



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Drive, Second Floor
Henrico, Virginia 23233

(804) 367-4456 (Tel)
(804) 527-4472 (Fax)

Tentative Agenda of Meeting

September 10, 2013

9:00AM

TOPIC

PAGE(S)

Call to Order: Jody H. Allen, Chairman

- Welcome & Introductions
- Reading of Emergency Evacuation Script
- Approval of Agenda
- Approval of previous Board meeting minutes:
 - June 18, 2013, Public Hearing 1-2
 - June 18, 2013, Full Board Meeting 3-11
 - June 18, 2013, Panel Formal Hearing 12-13
 - June 21, 2013, Informal Conference Committee 14-16
 - July 17, 2013, Telephone Conference Call 17-18
 - July 24, 2013, Informal Conference Committee 19-24
 - July 25, 2013, Panel Formal Hearing 25-26
 - July 25, 2013, Informal Conference Committee & Special Conference Committee 27-28
 - August 20, 2013, Ad Hoc on Collaborative Practice Agreements 29-31
 - August 20, 2013, Special Conference Committee & Informal Conference Committee 32-33
 - August 21, 2013, Telephone Conference Call 34-36

Call for Public Comment: The Board will not receive comment on any regulation process for which a public comment period has closed or any pending disciplinary matters. The Board will receive comments on specific topics on this agenda at the time the matter is taken up by the Board.

DHP Director's Report: Dianne Reynolds-Cane, M.D.

Regulatory Actions: Elaine Yeatts

- Regulatory Update 37-39
- Final Adoption of Proposed Amendments to Regulations for Automated Dispensing Devices and On-hold Prescriptions 40-62
- Adoption of Proposed Amendments to Regulations Governing Collaborative Practice Agreements 63-67

Miscellaneous: Caroline D. Juran

- Sanctioning Reference Points (SRP) Results for Pharmacy Technicians – Handout
Neal Kauder, Visual Research, Inc.

- Adopt Amended Bylaws, Guidance Document 110-12 68-71
- Update on 2012 Pharmacist and Pharmacy Technician Workforce Surveys 72-129
- Staff Request to Convene Ad Hoc Inspection Committee to review Guidance Document 110-9 and Develop Similar Guidance for Inspections of Physician Selling Drugs
- Board Member Request to Discuss Possible Disciplinary Action Against PICs Following Documented Loss of Controlled Substances
- Scheduling of Dates for 2014 Full Board Meetings 130

Reports:

- Chairman's Report – Jody H. Allen 131
- Report on Board of Health Professions – Robert M. Rhodes
- Report on Licensure Program – J. Samuel Johnson, Jr. Handout
- Report on Disciplinary Program – Cathy M. Reiniers-Day Handout
- Executive Director's Report - Caroline D. Juran 132-144

New Business:

Consideration of consent orders (if any)

2pm Formal Hearing, David A. Shimp 145-146

Adjourn

*The Board will have a working lunch at approximately 12pm.

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
PUBLIC HEARING FOR REGULATIONS 18VAC 110-20-10 ET SEQ:

June 18, 2013
Second Floor
Board Room 4

Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233-1463

CALL TO ORDER: The public hearing was called to order at 9:14AM.

PRESIDING: Jody Allen, Vice Chairman

MEMBERS PRESENT: Crady R. Adams
Dinny Li
Empsy Munden
Robert M. Rhodes
Ellen B. Shinaberry
Pratt P. Stelly
Rebecca Thornbury
Cynthia Warriner

MEMBERS ABSENT: David Kozera, Chairman

STAFF PRESENT: Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
J. Samuel Johnson, Jr., Deputy Executive Director
Arne Owens, Chief Deputy Director, DHP
Elaine J. Yeatts, Senior Policy Analyst, DHP
Heather Hurley, Administrative Assistant

STAFF ABSENT: Howard Casway, Senior Assistant Attorney General

QUORUM: With nine members present, a quorum was established.

CALL FOR COMMENT: Ms. Allen called for comment on the proposed regulations that amended the requirements for record-keeping for on-hold prescriptions. There was no public comment received at this time.

Ms. Allen called for comment on the amended requirements for automated dispensing devices. There was no public comment received at this time.

Ms. Allen stated that written comments may be submitted to Town Hall or to Caroline Juran, Executive Director, Board of Pharmacy, until August 2, 2013. Final regulations will be adopted at the September 10, 2013 full board meeting.

ADJOURN:

The public hearing adjourned at 9:20AM.

Dave Kozera, Chairman

Caroline D. Juran, Executive Director

Date

Date

DRAFT - UNAPPROVED

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(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF BOARD MEETING**

June 18, 2013
Second Floor
Board Room 4

Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233-1463

CALL TO ORDER: The meeting was called to order at 9:20AM.

PRESIDING: Jody Allen, Vice Chairman

MEMBERS PRESENT: Crady R. Adams
Dinny Li
Empsy Munden
Robert M. Rhodes
Ellen B. Shinaberry
Pratt P. Stelly
Rebecca Thornbury
Cynthia Warriner

MEMBERS ABSENT: David Kozera, Chairman

STAFF PRESENT: Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
J. Samuel Johnson, Jr., Deputy Executive Director
Arne Owens, Chief Deputy Director, DHP
Elaine J. Yeatts, Senior Policy Analyst, DHP
Heather Hurley, Administrative Assistant
Charis A. Mitchell, Assistant Attorney General- arrived approximately 1:45pm

STAFF ABSENT: Howard M. Casway, Senior Assistant Attorney General

QUORUM: With nine members present, a quorum was established.

