State Board of Pharmacy

November 27, 2018

BOARD MEMBERS:

Janet Getzey Hart, R.Ph., Chairperson
Katelin Lambert, Deputy Commissioner, Bureau of
Professional and Occupational Affairs
Robert B. Frankil, R.Ph., Vice Chairman
Theresa M. Talbott, R.Ph., Secretary
Gayle A. Cotchen, Pharm.D./MBA, R.Ph.
Patrick M. Greene, Esquire, Office of Attorney
General

BUREAU PERSONNEL:

Kerry E. Maloney, Esquire, Board Counsel
Heather J. McCarthy, Esquire, Board Prosecution
 Liaison
Keith E. Bashore, Esquire, Board Prosecutor
J. Karl Geschwindt, Esquire, Board Prosecutor
Alissa Harrison, Esquire, Board Prosecutor
Tara J. Smith, Esquire, Board Prosecutor
Melanie Zimmerman, R.Ph., Executive Secretary

ALSO PRESENT:

Patricia A. Epple, CEO, Pennsylvania Pharmacists
Association
Lisa Scannapieco, Director of Pharmacy Education and
Clinical Integration, Pentec Health

Barbara Knightly, Executive Vice President of Pharmacy, Pentec Health

Rebecca S. Finley, Pharm.D., MA, FASHP, Dean, Jefferson College of Pharmacy

James Reed, Area Healthcare Supervisor, Walgreens Edward Foote, Pharm.D., FCCP, BCPS, Dean, Philadelphia College of Pharmacy at the University of Sciences

Gregory Smith, Director of Pharmacy, Central Admixture Pharmacy Services

Andrew C. Harvan, Esquire, Pennsylvania Medical Society

John Sisto, Express Scripts, Incorporated Erin R. Kawa, Esquire, Post & Schell, P.C.

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ALSO PRESENT: (Continued)

Lawrence P. Carey, B.S. Pharm, Pharm.D., Pennsylvania Society of Health-System Pharmacists/Temple School of Pharmacy

Steve L. Sheaffer, Pharm.D., FASHP, Pennsylvania Society of Health-System Pharmacists

Jenna L. McCarthy, Malady & Wooten

Christine Roussel, Pharm.D., BCOP, Pennsylvania Society of Health-System Pharmacists, Doylestown Hospital

Charles Hartwell, Esq.

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[VERBATIM EXCERPT AS REQUESTED BY MR. MALONEY.]

DR. FOOTE: As outlined in our letter, the Deans of Pharmacy unanimously support removing the 500-hour requirement for intern hours above and beyond what is required in our curriculum. As you may know, we require 1740 hours through the Pharm.D curriculum as required by our accreditation standards.

Those additional 500 hours, while we think they are worthwhile and we think student pharmacists learn from those experiences outside of our curriculum, in particular over the last few years they have really caused a number of problems, I think, with the students. No other states or very few other states require additional hours beyond what is required in the curriculum for licensure.

And because of that, there is a real difficulty for students who want to come into Pennsylvania to practice pharmacy to get licensed in a timely manner. Probably the biggest problem is with students who are pursuing residencies. Probably about a third of students nationwide pursue residency training, so

post-Pharm.D training and hospice, other healthcare
settings.

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And for them to come to Pennsylvania, many of these institutions will put some kind of time frame on that for them to be licensed, and usually it is sometime in the late summer, early fall. We have had instances where students can't get those hours transferred in a timely manner or they do not know how to do it. They cannot get then verified, so we have had problems with students not being licensed in a timely manner. So, we would recommend that those requirements be removed.

DR. FINLEY: I just want to add a few things. As Ed alluded to, what has really changed over the last decade from going back even to the standards of 2008 with the accreditation of pharmacy schools, the experiential portion of the curriculum is longitudinal. It goes literally -- at many of our schools, our students go out to their first rotation the second week of classes. It goes longitudinally across, rather than waiting until the concentration in the fourth year, which many of us experience.

The other major thing that has happened since the standards of 2008 that has even raised, I think, in standards of 2016, is the intense

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requirement for preceptor training, really preparing our preceptors to be effective teachers in their pharmacies and such that adds a lot to our quality assurance and quality improvement program and the amount of feedback that we get. So, we still need a minimum of 1740 hours.
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Many of our programs exceed that amount of hours. Of course, as Ed said, many of our students continue to do paid internships, but we really feel that they are pretty well prepared, and especially since we have such a great preceptor pool out there, and the longitudinal nature of the experience that they have.

MS. TALBOTT: I have two questions, and you kind of alluded to one, Becky. How many -- what percentage of students do you think would get a job in a pharmacy anyway, would get internship if it was not required?

DR. FINLEY: In our school, it is about -- it's close to 90 percent, probably.

MS. TALBOTT: Ed, do you think
that's --?

DR. FOOTE: Yeah, I would agree, and think they will continue to do it, actually. I think

25 most of our students will get that experience, because

they understand the value.

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2 DR. FINLEY: I can tell you that we 3 have across the Jefferson Health System, which we are 4 now, I think, 16, soon to be 18 hospitals and 13 retail establishments, some home infusion companies 5 6 and such. We employ student interns from at least 7 five different Schools of Pharmacy across Jefferson 8 Health, and that will remain a priority to offer that 9 employment opportunity for student pharmacists.

MS. TALBOTT: That was my next question. Do you think that pharmacists will still step up to be preceptors for the schools and preceptors for private interns if it is not required?

