



To: Board Members

Subject: Agenda Item XI. Executive Officer's Report

a. Discussion of Board's Response to COVID-19 Pandemic and Actions Taken by Other Agencies

As the pandemic has continued, the Board continues to dedicate significant resources to its response to the COVID-19 public health crisis both independently as well as in collaboration with other government agencies. The Board continues to rely on its subscriber alert system, Twitter account and website to serve as the primary communication tools for licensees and members of the public.

The Board's website was recently updated to centralize COVID related information on a dedicated webpage that is accessed from the Board's [homepage](#). This allows for stakeholders to find the information easily, while also ensuring stakeholders can easily find other important including alerts about changes in the law and recent information.

The COVID-19 Information page includes a list of all current and expired [Pharmacy Law waivers](#), with the text of the waivers available through a link and important information from the California COVID-19 Vaccination Program about vaccine coadministration, information on monoclonal antibody treatment, and waivers issued by the DCA Director.

DCA Director Waivers

On April 20, 2021, DCA Director Kirchmeyer issued [DCA Waiver DCA-21-142](#) Order Waiving Staffing Ratio of Pharmacists to Pharmacy Technicians Relating to Administering COVID-19 Vaccines. Under the provisions of this waiver, pharmacists engaged exclusively in initiating and administering COVID-19 vaccines, and pharmacy technicians engaged exclusively in administering COVID-19 vaccines under the direct supervision and control of such pharmacist, may increase the ratio to allow one pharmacist to supervise no more than two pharmacy technicians.

Subsequent to the release of the DCA waiver, though his delegated authority, on April 21, 2021, President Lippe amended and reissued the [Board's Mass Vaccination Waiver](#) to provide for a similar ratio increase, where the pharmacist and pharmacy technicians are solely involved in vaccinations, as specified. This waiver was subsequently extended by President Oh. Consistent with recent delegated authority, the waiver was again extended and will expire March 31, 2022, unless otherwise extended.

Several other DCA waivers remain in effect. On August 25, 2020, the DCA Director issued [DCA-20-45](#), an order that waives specified professional licensing requirements and amends the scopes of practice of pharmacists and pharmacy technicians to allow them to perform waived, point-of-care tests used to detect SARS-CoV-2; this order remains in effect. As previously reported, the Board developed a process to issue mobile pharmacy licenses under the provisions of Business and Professions Code (BPC) 4062 to pharmacies wishing to provide testing at temporary locations consistent with authorizing provisions found within the purview of Laboratory Field Services with the California Department of Public Health. To date the Board has approved 55 mobile pharmacies for this purpose of COVID-19 testing. The Board anticipates additional requests will be received as pharmacies receive approval from Laboratory Field Services.

Further, on December 22, 2020, the DCA Director issued [DCA-20-103](#), an order that waived provisions that prohibit pharmacy technicians from administering COVID-19 vaccines under specified conditions. Further, consistent with the mobile pharmacy licenses under the provisions of BPC 4062, a process was established for pharmacies wishing to use pharmacy technicians as part of the vaccination team outside of the license pharmacy. To date the Board has approved over 3,283 mobile pharmacies for this purpose.

Broad Waivers Issued/Extended

The Board currently has 9 broad waivers. Provided below is a brief summary of each waiver and the current expiration date.

1. [Mass Vaccination Sites](#)

Summary: Provides for the storage and redistribution of COVID-19 vaccines in compliance with CDPH and CDC Guidance Related to Mass Vaccination Sites and allows for the use of pharmacy technicians as part of the vaccination team at such sites sponsored by state or local authorities directly or through contractual arrangements with third parties. Further, this allows for an increase in the ratio of pharmacist to pharmacy technicians under specified conditions.

