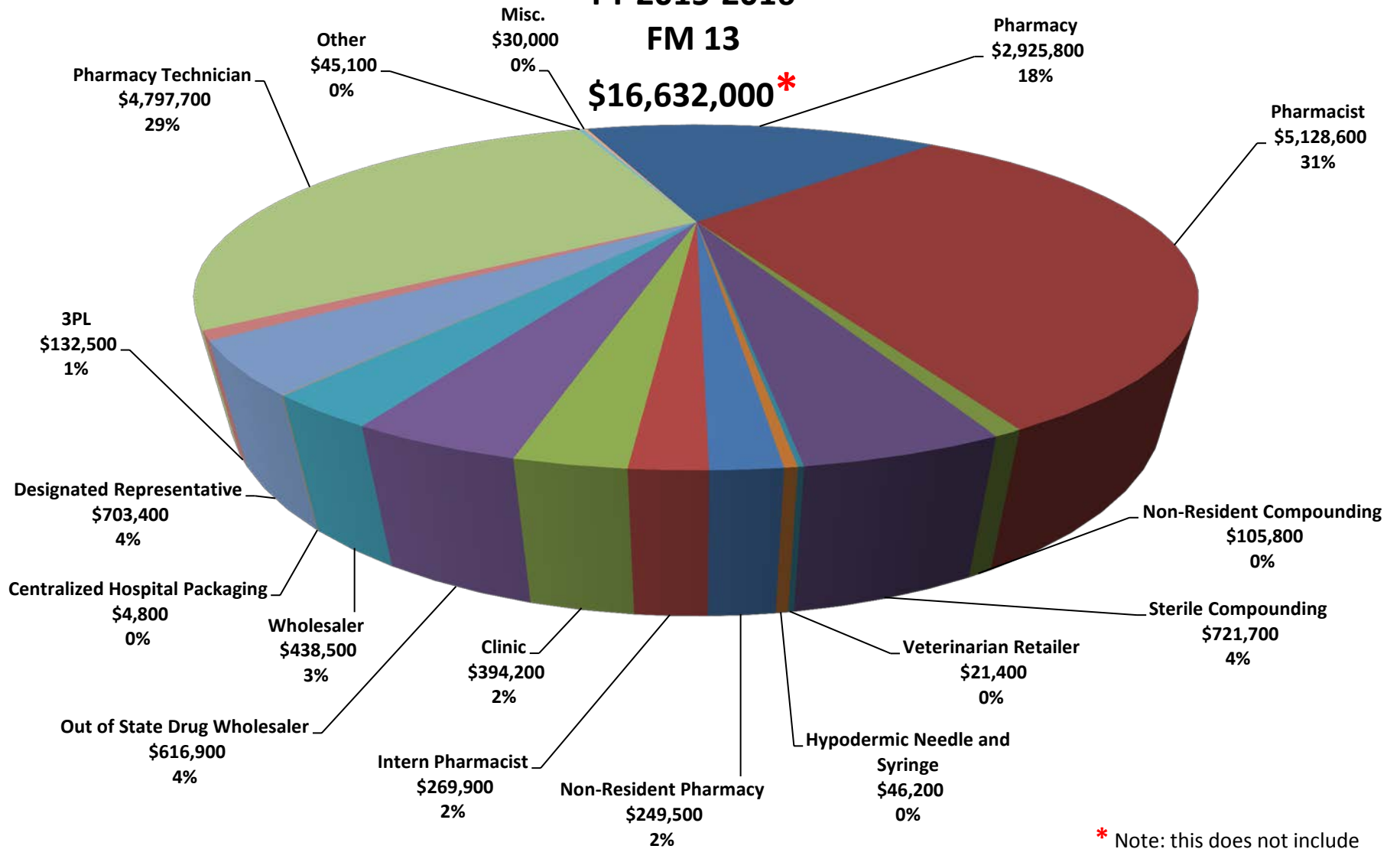


Revenue by Program

FY 2015-2016

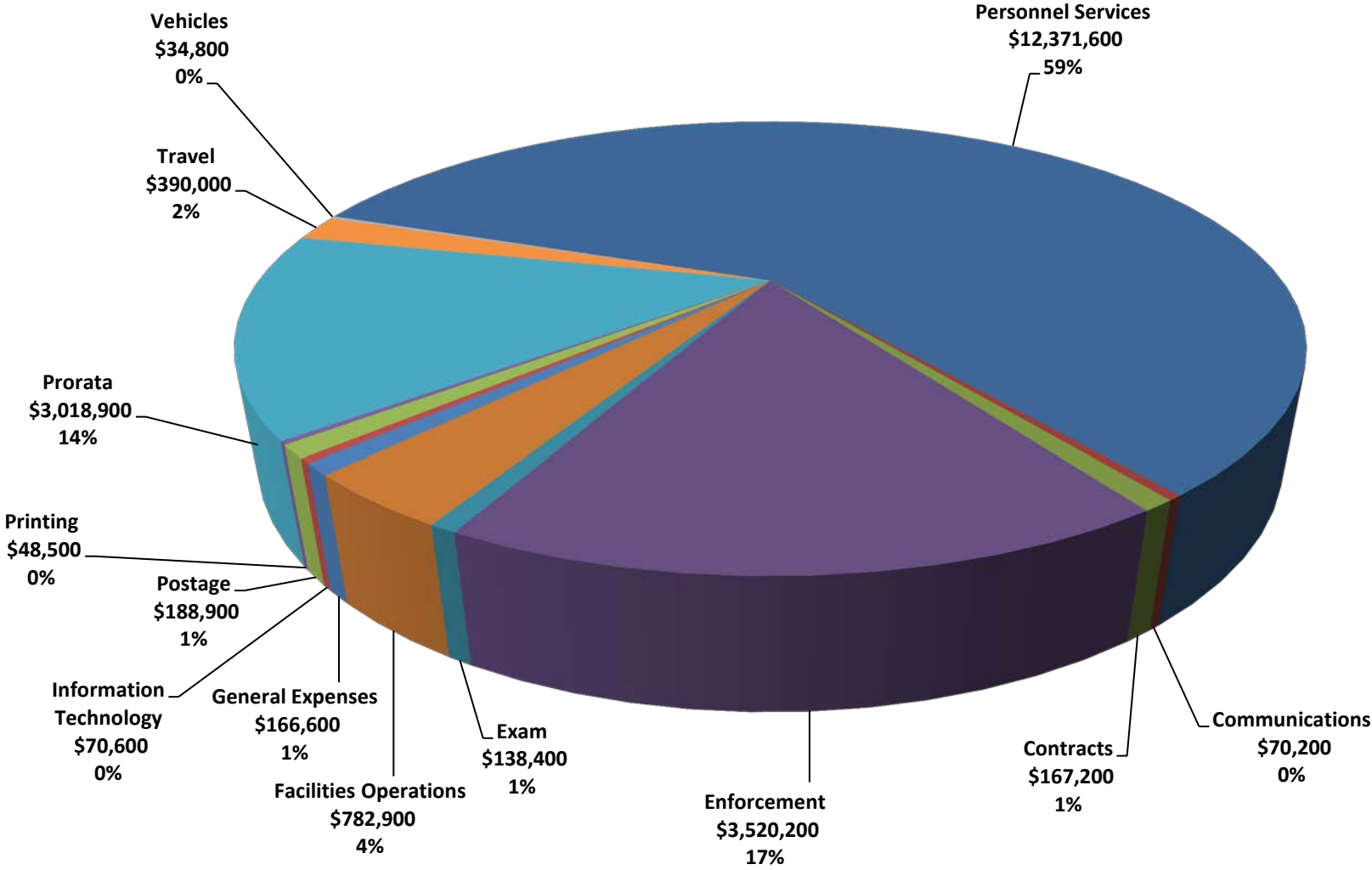
FM 13

\$16,632,000*



* Note: this does not include CURES fees.

**Expenditures
FY 2015-2016
FM13
\$20,968,800**



Attachment 2

0767 - State Board of Pharmacy

Analysis of Fund Condition

9/9/2016

(Dollars in Thousands)