APPROVAL OF AGENDA: Staff presented an amended agenda which included a set of additional minutes from the May 30, 2013 Panel Formal Hearing and the adoption of exempt regulatory action of 18VAC110-20-500 for licensed emergency medical services agencies program. The amended agenda was approved as presented.

APPROVAL OF MINUTES: The Board reviewed draft minutes for March 6, 2013 (Telephone Conference Call), March 8, 2013 (Special Conference Committee & Informal Committee), March 12, 2013 (Full Board Meeting), March 12, 2013 (Panel Formal Hearing), March 12, 2013 (Ad Hoc Committee for RFP of Pharmacy Technician Examination), April 9, 2013 (Panel Formal Hearing), April 16, 2013 (Special Conference Committee), April 16, 2013

(Informal Conference Committee), April 17, 2013 (Special Conference Committee), April 17, 2013 (Informal Conference Committee), May 13, 2013 (Ad Hoc Committee on Compounding) and May 30, 2013 (Panel Formal Hearing). A correction was made to page 3 of the March 12, 2013 full board meeting minutes to change "Ellen" to "Shinaberry".

MOTION: The Board voted unanimously to approve the minutes as amended. (motion by Munden, second by Shinaberry)

PUBLIC COMMENTS: There were no public comments offered at this time.

DHP DIRECTOR'S REPORT: Arne Owens, Chief Deputy Director for the Department of Health Professions (DHP), presented the Director's report on behalf of Dianne Reynolds-Cane, M.D., Director of DHP. Mr. Owens reported that DHP hosted the National Governors Association (NGA) Prescription Drug Abuse Policy Reduction meeting on March 25, 2013. Virginia is one of five states awarded policy grants to address prescription drug abuse, and DHP is one of several state agencies participating in this public-private effort. The project was broken down into four subcommittees: monitoring; disposal; enforcement; and, training and education. Mr. Owens reported that the committees are discussing possibilities for developing a web-based informational center, improving access to the Prescription Monitoring Program (PMP), encouraging more drug take-back days with improvements made to the coordinating and marketing, and to also encourage a variety of educational and treatment options. Mr. Owens stated that the draft statewide plan is scheduled to be submitted to the Secretary's office by July 1st, the Governor's office in August, and the NGA in September.

LEGISLATION UPDATE: Ms. Yeatts presented five legislative proposals for the Boards review and approval. The first proposal would conform state law to federal scheduling by placing the new FDA-approved drug, locaserin, into Schedule IV of the Drug Control Act.

MOTION: The Board voted unanimously to approve the legislative proposal to place locaserin into Schedule IV of the Drug Control Act (motion by Adams, second by Stelly)

The second legislative proposal would reschedule tramadol in the Drug Control Act from a Schedule VI to a Schedule IV. There was discussion that while tramadol is not currently controlled federally under the Controlled Substances Act, twelve states have placed the drug into Schedule IV and another has identified it as a drug of abuse. Ms. Juran reported that the Board has previously approved legislative proposals in past years to place tramadol into Schedule IV, but that the proposals were not included in the Administration packet.

MOTION: The Board voted unanimously to approve the legislative proposal that will reschedule tramadol in the Drug Control Act from a

Schedule VI drug to a Schedule IV drug. (motion by Stelly, second by Munden)

The third proposal would authorize the Board to license the facilities associated with practitioners of the healing arts to sell controlled substances. Ms. Juran indicated that the regulations for this physician dispensing license mirror pharmacy regulations, to include physical and security requirements for the facility, however, the Board does not have authority to license the actual facilities. Because the number of physician dispensing licensees has significantly increased in recent years, it has become increasingly difficult to ensure proper oversight of both the licensed dispensing physicians and the unlicensed drug storage locations or facilities. Ms. Juran confirmed that the proposal would not expand the physician's current authority, but rather formalize an existing process.

MOTION:

The Board voted to approve the legislative proposal that will authorize the Board to license the facilities associated with licensed practitioners of the healing arts to sell controlled substances. (motion by Stelly, second by Adams; Warriner opposed)

The fourth proposal would authorize health regulatory boards to take additional actions of those summarily restricted or suspended. The Board discussed the draft proposal and suggested that in section C, there needed to be language added "such as a drug recall".

MOTION:

The Board voted unanimously to amend the legislative proposal that will authorize health regulatory boards to take additional actions of those summarily restricted or suspended by adding "including, but not limited to drug recalls" in section C following the word "actions" and approve the proposal as amended. (motion by Adams, second by Stelly)

Ms. Yeatts provided a handout for the final legislative proposal which would require wholesale distributors and nonresident wholesale distributors to notify the Board and the Virginia State Police within five days of ceasing or restricting distribution of controlled substances to a dispenser due to suspicious ordering. Ms. Juran reported that the description of "suspicious activity" within the proposal is analogous to language in 21CFR 1301.74. Mr. Owens indicated that this proposal was identified during the NGA Policy Grant meetings as an important initiative that could potentially assist in reducing prescription drug abuse.