- Effective:** April 21, 2021
Expiration: March 31, 2021
2. [Pharmacists Initiating and Administering Vaccines \[\(Title 16, CCR 1764.d\(d\)\)\]](#)
Summary: Waives the requirement for a pharmacist to notify a primary care provider of COVID-19 vaccine administration under specified conditions.
Effective: December 17, 2020
Expiration: Ninety days after the emergency declaration is lifted.
 3. [Restoration of Retired or Canceled Pharmacist License – BPC section 4200.5\(d\), Related to Retired Licensees; BPC section 4402\(b\), Related to Canceled Pharmacist Licenses; and BPC section 4403, Related to Payment of Fees for Reissuance or Renewal of License](#)
Summary: Waives conditions for reinstatement of a cancelled or retired pharmacist license.
Effective: April 3, 2020
Expires: November 1, 2021, subject to the proviso if the DCA waiver is extended, the Board's waiver will extend to coincide with the same time limits.
 4. [Remote Processing](#)
Summary: Waives limitations on the provisions of remote order entry.
Reinstated: September 3, 2021
Expires: December 31, 2021, or 30 days after the emergency declaration is lifted, whichever is later.
 5. [Duty to Consult \(Title 16, California Code of Regulations, section 1707.2\(a\)\)](#)
Summary: Waives the requirement for in-person consultation under specified conditions.
Effective: April 1, 2020
Expires: October 31, 2021, or until 30 days after the emergency declaration is lifted, whichever is sooner.
 6. [Prelicensure Inspection at Proposed Location of an Automated Drug Delivery System \(ADDS\) \(BPC 4119.11\(a\)\(9\) and BPC 4427.2\(e\)\)](#)
Summary: Allows for the issuance of an ADDS license without a prelicensure inspection.
Effective: November 20, 2020
Expiration: October 31, 2021, or until the 30 days after the emergency declaration is lifted, whichever is sooner.
 7. [Staffing Ratio of Pharmacists to Intern Pharmacists and General Supervision – Immunizations \(BPC section 4114\)](#)
Summary: Increases the ratio of pharmacists to intern pharmacist under specified conditions.
Amended and Reissued: October 14, 2021

Expiration: March 31, 2022, or 30 days after the emergency declaration is lifted, whichever is sooner.

Site Specific Waivers

As conditions in California have improved and out of state travel has resumed, site specific waivers have decreased. The Board has issued 56 licenses with an approved waiver of the in-person inspection as well as renewed 127 licenses. In such instances a desk audit was completed prior to submission of a recommendation to the president for consideration of the waiver request.

Temporary Licenses

Since early in the pandemic, the Board has worked to issue temporary licenses to address distribution of PPE, ventilators, and vaccinations, as well as temporary licenses for surge locations and other pharmacies. To date the Board has issued 31 temporary licenses.

Operational Changes

As reported during the July meeting, staff and management completed SWOT analyses to determine the long-term teleworking strategies for each of the office positions. This position specific approach has allowed the Board to manage ongoing teleworking for staff while continuing to balance office operations.

In late July Governor Newsom announced action to combat the spread of COVID-19 and protect vulnerable communities by implementing the first-in-the-nation standard to require all state workers to either show proof of full vaccination or to be tested at least once per week. Since that time state agencies have been working on implementation. Beginning last week DCA implemented the first phase of testing, beginning with testing employees working at DCA Headquarters in Sacramento. As the implementation plan progresses, it is anticipated that Board staff that have not provided proof of vaccination will begin testing in the coming weeks.

b. Increase in NAPLEX Fees

The National Association of Boards of Pharmacy has notified the boards of pharmacy of an examination fee increase for the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE). Effective March 1, 2022 the total examination fee for the NAPLEX will increase from \$575 to \$820, and the total examination fee for the MPJE will increase from \$250 to \$270. The last NAPLEX MPJE examination fee increase occurred in 2016.

c. ACPE Standards Revisions Feedback Survey

The Accreditation Council for Pharmacy Education (ACPE) Board of Directors has issued a call for comments to all stakeholders as part of its work on the next revisions of the Accreditation Standards and Key Elements for the Professional Program in Pharmacy. The standards revision feedback survey is available through 2021.

d. Biannual Report of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) and the North American Pharmacist Licensure Examination (NAPLEX)

The Board publishes a biannual report of the pass rates for the CPJE and NAPLEX exams. **Attachment 1** includes the aggregate information for examinations administered between April 2021 and September 2021. The report includes pass rate information for the 1,967 CPJE exams administered during the reporting period. The overall pass rate for the CPJE is 55.9 percent and is 90.1 percent for the NAPLEX.

e. Release of New Detailed Content Outline for the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)

Relevant Law

[BPC Section 139](#) includes a requirement for the DCA to develop a policy regarding occupational analysis and examination validation.