2016-17 Budget Act w/ FY 2015-16 Actuals and Proposed Fee Increase

| | ACTUAL 2015-16 | Budget Act CY 2016-17 | BY 2017-18 | BY +1 2018-19 |
|--|-------------------|--------------------------------|---------------|------------------|
| BEGINNING BALANCE | \$ 11,742 | \$ 10,519 | \$ 6,126 | \$ 8,433 |
| Prior Year Adjustment | \$ 26 | \$ - | \$ - | \$ - |
| Adjusted Beginning Balance | \$ 11,768 | \$ 10,519 | \$ 6,126 | \$ 8,433 |
| REVENUES AND TRANSFERS | | | | |
| Revenues: | | | | |
| 125600 Other regulatory fees | \$ 2,288 | \$ 864 | \$ 866 | \$ 866 |
| 125700 Other regulatory licenses and permits | \$ 3,529 | \$ 3,508 | \$ 3,684 | \$ 3,684 |
| 125800 Renewal fees | \$ 12,748 | \$ 11,723 | \$ 18,609 | \$ 18,795 |
| 125900 Delinquent fees | \$ 193 | \$ 172 | \$ 188 | \$ 188 |
| 131700 Misc. revenue from local agencies | \$ 4 | \$ - | \$ - | \$ - |
| 141200 Sales of documents | \$ - | \$ - | \$ - | \$ - |
| 142500 Miscellaneous services to the public | \$ - | \$ - | \$ - | \$ - |
| 150300 Income from surplus money investments | \$ 50 | \$ 18 | \$ 25 | \$ 31 |
| 160100 Settlements and Judgements - Anti Trust Actions | \$ - | \$ - | \$ - | \$ - |
| 150500 Interest Income From Interfund Loans | \$ - | \$ - | \$ - | \$ - |
| 160400 Sale of fixed assets | \$ 1 | \$ - | \$ - | \$ - |
| 161000 Escheat of unclaimed checks and warrants | \$ 13 | \$ - | \$ - | \$ - |
| 161400 Miscellaneous revenues | \$ 10 | \$ - | \$ - | \$ - |
| Totals, Revenues | \$ 18,836 | \$ 16,285 | \$ 23,372 | \$ 23,564 |
| | | | | |
| Totals, Revenues and Transfers | \$ 18,836 | \$ 16,285 | \$ 23,372 | \$ 23,564 |
| | | | | |
| Totals, Resources | \$ 30,604 | \$ 26,804 | \$ 29,498 | \$ 31,997 |
| | | | | |
| EXPENDITURES | | | | |
| Disbursements: | | | | |
| 1110 Program Expenditures (State Operations) | \$ 20,050 | \$ - | \$ - | \$ - |
| 1111 Program Expenditures (State Operations) | \$ - | \$ 20,652 | \$ 21,065 | \$ 21,486 |
| 8880 FISC (State Operations) | \$ 35 | \$ 26 | \$ - | \$ - |
| Total Disbursements | \$ 20,085 | \$ 20,678 | \$ 21,065 | \$ 21,486 |
| | | | | |
| FUND BALANCE | | | | |
| Reserve for economic uncertainties | \$ 10,519 | \$ 6,126 | \$ 8,433 | \$ 10,511 |
| | | | | |
| Months in Reserve | 6.1 | 3.5 | 4.7 | 5.8 |

Attachment 3

**Board Member Reimbursement
And Travel Expense Expenses
FY 2015/16 FM 13**

| Board Members | Attendance Hours* <small>(Meetings From July 1, 2015-June 30, 2016)</small> | Travel Expenses <small>(Meetings From July 1, 2015-June 30, 2016)</small> |
|----------------------|---|---|
| Brooks, Ryan | 24 | \$528.28 |
| Butler, Lavanza | 72 | \$1,657.05 |
| Gutierrez, Amy | - | \$2,203.07 |
| Law, Victor | 112 | \$1,752.39 |
| Lippe, Gregory | 104 | \$1,854.20 |
| Sanchez, Ricardo | 32 | - |
| Schaad, Allen | 120 | \$965.29 |
| Veale, Deborah | 104 | \$1,776.32 |
| Weisser, Stanley | 128 | \$2,880.26 |
| Wong, Albert | 104 | \$1298.07 |

***Board Member Attendance Hours reflects the number of hours for which board members have been reimbursed. Board members may choose not to seek reimbursement for work performed for the board.**

**Board Member Reimbursement
and Travel Expense Expenses
FY 2016/17 FM 3**

| Board Members | Attendance Hours* <small>(Meetings From July 1, 2016-September 30, 2016)</small> | Travel Expenses <small>(Meetings From July 1, 2015-September 30, 2016)</small> |
|----------------------|--|--|
| Brooks, Ryan | 16 | \$99.36 |
| Butler, Lavanza | 40 | \$290.74 |
| Gutierrez, Amy | 0 | \$0 |
| Law, Victor | 48 | \$310.09 |
| Lippe, Gregory | 48 | \$310.09 |
| Munoz, Valerie | 8 | \$0 |
| Sanchez, Ricardo | 40 | \$0 |
| Schaad, Allen | 32 | \$0 |
| Veale, Deborah | 56 | \$435.56 |
| Weisser, Stanley | 40 | \$315.33 |
| Wong, Albert | 32 | \$356.03 |