MOTION:

The Board voted unanimously to approve the legislative proposal that will require wholesale distributors and nonresident wholesale distributors to notify the Board and the Virginia State Police within five days of ceasing or restricting distribution of controlled substances to a dispenser due to suspicious ordering. (motion by

Munden, second by Shinaberry)

REGULATIONS:

Ms. Yeatts reviewed the update of the Board's current regulatory actions found on page 70 of the agenda packet. Changes to the run-dry requirement for automated counting devices, amendments to the practitioners of the healing arts to sell controlled substances regulations, and amendments to the regulations governing wholesale distributors, manufacturers and warehouseers are scheduled to become August 2, 2013. Public comment periods for proposed regulations regarding on-hold prescriptions and automated dispensing devices are open until August 2, 2013.

**ADOPTION OF EXEMPT
REGULATORY ACTION FOR
LICENSED EMERGENCY
MEDICAL SERVICES
AGENCIES PROGRAM,
18VAC 110-20-500:**

Ms. Yeatts presented a handout to the Board regarding an exempt regulatory action for licensed emergency medical services that stemmed from HB1499. Michael Berg, Manager, Regulation and Compliance for the Virginia Office of Emergency Medical Services, discussed with the Board the positive impact that the amendment would have and answered questions presented to him.

MOTION:

The Board voted unanimously to adopt the exempt regulatory action of 18VAC 110-20-500 for licensed emergency medical services agencies program as presented. (motion by Stelly, second by Rhodes)

The Board discussed the need for further review of Regulation 18VAC 110-20-500 for licensed emergency medical services agencies to include but not limited to electronic records associated with the process. It was suggested to refer to the matter to the Regulation Committee.

MOTION:

The Board voted unanimously for the Regulation Committee to further review Regulation 18VAC 110-20-500 which shall include but not be limited to electronic records associated with the process. (motion Shinaberry, second by Adams)

**NABP PRESENTATION
REGARDING VERIFIED
PHARMACY PROGRAM:**

Josh Bolin, Government Affairs Director with NABP, provided an overview to the Board of the "Verified Pharmacy Program." This program is currently being developed by NABP and will allow a state board to share information with other state boards for purposes of licensing or disciplinary in regards to pharmacies and non-resident pharmacies, to include those performing compounding. Mr. Bolin stated that NABP has been requested by Iowa and New Jersey to conduct pharmacy inspections on their behalves. To ensure a uniform inspection process, NABP is surveying all states to develop a uniform inspection report which would include USP 797 and 795 standards. As inspections are completed, the results will be accessible to other states via the Verified Pharmacy Program, unless confidentiality laws in individual states preclude such sharing of information. Mr. Bolin stated that while there is a cost associated with NABP performing inspections, the development of the Verified Pharmacy Program infrastructure to share pharmacy licensing, inspection, and disciplinary information to the states will be provided at no cost to the boards.

Mr. Bolin also reported that of the approximate 500 nonresident pharmacies registered in Virginia; approximately half of those were also licensed by Iowa. Additionally, of the 177 nonresident pharmacies registered in Virginia that indicated they perform sterile compounding, 77 of those are also on Iowa's list.

**ADOPTION OF GUIDANCE
DOCUMENT 110-38,
NONRESIDENT
PHARMACIES TO SUBMIT
CURRENT INSPECTION
REPORT:**

Ms. Juran discussed the proposed changes to Guidance Document 110-38 resulting from HB2312 which amends Va. Code §54.1-3434.1 effective July 1, 2013. New nonresident pharmacy applicants must submit an inspection report that was conducted no more than six months prior to the submission of application to the Board. It also states that nonresident pharmacies must submit an inspection report that was performed no more than two years prior to the date of submission of the renewal form. In lieu of the resident state board performing an inspection, which must include a review of USP-NF standards for those compounding, the Board will accept an inspection report from NABP which satisfies the inspection requirements of §54.1-3434.1. Because Joint Commission does not inspect for compliance with USP-NF standards, it was proposed that the Board no longer accept a report from Joint Commission as an acceptable alternative.

MOTION:

The Board voted unanimously to adopt Guidance Document 110-38 as presented and effective July 1, 2013. (motion by Stelly, second by Warriner)

**ADOPTION OF PROPOSED
SANCTIONING REFERENCE
POINTS PHARMACIST
WORKSHEET:**

Neal Kauder and Kim Small, Research Associates with Visual Research, Inc., reviewed with the Board the revised Sanctioning Reference Points (SRP) Pharmacist Worksheets. The SRP worksheet is designed to assist the board during informal hearing case deliberation in determining appropriate disciplinary action in a consistent manner. Mr. Kauder stated that since 2007, an SRP worksheet was used in 72 pharmacist cases. Because of the increased use of pre-hearing consent orders at the conclusion of routine inspections and annual continuing education audits, the amount of cases involving an SRP worksheet has decreased since 2010. A review of the cases involving an SRP was performed to determine what criteria actually led to disciplinary action being taken. The SRP worksheet was revised based on this review.