[BPC Section 4200.2](#) provides that the when developing the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE), the Board shall include examination items to demonstrate the candidate's proficiency in patient communication skills and aspects of contemporary standards of practice for pharmacists in California.

Background

Pursuant to the provisions of the law, the Board complete an occupational analysis which serves as the basis for the CPJE examination. To complete the analysis, the committee developed a job analysis survey with the Board's contracted psychometric firm. The survey was made available on the Board's website. Results from about 2,548 pharmacists were used as part of this process.

The survey resulted in the need to slightly change the content outline of the CPJE to ensure it remains valid and consistent with the practice of pharmacy

in California. Under the leadership of the Board's psychometric consultant, the Competency Committee revised the content outline. The Board approved the revised content outline proposed by the Competency Committee.

The new content outline will be used to develop examinations administered after June 1, 2022. In order to provide a seamless transition to the new content outline, the Board has developed a communication plan to ensure all impacted CPJE candidates are made aware of the upcoming change.

In order to facilitate implementation, the Board will complete the following steps the beginning of the year:

1. Update the Board's website to reflect the new CPJE content outline and effective date of transition.
2. Update the CPJE bulletin with the new CPJE content outline and effective date. (This bulletin is mailed to candidates upon approved eligibility to take the CPJE and posted on the Board's website.)
3. Advise new eligible candidates for the new CPJE content outline and effective date.
4. Advise candidates with open eligibilities of the transition and date.
5. Advise the deans of the California Schools of Pharmacy to inform them of the new CPJE content outline.

Attachment 2 includes a copy of the CPJE content outline.

Attachment 1



**California State Board of Pharmacy CPJE Statistics
 April 2021 – September 2021**

The charts below display data for all candidates who took the CPJE examination between April 2021 to September 2021, inclusive.

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

CPJE Overall Pass Rates

Pass/Fail	Frequency	Percent
Fail	867	44.1
Pass	1100	55.9
Total	1967	100.0

NAPLEX Overall Pass Rates

Pass/Fail	Frequency	Percent
Fail	127	9.9
Pass	1159	90.1
Total	1286	100.0

CPJE Pass Rates – Location by Number

Location	Fail	Pass	Total
California	478	762	1240
Other US	334	294	628
Foreign	55	44	99
Total	867	1100	1967

CPJE Pass Rates – Location by Percent

Location	Fail	Pass
California	38.5	61.5
Other US	53.2	46.8
Foreign	55.6	44.4

NAPLEX Pass Rates – Location by Number

Location	Fail	Pass	Total
California	74	667	741
Other US	38	423	461
Foreign	15	69	84
Total	127	1159	1286

NAPLEX Pass Rates – Location by Percent

Location	Fail	Pass
California	10.0	90.0
Other US	8.2	91.8
Foreign	17.9	82.1

CPJE Pass Rates – Gender by Number

Gender	Fail	Pass	Total
Female	548	766	1314
Male	319	334	653
Total	867	1100	1967

CPJE Pass Rates – Gender by Percent

Gender	Fail	Pass
Female	41.7	58.3
Male	48.9	51.1

NAPLEX Pass Rates – Gender by Number

Gender	Fail	Pass	Total
Female	85	775	860
Male	42	384	426
Total	127	1159	1286

NAPLEX Pass Rates – Gender by Percent

Gender	Fail	Pass
Female	9.9	90.1
Male	9.9	90.1

CPJE Pass Rates – California School of Pharmacy by Number

CA School	Fail	Pass	Total
UCSF	72	132	204
UOP	83	122	205
USC	46	113	159
Western	23	77	100
Loma Linda	21	39	60
UCSD	15	34	49
Touro U	28	43	71
Cal Northstate	50	60	110
Keck	19	26	45
West Coast U	28	24	52
Chapman	39	42	81
CA Health Sci U	34	38	72
Marshall B Ketchum	20	12	32
Total	478	762	1240