***Board Member Attendance Hours reflects the number of hours for which board members have been reimbursed. Board members may choose not to seek reimbursement for work performed for the board.**

| Board Members <small>(No longer with the board)</small> | Attendance Hours* <small>(Meetings From July 1, 2016- September 30, 2016)</small> | Travel Expenses <small>(Meetings From July 1, 2015- September 30, 2016)</small> |
|---|---|---|
| Castellblanch, Ramon | 24 | \$974.59 <small>(travel claims in process)</small> |
| Murphy, Greg | 16 | \$354.91 |

Attachment 4

California Board of Pharmacy Strategic Plan

2016-2021

Approved: [Insert Date of Approval]

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California Board of Pharmacy Board Members

Amy Gutierrez, PharmD, Board President

Deborah Veale, Board Vice President

Victor Law, Board Treasurer

Ryan Brooks

Lavanza “Kercheryl” Butler

Gregory N. Lippe

Valerie Muñoz

Ricardo Sanchez

Allen Shaad

Stanley C. Weisser

Albert C. Wong, PharmD

Governor Edmund G. Brown Jr.

Alexis Podesta, Acting Secretary, Business Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

Virginia Herold, Executive Officer, Board of Pharmacy

Message from the Board President

[Insert Message]

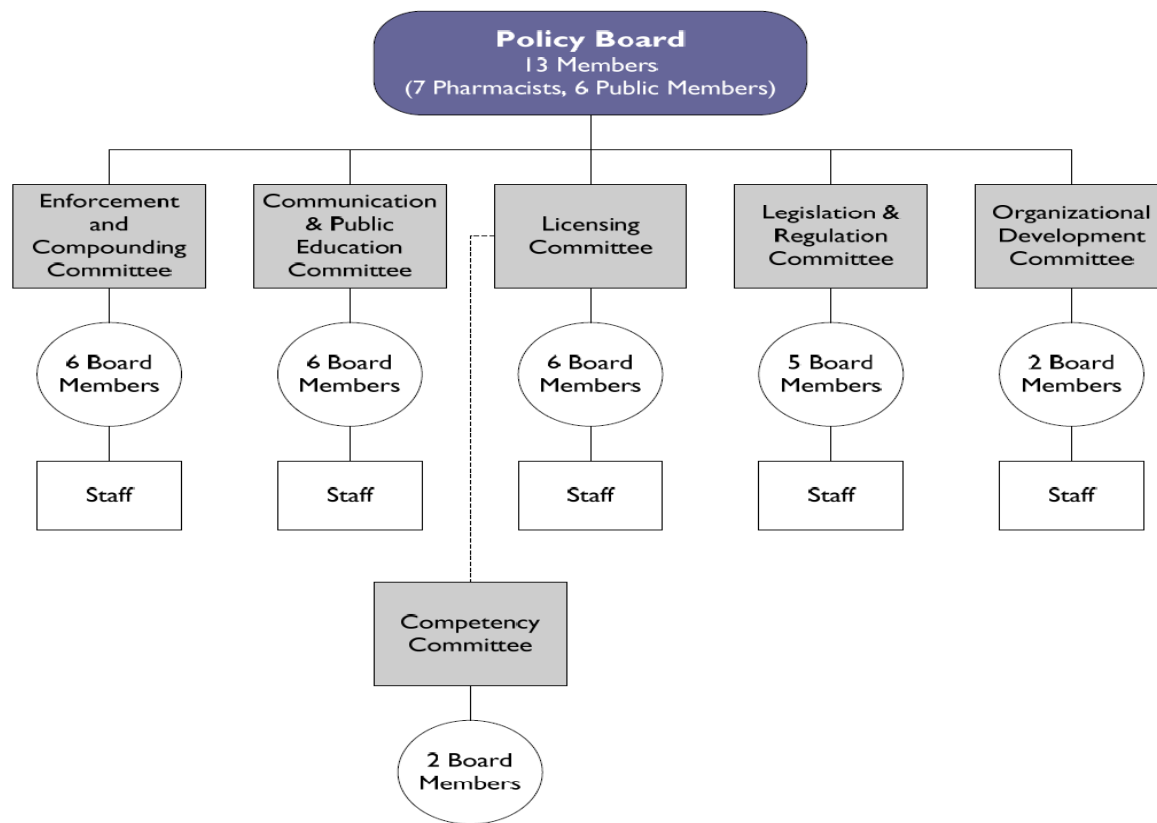
About the California Board of Pharmacy

The California State Board of Pharmacy (board) is an active consumer protection agency responsible for regulating a dynamic pharmacy health care profession. The board provides regulatory oversight to those who dispense, compound, store and transport prescription drugs and devices, as well as those who provide professional services that are focused on medication management and pharmaceutical care. As a national leader in consumer protection and pharmacy regulation, the board has developed and implemented a number of policies to ensure the quality and safety of medications provided to California's consumers, in addition to monitoring the services provided by its licensees.

Today, the board oversees all aspects of the practice of pharmacy in California: the practitioner (the pharmacist), the practice site (the pharmacy), and the product (prescription or compounded drugs, and devices). Additionally, the board regulates drug wholesalers, other practitioners and specialized facilities that store and furnish prescription drugs or handle and remove outdated medication for the drug supply.

With an annual budget exceeding \$20 million and more than 100 staff, the board licenses over 140,000 individuals and firms and enforces 25 distinct and varied regulatory programs.

Much of the board's work is carried out by committees. These committees develop recommended policies that advance mission-related goals in line with the board's strategic plan. Committee recommendations are then discussed, modified, or acted upon by the board at public board meetings. Presently, the board and its committees are organized as follows:



For information about the board, board meetings, consumer and licensee education material, applications for licensing, as well as information on other public forums vital to pharmacy services, visit the board's website, www.pharmacy.ca.gov

2012 – 2016 Board of Pharmacy Accomplishments

- The board has strengthened its regulatory framework for pharmacies that compound sterile drug products. These actions were taken in large part in response to a national public health emergency identified in Massachusetts that resulted in an impact to patients across the United States. Actions include an increase in the frequency and quality of inspections performed by the board, including annual inspections of out-of-state pharmacies that ship sterile products into California.
- The board refined patient-centered labeling requirements to improve readability of the standardized prescription label for consumers. Additional actions include development of translated directions for use on labels and a requirement that oral interpreters are available within pharmacies for patients with limited English proficiency. The board's standards have been recognized by three national organizations as standards for prescription label design.
- The board developed a multi-pronged approach to combat the prescription drug abuse epidemic. These actions include education to consumers and licensees, aggressive enforcement of errant licensees, as well as the designation of a precedential decision involving a pharmacist's corresponding responsibility. The board also created a state protocol for use by pharmacists that allows the dispensing of an antidote (naloxone) without a prescription for use in opioid overdose. The board also has advocated for the much-needed upgrade to California's prescription drug monitoring program (CURES), and widely promoted and facilitated pharmacist access to the CURES system, in order to increase review of a patient history prior to the dispensing of controlled substances prescriptions by a pharmacist.
- The board created several statewide protocols that permit pharmacists to provide specific consumer healthcare services such as smoking cessation, self-administered hormonal contraception and travel medications. Additionally, the board has developed the framework to license Advanced Practice Pharmacists, an important change in professional scope that will result in improved healthcare access for consumers across the state.
- The board responded during state wildfire emergencies declared by the Governor to ensure consumer access to pharmaceuticals.
- The board has collaborated with other state, federal and local agencies in pursuing pharmacy law violations to achieve more complete consumer protection. For example, three county district attorney offices have collected over \$1.5 million in fines from CVS, Rite Aid and Walgreen pharmacies for violations of California's unfair business practices statute for failure to provide patients with oral pharmacist consultation as required by state law.