The Board discussed concerns regarding the proposed point value assigned to patient harm on the pharmacist worksheet. Ms. Small explained that the category "patient harm" includes cases involving confirmed harm as well as allegations of patient harm with no evidence of harm. It was further explained that egregious cases involving patient harm would likely be referred to a formal hearing and therefore, not subject to the use of the SRP worksheet.

Mr. Kauder also reported that they are in the process of collecting data in order to develop a worksheet for pharmacy technicians. It will be presented to the Board for adoption in September.

MOTION:

The Board voted unanimously to accept the Sanctioning Reference Points Worksheet for Pharmacist as presented. (motion by Thornbury, second by Munden)

REPORT ON AD HOC COMMITTEE ON COMPOUNDING AND ADOPTION OF AMENDED GUIDANCE DOCUMENT 110-36:

Ms. Allen, Chairman of the ad hoc committee, reviewed the proposed amendments made to Guidance Document 110-36 resulting from the May 13th Ad Hoc Committee on Compounding meeting. Tim Musselman, Executive Director, Virginia Pharmacists Association (VPhA) expressed concerns with the amended guidance document. Mr. Musselman requested that the Board not adopt it at this time, but refer it back to the ad hoc committee for further review and possible adoption by the Board in September. Vicki Garrison, Pharmacy Inspector, stated that she had observed during routine inspections that pharmacists are eagerly awaiting guidance from the Board on compounding issues. Soumi Saha, Kaiser Permanente, stated that there was no mention of whether pharmacists may compound for a physician without having a patient specific prescription and what constitutes manufacturing versus compounding during a possible drug shortage. Ms. Juran explained that the answer to question #33 within the guidance document addressed when a pharmacist may provide a compound to a physician. Additionally, it was stated that the board can amend or add additional FAQs in the future. Ms. Yeatts reminded the Board that it cannot cite a violation of a guidance document, but if the requirement is found in USP then it could cite a violation of USP since the law requires pharmacists performing compounding to comply with USP-NF standards.

MOTION:

The Board voted unanimously to adopt Guidance Document 110-36 as presented. (motion by Stelly, second by Adams)

UPDATE ON REVIEW OF NONRESIDENT PHARMACY COMPOUNDING SURVEYS:

Ms. Juran gave the Board an update on the review of nonresident pharmacy compounding surveys that were sent December 2012. Staff has continued to review the surveys following the ad hoc committee meeting in February 2013. Ms. Juran also commended Mr. Adams for taking additional time to assist in reviewing the surveys. Ms. Juran requested that the Board authorize staff to issue pre-hearing consent orders to the nonresident pharmacies with monetary penalties based on specific violations that are listed in Guidance Document 110-9.

MOTION:

The Board voted unanimously to authorize staff to issue pre-hearing consent orders with monetary penalties consistent with the suggested monetary penalties found in Guidance Document 110-9 to nonresident pharmacies in violation of law based on the sterile compounding survey responses. (motion by Warriner, second by Munden)

REPORTS:

• **Chairman's Report:**

Ms. Allen reported that Virginia was well-represented at the NABP Annual Meeting held in St. Louis, May 18th-21st. Attending along with her included Mr. Kozera, Mr. Adams, Mr. Rhodes, Ms. Warriner, Ms.

Thornbury, Ms. Juran and former Board member Leo Ross. The meeting highlights included: presentations on compounding versus manufacturing, NABP's initial approval from ICANN to use the generic Top Level Domain .PHARMACY which would identify legitimate online pharmacies from rogue outlets, the Institute of Medicine's (IOM) recommendation that states require wholesale distributors to obtain NABP's VAWD certification to ensure legitimate distributions within the drug supply chain, and a comparison of biosimilars versus traditional generic drugs. New members of the Executive Committee were inaugurated for the upcoming year, including Karen Ryle who is the new NABP president. Ms. Allen stated that the meeting was very informative and encouraged everyone to attend as many NABP meetings as possible during their tenure as a Board member.

- Report on Board of Health Professions:

Mr. Rhodes gave an update regarding previous and upcoming meetings with the Board of Health Professions. It was announced that on July 30, 2013 the Board of Health Professions will hold a public hearing for the pharmacy technician scope of practice review.

- Report on Licensure Program:

Mr. Johnson reported that the Board issued 1,022 licenses and registrations for the period of March 1, 2013 through May 31, 2013, including 102 pharmacists, 110 pharmacy interns, and 605 pharmacy technicians. Inspectors conducted 403 facility inspections including 124 routine inspections of pharmacies: 40 resulted in no deficiency, 34 with deficiencies, and 50 with deficiencies and a consent order. Mr. Johnson reviewed the report of Major & Minor Inspection Deficiencies and noted the number of Total Major Deficiencies on page one should be 85 rather than 84. Mr. Johnson reported that since January 1, 2013, pharmacy inspectors have identified that 147 of 194 pharmacies inspected were not compliant with the emergency regulations for continuous quality improvement programs. The most frequently occurring area of noncompliance was failure to indicate a zero report when no dispensing errors occurred within the past 30 days.