CPJE Pass Rates – California School of Pharmacy by Percent

CA School	Fail	Pass
UCSF	35.3	64.7
UOP	40.5	59.5
USC	28.9	71.1
Western	23.0	77.0
Loma Linda	35.0	65.0
UCSD	30.6	69.4
Touro U	39.4	60.6
Cal Northstate	45.5	54.5
Keck	42.2	57.8
West Coast U	53.8	46.2
Chapman	48.1	51.9
CA Health Sci U	47.2	52.8
Marshall B Ketchum	62.5	37.5

NAPLEX Pass Rates – California School of Pharmacy by Number

CA School	Fail	Pass	Total
UCSF	8	112	120
UOP	12	130	142
USC	4	63	67
Western	3	55	58
Loma Linda	2	35	37
UCSD	2	32	34
Touro U	3	45	48
Cal Northstate	7	59	66
Keck	2	14	16
West Coast U	11	28	39
Chapman	8	44	52
CA Health Sci U	8	37	45
Marshall B Ketchum	4	13	17
Total	74	667	741

NAPLEX Pass Rates – California School of Pharmacy by Percent

CA School	Fail	Pass
UCSF	6.7	93.3
UOP	8.5	91.5
USC	6.0	94.0
Western	5.2	94.8
Loma Linda	5.4	94.6
UCSD	5.9	94.1
Touro U	6.3	93.8
Cal Northstate	10.6	89.4
Keck	12.5	87.5
West Coast U	28.2	71.8
Chapman	15.4	84.6
CA Health Sci U	17.8	82.2
Marshall B Ketchum	23.5	76.5

CPJE Pass Rates – School of Pharmacy by Number

School	Fail	Pass	Total
Auburn	1	2	3
Samford	1	2	3
U of AZ	3	3	6
U of AR	1	1	2
UCSF	72	132	204
U of Pacific	83	122	205
USC	46	113	159
U of CO	11	9	20
Howard DC	3	1	4
FL A&M	2	0	2
U of FL	5	5	10
Mercer	3	1	4
U of GA	0	1	1
Idaho SU	1	2	3
U of IL Chi	10	9	19
Butler U	0	1	1
Purdue	7	7	14
Drake	4	3	7
U of IA	6	3	9
U of KS	4	3	7
U of KY	2	1	3
NE LA U	1	0	1
Xavier	3	2	5
U of MD	8	8	16
MA Col Pharm	14	10	24
NE-MA	11	8	19
Ferris	0	3	3
U of MI	4	10	14
Wayne SU	3	0	3
U of MN	1	7	8
U of MS	0	2	2
St. Louis Col of PH	5	3	8
UMKC	1	0	1
U of MT	2	1	3
Creighton	5	3	8
Rutgers	3	7	10
U of NM	6	0	6
Western	23	77	100
Midwestern U Chicago	12	5	17
A&M Schwartz	7	3	10
St. Johns	2	3	5
SUNY-Buff	1	6	7
Union U	4	1	5
UNC	6	5	11

ND SU	0	1	1
OH Nrthrn U	4	1	5
OH State U	4	5	9
U of Cinn	0	1	1
U of Toledo	0	2	2
SW OK State	1	0	1
OR State U	3	1	4
Phi C of Pharm	5	3	8
Temple	3	3	6
U of Pitt	3	4	7
U of RI	2	2	4
Med U of SC	0	2	2
U of SC	2	2	4
SD SU	0	3	3
U of TN	2	1	3
TX SO U	2	0	2
U of Hous	2	1	3
U of TX	0	5	5
U of UT	0	4	4
Med C of VA	3	3	6
U of WA	5	8	13
WA State U	10	6	16
WV U	1	1	2
U of WI-Mad	5	4	9
U of WY	1	1	2
Campbell U	0	2	2
Nova Southeastern	4	3	7
Texas Tech	0	1	1
Bernard J Dunn	1	0	1
Midwestern AZ	17	6	23
Nevada College of Pharm	15	23	38
Loma Linda U	21	39	60
UCSD	15	34	49
MA School of Pharm - Worcester	15	5	20
Palm Beach Atlantic University	0	1	1
Lake Erie Col	5	7	12
Touro U	28	43	71
U of Charleston	0	1	1
South U School of Pharm	0	1	1
Hampton U (VA)	1	0	1
Pac U of Or	8	8	16
Wingate U	1	0	1
U of Findlay	2	0	2
U of Incarnate Word	1	1	2
Sullivan U	0	1	1
Cal Northstate	50	60	110
Other/FG	55	44	99