- The board has represented California at a 2015 CDC (Centers for Disease Control and Prevention) International Conference on Emerging Infectious Diseases and provided a presentation on medication contamination and counterfeiting. The board participated on a PEW Charitable Trust committee that developed best national practices for sterile compounding pharmacies and outsourcing facilities, recognizing California's national leadership and prominence in this focus area.
- The board has provided presentations at three FDA national meetings on topics such as sterile compounding and regulation of drug wholesalers/third-party logistics providers. It has also participated in forums convened by the DEA and National Association of Boards of Pharmacy in developing national policy. The board's multiple statewide joint educational forums with the DEA on prescription drug abuse and corresponding responsibility are well-attended and for which pharmacists can earn continuing education in a subject area advocated by the board.
- Beginning in 2014, the board conducted a study on the practice of pharmacy as a way to validate the California Pharmacist Licensure Examination (CPJE). This study was done consistent with the provisions of Business and Professions Code section 139. The results of this survey were used to update the content outline for the CPJE for future examinations.
- On August 9, 2013, the board voted to create its first precedential decision. This decision involved the revocation of a pharmacist and pharmacy license for excessive dispensing of controlled substances to patients. The decision defines "red flags" that pharmacists and pharmacies should recognize when dispensing controlled substances and after a pharmacist evaluates the prescription to make certain it is valid and legitimate on its face there is also a duty to evaluate the patient, the prescriber, and the medication therapy.

Current Board and Industry Issues

- **Prescription Drug Abuse**

Most people who abuse prescription opioid drugs initially get them for free from a friend or relative. However, those at highest risk of overdose are more likely to get them from a doctor's prescription. This finding underscores the need for continued prevention efforts that focus on physicians' prescribing behaviors and pharmacies' dispensing practices. As the agency responsible for regulating the practice of pharmacy, the board must be a leader in combating the prescription drug abuse problem.

In California, the board has taken a comprehensive approach to addressing this problem. It developed a protocol to allow pharmacists to furnish naloxone, a medication that when administered timely can save a patient from an opioid overdose. In ongoing efforts, the board has taken both an educational approach as well as an enforcement approach to address this issue. California has the greatest number of opioid overdose related deaths in the US; the board's efforts in this area must expand and continue.

- **Pharmacy Workforce**

The role of a pharmacist continues to evolve. The implementation of the Affordable Care Act and creation of the new licensure category of Advanced Practice Pharmacist focuses on collaborative practice with other health care providers. Pharmacists are recognized as underused health care providers given their education and training and are well positioned and accessible to the public to provide patient care. The board will continue evaluate opportunities for expanded practices areas where pharmacists can provide services to patients that otherwise would have barriers to such care.

As the role of pharmacists change, the board is initiating an evaluation of the role that pharmacy technicians will play in this emerging practice environment. The board started this evaluation in the fall of 2015, with the goal of identifying optimal practice standards for multiple pharmacy personnel. The board's licensing committee is conducting this evaluation which will continue in 2017 and possibly beyond.

Additionally, as pharmacies look for ways to automate functions, the board needs to be heavily involved in the expanded use of automation technology to ensure patient care is not lost.

- **BreZE Licensing System**

For a number of years the Department of Consumer Affairs (DCA) has worked to replace and/or enhance its legacy licensing and enforcement tracking systems used by most DCA agencies. The system selected was a commercial off-the-shelf product

(COTS) that was intended to streamline processes, provide better access for consumers and licensees, and help programs within the department gain better reporting tools. It was initially anticipated that the board would transition to the new BreEZe system with the second scheduled release of the system. However, as the configuration progressed, board staff identified key functionality absent from the system that is critically needed by the board. Consistent with the change management process established to oversee implementation of BreEZe, the board was removed from the second release.

- **Pharmacy Compounding**

Pharmacy compounding is developing into a more frequent practice of pharmacies. The board has worked to strengthen California's regulatory framework for pharmacies to improve the quality of compounded medication made by pharmacists. After promulgating regulations the board must now focusing on implementing these requirements, educating pharmacists and pharmacies about compliance and promoting the construction of compliant modifications to pharmacies. As the practice of compounding continues to evolve, the board must continue to expand its efforts in this area as well as respond to changes in the marketplace and the evolution of new business models such as outsourcing facilities.