- Report on Disciplinary Program:

Ms. Reiniers-Day provided the Board with the Open Disciplinary Case Report comparing the case stages between the four report dates of June 8, 2012; September 28, 2012; March 8, 2012; and June 14, 2013. For the final date, open cases are none at the entry stage; 50 at the investigation stage; 85 at the probable cause stage; seven at the administrative proceedings division stage; eight at the informal stage; six at the formal stage; and 124 at the pending closure stage.

- Executive Director's Report:

Ms. Juran reported that the amendments of law as a result of HB2312 will become effective July 1, 2013. Staff will send out correspondence to all nonresident pharmacies informing them of the new inspection-related requirements and requirement to inform the Board if they intend to begin shipping sterile compounds into Virginia. The Virginia Board of Pharmacy has been selected to host the 2014 NABP/AACP District 1 and 2 meeting October 2014. Ms. Juran stated that she intends to contact the Virginia schools of pharmacy to determine their interest level in

participating in the hosting of the meeting. NABP will assist in the planning process, setting an agenda, obtaining speakers and other details necessary for the meeting. Ms. Juran requested that if anyone had any suggestions on the location to hold the meeting, to please contact her. She will also request recommendations of location from the schools of pharmacy; conduct some preliminary research and work with the Chairman to finalize a decision. Ms. Juran stated that she is currently preparing the budget for the 2015-2016 fiscal years. The Board is in good fiscal condition and is requesting budget approval to hire a P-14 to fill a current vacant administrative assistant position and the addition of one full time employee for a pharmacist position to serve as a supervisor of the licensure program for pharmacists and pharmacy technicians. The hiring requests will require Secretary approval. Ms. Juran also reported the status of the last DEA take-back day that was held April 27th. The grand total of drugs collected by Virginia was 22,352.82 pounds.

RECOGNITION OF BOARD
MEMBER WHOSE TERM
EXPIRES ON JUNE 30, 2013:

Ms. Allen recognized David Kozera in his absence, for serving the past year as Chairman and his continued service over the past eight years to the Board. Mr. Kozera's second full term will expire June 30, 2013. Ms. Allen also thanked former Board member Leo Ross for his thoughtfulness in providing corsages to Board and staff members for Mr. Kozera's end of term.

INTRODUCTION:

Ms. Allen introduced Timothy Reilly, Pharmacist, as the new Pharmacy Inspector for the Enforcement Division. Mr. Reilly comes to us with a number of years of experience in pharmacy, DME and home health agency auditing for the Virginia State Medicaid Program. He also has had past experience in retail pharmacy and consulting pharmacy. Mr. Reilly has had REID Investigative training, and previous experience working on fraud cases with the Virginia Attorney General's Office. He will inspect pharmacy-related facilities where needed throughout the state.

ELECTION OF OFFICERS:

MOTION:

The Board voted unanimously to elect Ms. Allen as Chairman for the term July 1, 2013 through June 30, 2014. (motion by Shinaberry, second by Warriner)

MOTION:

The Board voted unanimously to elect Ms. Shinaberry as Vice Chairman for the term July 1, 2013 through June 30, 2014. (motion by Adams, second by Stelly)

NEW BUSINESS:

There was no new business.

CONSIDERATION OF
CONSENT ORDERS:

There were no consent orders for consideration.

ADJOURN:

With all business concluded, the board meeting adjourned at 3:04pm.

David C. Kozera, Chairman

Caroline D. Juran, Executive Director

Date: _____

Date: _____

DRAFT - NOT APPROVED

11

VIRGINIA BOARD OF PHARMACY
MINUTES OF A PANEL FORMAL HEARING

Tuesday, June 18, 2013
Commonwealth Conference Center
Second Floor
Board Room 4

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

Orders/Consent Orders referred to in these minutes are available upon request

CALL TO ORDER: A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 3:15 p.m.

PRESIDING: Jody H. Allen, Chair

MEMBERS PRESENT: R. Crady Adams
Empsy Munden
Robert M. Rhodes
Rebecca Thornbury
Cynthia Warriner

STAFF PRESENT: Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
Eusebia L. Joyner, Disciplinary Program Specialist
Charis A. Mitchell, Assistant Attorney General
Braden Curtis, Assistant Attorney General
James E. Schliessmann, Senior Assistant Attorney General
Mykl Egan, DHP Adjudication Specialist

QUORUM: With six (6) members of the Board present, a panel was established.

NADER ABEDINZADEH
License # 0202 011595
A formal hearing was held in the matter of Nader Abedinzadeh to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy in Virginia.

James E. Schliessmann, Senior Assistant Attorney General, prosecuted the case with the assistance of Mykl Egan, DHP Adjudication Specialist.

Scott A. Arnott, DHP Senior Investigator and Teresa B. Reed, Registered Nurse from Selma Medical Associates, testified on behalf of the Commonwealth.

Closed Meeting: Upon a motion by Ms. Thornbury and duly seconded by Ms. Warriner, the panel voted 6-0, to convene a closed meeting

pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision in the matter of Nader Abedinzadeh. Additionally, she moved that Cathy Reiniers-Day, Caroline D. Juran, Eusebia Joyner, Braden Curtis and Charis A. Mitchell attend the closed meeting.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the panel re-convened in open meeting and announced the decision.

Decision:

Upon a motion by Ms. Warriner and duly seconded by Mr. Adams, the panel voted 6-0 to accept the Findings of Fact and Conclusions of Law as proposed by Mr. Schliessmann, amended by the panel and read by Ms. Mitchell.