U of HI - Hilo	14	5	19
NE Ohio Universities	0	1	1
Thomas Jefferson U	1	1	2
Belmont U	0	1	1
Harding U	0	1	1
Husson U	0	1	1
Appalachian College of Pharm	2	0	2
Lipscomb U	1	1	2
Chicago St U	1	0	1
U of New England	3	2	5
Notre Dame of MD	2	2	4
St. John Fisher	1	1	2
Rosalind Franklin U	3	2	5
U of Saint Joseph	2	0	2
Roosevelt U	4	0	4
Presbyterian	0	1	1
Touro New York	2	2	4
South College	1	1	2
Marshall U Schl Pharm	1	1	2
U of South Florida	0	1	1
KECK GRAD INST SCHL PHARM	19	26	45
CA Health Sci U	34	38	72
Fairleigh Dickinson	1	0	1
U of the Sciences	2	4	6
WEST CST UNIV COL PHARM	28	24	52
CHAPMAN U SCHL PHARM	39	42	81
Marshall B Ketchum U	20	12	32
U MD Eastern Shore	1	0	1
University of Texas at Tyler Ben and Maytee Fisch College of Pharmacy	1	0	1
Medical College of Wisconsin School of Pharmacy	0	1	1
Total	867	1100	1967

CPJE Pass Rates – Country by Number

Country	Fail	Pass	Total
Bulgaria	0	1	1
China	1	0	1
Columbia	1	0	1
Algeria	0	1	1
Egypt	7	15	22
Ethiopia	0	1	1
United Kingdom	0	2	2
India	3	3	6
Iraq	3	1	4
Iran	2	5	7
Italy	0	1	1
Jordan	6	2	8
S. Korea	0	1	1
Lebanon	4	1	5
Nigeria/New Guinea	4	0	4
Nicaragua	1	0	1
Philippines	16	3	19
Pakistan	3	3	6
Syria	3	2	5
Thailand	0	2	2
USA	812	1056	1868
Uzbekistan	1	0	1
Total	867	1100	1967

CPJE Pass Rates – CA School of Pharmacy by First-Time and Multiple-Time Test Takers

School				First Time	Multiple Times	Total
UCSF	JPE P/F	Pass	Count	113	19	132
			%	55.4%	9.3%	64.7%
	Fail	Count	65	7	72	
		%	31.9%	3.4%	35.3%	
UOP	JPE P/F	Pass	Count	107	15	122
			%	52.2%	7.3%	59.5%
	Fail	Count	68	15	83	
		%	33.2%	7.3%	40.5%	
USC	JPE P/F	Pass	Count	101	12	113
			%	63.5%	7.5%	71.1%
	Fail	Count	42	4	46	
		%	26.4%	2.5%	28.9%	
Western	JPE P/F	Pass	Count	73	4	77
			%	73.0%	4.0%	77.0%
	Fail	Count	21	2	23	
		%	21.0%	2.0%	23.0%	
Loma Linda	JPE P/F	Pass	Count	33	6	39
			%	55.0%	10.0%	65.0%
	Fail	Count	16	5	21	
		%	26.7%	8.3%	35.0%	
UCSD	JPE P/F	Pass	Count	31	3	34
			%	63.3%	6.1%	69.4%
	Fail	Count	15	0	15	
		%	30.6%	0.0%	30.6%	
Touro U	JPE P/F	Pass	Count	38	5	43
			%	53.5%	7.0%	60.6%
	Fail	Count	21	7	28	
		%	29.6%	9.9%	39.4%	
Cal Northstate	JPE P/F	Pass	Count	50	10	60
			%	45.5%	9.1%	54.5%
	Fail	Count	42	8	50	
		%	38.2%	7.3%	45.5%	
Keck	JPE P/F	Pass	Count	22	4	26
			%	48.9%	8.9%	57.8%
	Fail	Count	17	2	19	
		%	37.8%	4.4%	42.2%	
West Coast U	JPE P/F	Pass	Count	16	8	24
			%	30.8%	15.4%	46.2%
	Fail	Count	21	7	28	
		%	40.4%	13.5%	53.8%	
Chapman	JPE P/F	Pass	Count	36	6	42