Board of Pharmacy Strategic Planning Process

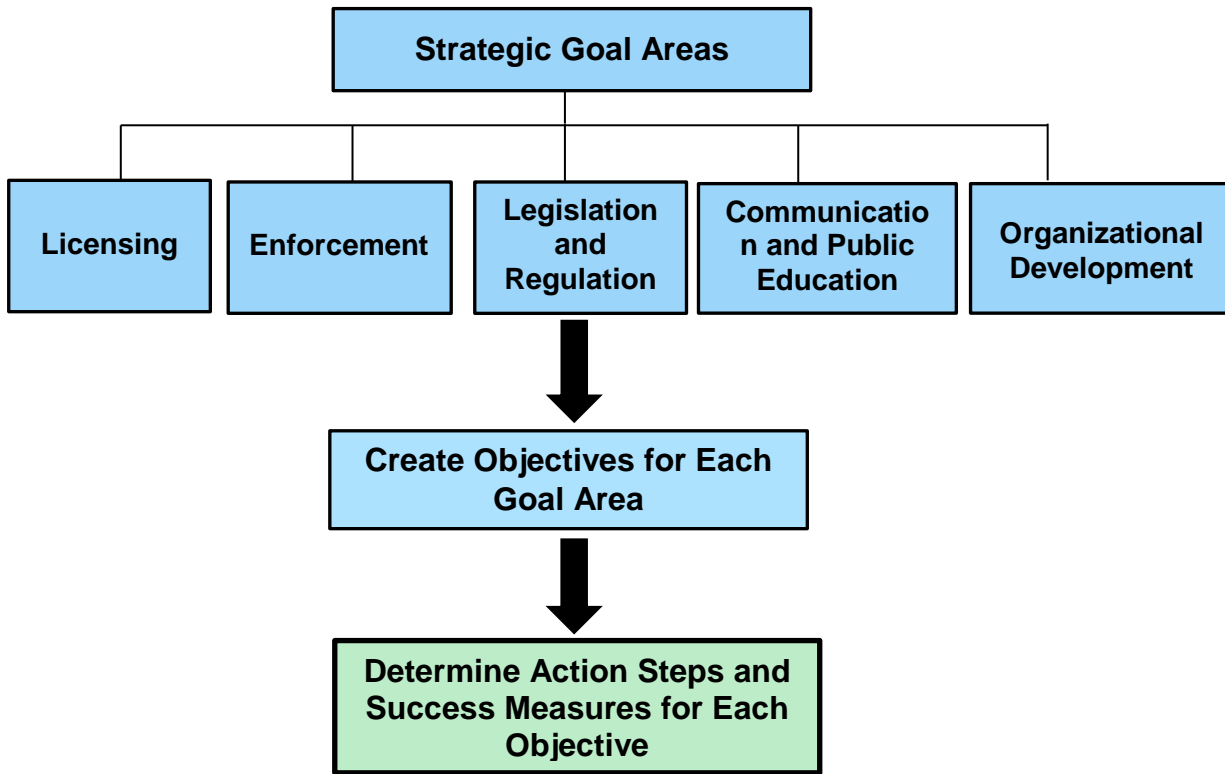
To understand the environment in which the board operates and identify factors that could impact the board's success, the California Department of Consumer Affairs' SOLID Unit facilitated the development of the board's strategic plan. SOLID worked with the board to identify strategic goal areas, which act as stems for the board's strategic objectives. The illustration below details how the board's strategic plan is constructed by determining (1) the strategic goal areas, (2) objectives under each goal area, and (3) creation of success indicators in the board's subsequent action plan.

SOLID conducted an environmental scan of the internal and external environments respective to the board's goal areas by collecting information through the following methods:

- An online survey sent to board stakeholders in February 2016. The online survey received 320 responses.
- An online survey sent to all board employees in February 2016. This survey received responses from 50 employees.
- A focus group conducted with board managers in March 2016.
- Interviews with nine board members, the Executive Officer, and the Assistant Executive Officer in April 2016.

Themes and trends identified from the environmental scan and future board initiatives were discussed by board members and board executive staff during a public strategic planning session facilitated by SOLID on June 7, 2016. This information guided the board in the development of its strategic objectives outlined in this 2016 – 2021 strategic plan.

The board also considered its mission statement, vision statement, and internal values as driving forces behind the development of its strategic objectives.



Board of Pharmacy Mission, Vision, and Values

Mission

The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacists care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation, and enforcement.

Vision

Healthy Californians through quality pharmacists care.

Values

Integrity
Transparency
Responsiveness
Compassion

Strategic Goal Areas

| | |
|----------|--|
| 1 | LICENSING <i>The board promotes licensing standards to protect consumers and allow reasonable access to the profession.</i> |
| 2 | ENFORCEMENT <i>The board protects consumers by effectively enforcing laws, codes, and standards when violations occur.</i> |
| 3 | LEGISLATION AND REGULATION <i>The board pursues statutes, regulations, and procedures that strengthen and support the board’s mandate and mission.</i> |
| 4 | COMMUNICATION AND PUBLIC EDUCATION <i>The board educates consumers, licensees, and stakeholders about the practice and regulation of the profession.</i> |
| 5 | ORGANIZATIONAL DEVELOPMENT <i>The board provides excellent customer service, effective leadership, and responsible management.</i> |

Goal 1: Licensing

The board promotes licensing standards to protect consumers and allow reasonable access to the profession.