Upon a motion by Ms. Warriner and duly seconded by Mr. Mr. Rhodes, the panel voted 6-0 that Mr. Abedinzadeh's license to practice pharmacy shall be suspended for ninety (90) days at which time he shall take the Pharmacist Assessment for Remediation Evaluation ("PARE") given by the National Association of Boards of Pharmacy ("NABP") and, upon successful completion, his license shall be reinstated.

Adjourn:

With all business concluded, the meeting adjourned at 6:00 p.m.

Cathy M. Reiniers-Day
Deputy Executive Director

Jody H. Allen, Chair

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
INFORMAL CONFERENCE COMMITTEE MINUTES

Friday, June 21, 2013
Commonwealth Conference Center
Second Floor
Board Room 1

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A meeting of an Informal Conference Committee of the Board of Pharmacy was called to order at 9:02 a.m.

PRESIDING: Empsy Munden, Committee Chair

MEMBERS PRESENT: R. Crady Adams, Committee Member

STAFF PRESENT: J. Samuel Johnson, Jr., Deputy Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
Mykl D. Egan, DHP Adjudication Specialist

CONTINUUM - UNIV. OF VA HEALTH SCIENCE CENTER
Permit No. 0201-003228

John W. Waldo, Pharmacist-in-Charge, appeared on behalf of Continuum - Univ. Of VA Health Science Center to review allegations that Continuum - Univ. Of VA Health Science Center may have violated certain laws and regulations governing the conduct of pharmacy as stated in the May 22, 2013, Notice.

Closed Meeting: Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Continuum - Univ. Of VA Health Science Center. Additionally, he moved that Sammy Johnson, Cathy Reiniers-Day and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision: Upon a motion by Mr. Adams, and duly seconded

by Ms. Munden, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to offer a Consent Order to Continuum - Univ. Of VA Health Science Center.

(This Consent Order shall be effective upon endorsement by Continuum - Univ. Of VA Health Science Center and the Board of the findings of fact, conclusions of law, and terms of the Order).

YORK DRUG, INC. T/A
POQUOSON PHARMACY
Permit No. 0201-002881

David R. Creecy, Pharmacist-in-Charge, and Hunter W. Jamerson, their attorney, appeared on behalf of York Drug, Inc. t/a Poquoson Pharmacy to review allegations that York Drug, Inc. t/a Poquoson Pharmacy may have violated certain laws and regulations governing the conduct of pharmacy as stated in the May 30, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of York Drug, Inc. t/a Poquoson Pharmacy. Additionally, he moved that Sammy Johnson, Cathy Reiniers-Day and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to close this case as undetermined.

BENNETT'S CREEK PHARMACY
Permit No. 0201-002252

Steven C. Jones, Pharmacist-in-Charge, appeared on behalf of Bennett's Creek Pharmacy to review allegations that Bennett's Creek Pharmacy may have violated certain laws and regulations governing the conduct of pharmacy as stated in the May 23, 2013, Notice.

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Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Bennett's Creek Pharmacy. Additionally, he moved that Sammy Johnson, Cathy Reiniers-Day and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to offer a Consent Order to Bennett's Creek Pharmacy.

(This Consent Order shall be effective upon endorsement by Bennett's Creek Pharmacy and the Board of the findings of fact, conclusions of law, and terms of the Order).

Adjourn:

With all business concluded, the meeting adjourned at 12:13 p.m.

Empsy Munden
Chair

J. Samuel Johnson, Jr.
Deputy Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL

Wednesday, July 17, 2013

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Orders/Consent Orders referred to in these minutes are available upon request

TIME & PURPOSE: Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on July 17, 2013, at 11:15 a.m., to consider the summary suspension of the registration of Datrelle J. Anderson to practice as a pharmacy technician in the Commonwealth of Virginia.

PRESIDING: Ellen B. Shinaberry, Chair

MEMBERS PRESENT: R. Crady Adams
Dinny Li
David C. Kozera
Empsy Munden
Cynthia Warriner

STAFF PRESENT: Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
Eusebia L. Joyner, Disciplinary Program Specialist
Mykl Egan, DHP Adjudication Specialist
Charis Mitchell, Assistant Attorney General
Wayne T. Halbleib, Senior Assistant Attorney General

POLL OF MEMBERS: The Board members were polled as to whether they could have attended a regular meeting at the office in a timely manner for the purpose of hearing evidence in a possible summary suspension case. The Board members stated that they would not have been able to attend.

With six (6) members participating and four (4) members unable to participate, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

DATRELLE J. ANDERSON
Registration No. 0230 018458

Wayne T. Halbleib presented a summary of the evidence in this case.

Upon a motion by Mr. Kozera and duly seconded by Ms. Warriner, the Board unanimously voted that, with the evidence presented, the practice as a pharmacy technician by Datrelle J. Anderson poses a substantial danger to the public; and therefore, the registration of Mr. Anderson shall be summarily suspended. Further, with the Notice of Hearing, a Consent Order shall be offered to Mr. Anderson for the indefinite suspension of his registration for a period of not less than two years.

ADJOURN:

With all business concluded, the meeting adjourned at 11:35 a.m.