			%	44.4%	7.4%	51.9%
		Fail	Count	29	10	39
			%	35.8%	12.3%	48.1%
CA Health Sci U	JPE P/F	Pass	Count	31	7	38
			%	43.1%	9.7%	52.8%
		Fail	Count	27	7	34
			%	37.5%	9.7%	47.2%
Marshall B Ketchum U	JPE P/F	Pass	Count	9	3	12
			%	28.1%	9.4%	37.5%
		Fail	Count	17	3	20
			%	53.1%	9.4%	62.5%
Total	JPE P/F	Pass	Count	660	102	762
			%	53.2%	8.2%	61.5%
		Fail	Count	401	77	478
			%	32.3%	6.2%	38.5%

Attachment 2

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



California Board of Pharmacy Detailed Content Outline Effective June 1, 2022

1. PATIENT INFORMATION AND PRESCRIPTION EVALUATION: PRACTICE STANDARDS AND JURISPRUDENCE	TOTAL: 23
A. Collect, Organize, and Evaluate Information	
1. Obtain information from the patient/patient's representative for patient profile (e.g., diagnosis or desired therapeutic outcome, allergies, adverse drug reactions, medical & medication history)	
2. Obtain information from prescriber and/or health care professionals for patient profile (e.g., diagnosis or desired therapeutic outcome, allergies, adverse drug reactions, medical & medication history)	
3. Obtain information from the patient's medical record for patient profile (e.g., diagnosis or desired therapeutic outcome, allergies, adverse drug reactions, medical & medication history)	
4. Assess prescription/medication order for completeness, correctness, authenticity, and legality	
5. Assess prescription/medication order for appropriateness (e.g., drug selection, dosage, drug interactions, dosage form, delivery system)	
6. Evaluate the medical record/patient profile for any or all of the following: disease states, clinical condition, medication use, allergies, adverse drug reactions, disabilities, medical/surgical therapies, laboratory findings, physical assessments and/or diagnostic tests	
7. Perform physical assessment (e.g., vital signs/blood pressure measurement, observations of signs/symptoms)	
8. Perform health screening (e.g., blood glucose checks, diagnostic tests)	
9. Evaluate the pharmaceutical information needs of the patient/patient's representative	
B. Dispense Medications	
1. Determine the appropriate product(s) to be dispensed for a prescription/medication order	
2. Document preparation of medication in various dosage forms (e.g., compounding, repackaging)	
3. Meet the regulatory requirements associated with preparation and dispensing of controlled substances	
4. Verify label(s) for prescription containers	



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5. Perform the final check for medications, products, preparations, or devices prior to dispensing
6. Use automated drug delivery systems
7. Administer immunizations
8. Administer medications and biologicals as ordered by a prescriber, per protocol, or scope of practice
9. Participate in compounding (sterile and non-sterile)