- 1.1 Research and identify issues that result from unlicensed vendors in the marketplace to proactively maintain patient safety and health.
- 1.2 Implement online application, license renewal, and fee payment for applicants and licensees to improve licensing conveniences.
- 1.3 Complete a comprehensive review of at least five licensure categories and update requirements to ensure relevancy and keep licensing requirements current with professional practices.
- 1.4 Explore, and possibly implement, opportunities to use contracted organizations to administer the board's California Practice Standards and Jurisprudence Examination to increase access to the examination.
- 1.5 Improve the application process for new licensees, including providing informational resources directed toward applicants, to offer more guidance about the application process.
- 1.6 Establish requirements to form a licensing process for alternate work sites and vendors in the pharmacy marketplace to advance patient safety and health.

Goal 2: Enforcement

The board protects consumers by effectively enforcing laws, codes, and standards when violations occur.

- 2.1 Implement processes to shorten the cycle times from investigation to resolution of cases, with special focus on prioritized critical cases, to minimize patient harm and enhance consumer protection.
- 2.2 Strengthen patient consultation outcomes for Californians and increase medication safety.
- 2.3 Collect data and report to board members about enforcement trends that are presented at case closures so the board can better educate licensees about board priorities.
- 2.4 Evaluate industry technology trends to develop future regulatory infrastructures that promote patient safety.
- 2.5 Evaluate the disciplinary process and initiate process improvements for enhanced efficiency and effectiveness.
- 2.6 Collaborate with stakeholders to identify and expand resources for technicians who experience substance abuse to provide assistance in recovery.

Goal 3: Legislation and Regulation

The board pursues statutes, regulations, and procedures that strengthen and support the board's mandate and mission.

- 3.1 Educate the board on national pharmacy initiatives impacting consumers and the future of pharmacy (e.g., pharmacists, pharmacy, technicians, distributors, etc.) to strategize the board's efforts in alignment with where the profession is going to be in 2020.
- 3.2 Develop a timely and effective process that achieves the work of the board's committees in order to effectuate the goals of the board.
- 3.3 Advocate for or against legislation that impacts the board's mandate for consumer protection.
- 3.4 Establish a systemized, ongoing review process for board regulations to improve and maintain clear and relevant regulations.

Goal 4: Communication and Public Education

The board educates consumers, licensees, and stakeholders about the practice and regulation of the profession.

- 4.1 Develop and implement a communication plan for licensees and consumers to improve communication and keep these stakeholders better informed.
- 4.2 Identify and use additional resources for public and licensee outreach services to implement the communication plan.
- 4.3 Establish a process to collect email addresses and mobile numbers for text messaging, from all licensees for better ability to improve communication.
- 4.4 Educate licensees about the board's regulations by publishing summaries of all newly issued regulations and explain implementation tactics.
- 4.5 Inspect pharmacies at least once every four years to provide a forum for licensee-inspector communication and education in practice settings.
- 4.6 Communicate the availability of new or specified pharmacy services and locations so that the public is aware of pharmacies that can meet their needs.
- 4.7 Revise consumer-facing materials (e.g., posters, point-to-your-language notices, television messages) to achieve better consumer understanding of their rights and optimal use of medications.
- 4.8 Promote board initiatives to improve patient knowledge, medication adherence and medication safety.

Goal 5: Organizational Development

The board provides excellent customer service, effective leadership, and responsible management.

- 5.1 Conduct a full annual review of the board's strategic plan to monitor progress.
- 5.2 Provide leadership training opportunities to managers to expand skills and improve performance.
- 5.3 Expand annual individual development plans for staff to promote growth and development.
- 5.4 Collaborate with the Department of Consumer Affairs to explore the feasibility of procuring electronic management tools to increase efficiencies and reduce reliance on paper.
- 5.5 Maintain procedure manuals to capture institutional knowledge and enable consistent operations.
- 5.6 Establish customer service metrics to track board efforts to meet customer expectations.

California State Board of Pharmacy

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Prepared by:



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Sacramento, CA 95834

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the California Board of Pharmacy during early 2016. Subsequent amendments may have been made after board adoption of this plan.