Cathy M. Reiniers-Day
Deputy Executive Director

Eusebia L. Joyner
Disciplinary Program Specialist

Ellen B. Shinaberry, Chair

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
INFORMAL CONFERENCE COMMITTEE MINUTES

Wednesday, July 24, 2013
Commonwealth Conference Center
Second Floor
Board Room 3

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A meeting of an Informal Conference Committee of the Board of Pharmacy was called to order at 9:01 a.m.

PRESIDING:

Empsy Munden, Committee Chair

MEMBERS PRESENT:

R. Crady Adams, Committee Member

STAFF PRESENT:

J. Samuel Johnson, Jr., Deputy Executive Director
Laura Z. Rothrock, Administrative Assistant
Mykl D. Egan, DHP Adjudication Specialist

SENTARA VIRGINIA BEACH
GENERAL HOSPITAL
Permit No. 0201-001108

Richard L. Grasmick, Pharmacist-in-Charge, appeared on behalf of Sentara Virginia Beach General Hospital to review allegations that Sentara Virginia Beach General Hospital may have violated certain laws and regulations governing the conduct of pharmacy as stated in the May 30, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Sentara Virginia Beach General Hospital. Additionally, he moved that Sammy Johnson, Laura Rothrock and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee made certain

Findings of Facts and Conclusions of Law and unanimously voted to offer a Consent Order to Sentara Virginia Beach General Hospital.

(This Consent Order shall be effective upon endorsement by Sentara Virginia Beach General Hospital and the Board of the findings of fact, conclusions of law, and terms of the Order).

J&F INTERNATIONAL DBA
ALEXANDRIA COMPOUNDING
PHARMACY
Permit No. 0201-001707

Farzana Kennedy, Pharmacist-in-Charge, and Gregory J. Kennedy, their attorney, appeared on behalf of J&F International dba Alexandria Compounding Pharmacy to review allegations that J&F International dba Alexandria Compounding Pharmacy may have violated certain laws and regulations governing the conduct of pharmacy as stated in the May 23, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of J&F International dba Alexandria Compounding Pharmacy. Additionally, he moved that Sammy Johnson, Laura Rothrock and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to offer a Consent Order to J&F International dba Alexandria Compounding Pharmacy.

(This Consent Order shall be effective upon endorsement by J&F International dba Alexandria Compounding Pharmacy and the Board of the

PHARMACY ALTERNATIVES
Permit No. 0201-004148

findings of fact, conclusions of law, and terms of the Order).

Kimberly R. White, Pharmacist-in-Charge, appeared on behalf of Pharmacy Alternatives to review allegations that Pharmacy Alternatives may have violated certain laws and regulations governing the conduct of pharmacy as stated in the May 23, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Pharmacy Alternatives. Additionally, he moved that Sammy Johnson, Laura Rothrock and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to offer a Consent Order to Pharmacy Alternatives.

(This Consent Order shall be effective upon endorsement by Pharmacy Alternatives and the Board of the findings of fact, conclusions of law, and terms of the Order).

PRESTON'S PHARMACY INC
Permit No. 0201-002360

Sharon M. Grant, Pharmacist-in-Charge, appeared on behalf of Preston's Pharmacy Inc to review allegations that Preston's Pharmacy Inc may have violated certain laws and regulations governing the conduct of pharmacy as stated in the May 30, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted

to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Preston's Pharmacy Inc. Additionally, he moved that Sammy Johnson, Laura Rothrock and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to offer a Consent Order to Preston's Pharmacy Inc.

(This Consent Order shall be effective upon endorsement by Preston's Pharmacy Inc and the Board of the findings of fact, conclusions of law, and terms of the Order).

KROGER PHARMACY #334
Permit No. 0201-003153

J. Beth Jadallah, Kroger District B Pharmacy Coordinator, appeared on behalf of Kroger Pharmacy #334 to review allegations that Kroger Pharmacy #334 may have violated certain laws and regulations governing the conduct of pharmacy as stated in the July 1, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Kroger Pharmacy #334. Additionally, he moved that Sammy Johnson, Laura Rothrock and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened

in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to offer a Consent Order to Kroger Pharmacy #334.

(This Consent Order shall be effective upon endorsement by Kroger Pharmacy #334 and the Board of the findings of fact, conclusions of law, and terms of the Order).

WAL-MART PHARMACY 10-2807
Permit No. 0201-003663

Rick Irby, Senior Director, Walmart Corporate Compliance, appeared on behalf of Wal-Mart Pharmacy 10-2807 to review allegations that Wal-Mart Pharmacy 10-2807 may have violated certain laws and regulations governing the conduct of pharmacy as stated in the July 1, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Wal-Mart Pharmacy 10-2807. Additionally, he moved that Sammy Johnson, Laura Rothrock and Mykl Egan attend the closed meeting because their presence in the closed meeting would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting.

Decision:

Upon a motion by Mr. Adams, and duly seconded by Ms. Munden, the Committee unanimously voted to close this case as undetermined.

Adjourn:

With all business concluded, the meeting adjourned at 3:50 p.m.