2. CLINICAL PRACTICE: PRACTICE STANDARDS AND JURISPRUDENCE

TOTAL: 27

A. Determine a Course of Action

1. Develop a therapeutic regimen for prescription medications (e.g., recommend alteration of prescribed drug regimen, select drug if necessary, perform medication therapy management)
2. Determine appropriateness of non-prescription medications as part of a treatment plan (e.g., product selection, duration of therapy)
3. Determine appropriateness of non-drug therapy as part of a treatment plan (e.g., self-care, lifestyle modification)
4. Collaborate with health care team and patient to determine goals of therapy and course of action
5. Assess changes in health status (e.g., onset of new disease states, changes in clinical condition)
6. Perform monitoring and therapeutic management activities
7. Manage drug therapy according to protocols or scope of practice
8. Use a formulary system (e.g., therapeutic conversions and interchanges, advising patients and prescribers, tier/formulary restrictions, insurance formularies, evaluation of products, guidelines)
9. Resolve problems that arise with patient's therapy (e.g., adverse drug reactions, drug interactions, non-adherence)
10. Make evidence-based pharmacotherapy decisions
11. Assess patient for immunization needs
12. Resolve problems with medication affordability (e.g., insurance coverage, patient assistance programs, manufacturer cost reduction program)
13. Perform medication reconciliation (including high-risk hospitalized patients)
14. Recommend/order necessary monitoring procedures (e.g., renal/hepatic function, glucose levels, EKG, drug levels)
15. Initiate pharmacist-provider therapies (e.g., immunization, hormonal contraceptives, smoking cessation, travel-related medications)

B. Educate Patients and Health Care Professionals

1. Assess the patient's/patient representative's understanding of health information (e.g., disease state, prevention, treatment plan)
2. Counsel patient/patient representative regarding prescription medication therapy and devices
3. Counsel patient/patient representative regarding nonprescription medication (OTC)



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4. Counsel patient/patient representative regarding herbal/complementary/alternative therapies
5. Counsel patient/patient representative regarding non-drug therapy (e.g., self-care, lifestyle modification)
6. Counsel patient/patient representative regarding self-monitoring of therapy (e.g., devices, symptoms)
7. Verify the patient's/patient representative's understanding of the information presented
8. Educate health care professionals (e.g., precepting intern pharmacists and answer drug information questions from health care providers/students)
9. Communicate results of monitoring to patient/patient's representative, prescriber, and/or other health care professionals
10. Provide supplemental information as indicated (e.g., medication guides, CA pharmacist provided therapy)

3. PHARMACY OPERATIONS: PRACTICE STANDARDS AND JURISPRUDENCE

TOTAL: 25

A. Pharmaceuticals, Devices and Supplies, and Inventory Control

1. Ensure quality specifications for pharmaceuticals, durable medical equipment, devices, and supplies (e.g., sourcing, track and trace, storage)
2. Place orders for devices, supplies, and pharmaceuticals (including controlled substances)
3. Maintain a record-keeping system of items purchased/received/returned in compliance with legal requirements (e.g., dangerous drugs, devices, supplies)
4. Maintain a record of controlled substances ordered, received, stored, and removed from inventory
5. Dispose of expired, returned, or recalled pharmaceuticals, durable medical equipment devices, supplies, and document actions taken
6. Respond to changes in product availability (e.g., drug shortages, recalls)
7. Prepare for and respond to emergency situations
8. Design and implement policies to prevent theft and/or drug diversion

B. Perform Quality Assurance/Improvement

1. Assess competence of pharmacy personnel (e.g., pharmacists, technicians, interns, clerks)
2. Ensure the accuracy of medication administration (e.g., infusion pump reports, barcode medication administration, device re-education)
3. Participate in a system to monitor quality measures and improve patient outcomes (e.g., medication use evaluations, medication error reduction program)
4. Participate in a system to monitor/improve medication use including quality assurance programs (e.g., opioid stewardship, standard ordersets, peer review, self-evaluation)
5. Participate in a system for medication error prevention, assessment, and reporting (e.g., root cause analysis, National Patient Safety Goals, medication error reduction program)



CALIFORNIA
Board of Pharmacy

California Board of Pharmacy Detailed Content Outline Effective June 1, 2022

6. Participate in a system by which adverse drug reactions and interactions are prevented, documented, evaluated, and reported

C. Manage Operations, Human Resources and Information Systems

1. Monitor the practice site and/or service area for compliance with federal, state, and local laws, regulations, and professional standards/guidelines
2. Supervise the work of pharmacy personnel (on-site and remote)
3. Ensure the availability, control, and confidentiality of patient and prescription information (e.g., patient profiles, medication administration records)
4. Participate in the development of pharmacy policies and procedures, protocols, order sets, and/or therapeutic guidelines
5. Participate in the use of pharmacy information systems and technology (e.g., electronic health record, e-prescribing, automated drug dispensing systems, CURES)

Total: 75