DR. FINLEY: I can't speak to community pharmacy, but I can tell you for health system we depend on student pharmacists for manpower for those employed hours. It really fills the need between the technician level and the pharmacist level, and our student pharmacists get an exceptional experience doing that. So, those are highly sought after positions. I can't imagine that they would disappear.

MS. TALBOTT: And you would concur?

DR. FOOTE: Yeah.

MS. TALBOTT: Temple concurs. I know

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   -- I had the conversation with Doug Bricker from
   Duquesne saying the same thing. He concurred as well.
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                   Okay. That's all I have.
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                   CHAIRPERSON HART: Any other
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   questions?
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                   MR. FRANKIL:
                                 My question is a comment
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   -- maybe it's a question. So, if we remove the
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   requirement, the need for pharmacists to be a
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   preceptor would go away?
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                   DR. FINLEY: No. Besides the --- we
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   have to have it for the --- I mean, they'd have to be
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   a preceptor with the school.
                                 With the school?
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                   MR. FRANKIL:
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                   DR. FINLEY: Yeah.
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                   MR. FRANKIL:
                                 Right, but, for example,
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   I'm a preceptor for a student to work in my pharmacy.
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                   MS. TALBOTT: If they wanted to get
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   paid as an intern, you'd still have to their
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   preceptor, because they can't work unsupervised.
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                   MR. FRANKIL: Okay.
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                   DR. FOOTE: Our assumption that there
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   still will be an intern licensure process.
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                   MS. TALBOTT: Especially if the
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   immunization regs ever pass, we are going to need a
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   preceptor to supervise the pharmacy intern.
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1 MR. FRANKIL: Okay.

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DR. FINLEY: We continue to support
intern licensure. A number of states have done away
with that or insist students be registered
technicians.

MS. TALBOTT: So, Melanie, just ---.

MR. MALONEY: In the act, it talks

about it, the intern requirement.

MS. TALBOTT: Yeah, I think it's in the act and then the requirements are in the reg, but if we --- so we waive them until 2020. So, I guess when we get into this time or middle of next year, we actually have to look at how are we going to waive them further out, depending on where the General Revisions are in the process, if we would choose to do that.

MR. MALONEY: Yes, and we have the other waiver to look at in January. But along those lines, one thing for the Board to consider is it's not just Pennsylvania interns, but how do we treat the intern requirement for those coming from out of state. So, that's something the Board also needs to consider as we look at the regulations.

MS. TALBOTT: Yeah, so if we are going to waive that requirement, we might want to talk about

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   new licensure. We have to talk about is it Pharm.D.
     grads; is it, you know, anybody who has graduated
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   from ACPE, you know, outside the state.
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                   MR. MALONEY: For our guests, the
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   accreditation that we talk about, is that ACPE
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   accreditation?
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                   DR. FINLEY: Yes.
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                   MR. MALONEY: And that requires, what
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   did you say, 750?
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                                 1740 is the minimum.
                   DR. FINLEY:
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   Many schools have more than that in their curriculum.
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                   MR. MALONEY:
                                 That's total intern
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   hours?
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                   DR. FINELY:
                                Total intern hours, and
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   it has to include community pharmacy, hospital
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   pharmacy, direct patient care, clinical pharmacy,
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   ambulatory care.
                               But we would call those
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                   DR. FOOTE:
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   experiential hours as opposed to intern hours, which
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   are the Board mandated hours.
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I guess I would just add as you talk

about people coming from other states. That's

probably the biggest problem. You know, our own

students who live in Pennsylvania, go to school in

Pennsylvania, they kind of get it. I do not see that

1 | that's the problem.

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In particular, it's new graduates who have come in or students from other schools. Some of our health systems are actually kind of -- are very concerned about their being able to practice and quality of candidates from outside the state.

DR. FINLEY: That's been an issue several times at Jefferson Health with our --- we have four residency programs across Jefferson Health and occasionally somebody matches into the residency that does not have those extra hours.

That has been a problem, because under the ASHP residency accreditation, one must be licensed, I think, before October 1st. And to get those hours, you have to have a very benevolent residency program director to be able to accomplish that.

MR. MALONEY: Another thing for the Board to consider is both in state and out of state. Again, the experience that's required both for interns, residents, I think we need to include all of that. And for all of the deans of the Pennsylvania schools, I intend to include all of you as stakeholders, so any exposure draft that would go out would be sent to you for your comments.

1 For the Board, it's always kind of a balancing act. Do we include that in General 3 Revisions, or do we do a separate one on its own? Ιn something like this that really is a discrete item in the regulations, I normally would recommend sending it 5 6 forward on its own because -- well, you've seen how 7 big the General Revisions are. 8 It could get lost in there. And if 9 the General Revisions are held up for some other 10 reason, then it also holds this up. So, that would be 11 my recommendation, and the Board can discuss whether we want to move forward with something like that. 12 13 But I do appreciate you coming here. 14 Actually, some of the things you've said I haven't 15 considered that will be important. [END OF REQUESTED VERBATIM.] 16 17 18 19 EXCERPT CONCLUDED AT 9:30 A.M. 20 21 22 23 24 2.5

I hereby certify that the foregoing proceedings, Discussion regarding the Change in the Intern Hours Requirement, was reported by me on November 27, 2018 and that I, Adam Beck, read this transcript, and that I attest that this transcript is a true and accurate record of the proceeding.

CERTIFICATE

Adam Beck,

Court Reporter