Empsy Munden
Chair

J. Samuel Johnson, Jr.
Deputy Executive Director

Date

VIRGINIA BOARD OF PHARMACY
MINUTES OF A PANEL FORMAL HEARING

Thursday, July 25, 2013
Commonwealth Conference Center
Second Floor
Board Room 3

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

Orders/Consent Orders referred to in these minutes are available upon request

CALL TO ORDER: A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 10:30 a.m.

PRESIDING: Ellen B. Shinaberry, Vice Chair

MEMBERS PRESENT: R. Crady Adams
Dinny Lee
David C. Kozera
Pratt P. Stelly

STAFF PRESENT: Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
Eusebia L. Joyner, Disciplinary Program Specialist
Braden Curtis, Assistant Attorney General
James E. Schliessmann, Senior Assistant Attorney General
Mykl Egan, DHP Adjudication Specialist

QUORUM: With five (5) members of the Board present, a panel was established.

BRITNEY L. FERGUSON
Registration # 0230-015275

A formal hearing was held in the matter of Britney L. Ferguson, following the summary suspension of her pharmacy technician registration on June 5, 2013, to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technicians in Virginia.

James E. Schliessmann, Senior Assistant Attorney General, prosecuted the case with the assistance of Mykl Egan, DHP Adjudication Specialist.

Cheryl Hodgson, DHP Senior Investigator; Jamil Farooq Stanekzai, Pharmacist-in-Charge, Wal-Mart #10-1852; and Eric Vega, Detective, Virginia State Police, Drug Diversion Unit, testified on behalf of the Commonwealth.

Closed Meeting: Upon a motion by Ms. Stelly and duly seconded by Mr. Adams, the panel voted 5-0, to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision in the matter of Britney L. Ferguson. Additionally, she moved that Cathy Reiniers-Day, Caroline D. Juran, Eusebia Joyner and Braden Curtis attend the closed meeting.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the panel re-convened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Kozera and duly seconded by Mr. Adams, the panel voted 5-0 to accept the Findings of Fact and Conclusions of Law as proposed by Mr. Schliessmann, amended by the panel and read by Mr. Curtis.

Upon a motion by Mr. Kozera and duly seconded by Mr. Adams, the panel voted 5-0 that Ms. Ferguson's registration to practice as a pharmacy technician shall be revoked.

Adjourn: With all business concluded, the meeting adjourned at 11:30 a.m.

Cathy M. Reiniers-Day
Deputy Executive Director

Ellen B. Shinaberry, Vice Chair

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF SPECIAL CONFERENCE COMMITTEE

Thursday, July 25, 2013
Commonwealth Conference Center
Second Floor
Board Room 3

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 11:40 a.m.

PRESIDING: Ellen B. Shinaberry, Committee Chair

MEMBERS PRESENT: David C. Kozera, Committee Member

STAFF PRESENT: Cathy M. Reiniers-Day, Deputy Executive Director
Mykl D. Egan, DHP Adjudication Specialist

LEE ANN PEYTON
License No. 0202 006567
Lee Ann Peyton appeared with Johnnie Peyton, her husband, to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy as stated in the May 22, 2013, Notice.

Closed Meeting: Upon a motion by Mr. Kozera, and duly seconded by Ms. Shinaberry, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(28) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Lee Ann Peyton. Additionally, he moved that Cathy Reiniers-Day and Mykl Egan attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Kozera, and duly seconded by Ms. Shinaberry, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to issue an Order regarding Ms. Peyton that places her pharmacist license on probation with certain terms and conditions.

TIFFANY L. DERROW-NORTHEDGE
License No. 0230 012848

Tiffany L. Derrow-Northedge did not appear at the special conference. The committee chose to proceed

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in her absence as the notice was mailed to Ms. Derrow-Northedge's legal address of record. The committee discussed that she may have violated portions of the laws and regulations governing the practice of pharmacy technicians as stated in the May 16, 2013, Notice.

Closed Meeting:

Upon a motion by Mr. Kozera, and duly seconded by Ms. Shinaberry, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(28) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Tiffany L. Derrow-Northedge. Additionally, he moved that Cathy Reiniers-Day and Mykl Egan attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Kozera, and duly seconded by Ms. Shinaberry, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to offer Ms. Derrow-Northedge a Consent Order for the revocation of her registration.

ADJOURN:

With all business concluded, the meeting adjourned at 4:00 p.m.

Ellen B. Shinaberry, Chair

Cathy M. Reiniers-Day
Deputy Executive Director

Date

--- DRAFT UNAPPROVED ---

**Ad Hoc Committee of the Boards of Pharmacy and Medicine
to Amend the Regulations Governing Collaborative Practice Agreements
Minutes**

The Ad Hoc Committee of the Boards of Pharmacy and Medicine to Amend the Regulations Governing Collaborative Practice Agreements met on Tuesday, August 20, 2013 at 9:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Ellen Shinaberry, PharmD Co-Chair
Kenneth Walker, MD, Co-Chair
Siobhan Dunnavant, MD
Robert Hickman, MD
Dave Kozera, RPh
Cynthia Warriner, RPh

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, MD, Executive Director, Medicine
Caroline Juran, RPh, Executive Director, Pharmacy
Sammy Johnson, RPh, Deputy Executive Director, Pharmacy
Elaine Yeatts, Senior Regulatory Analyst for DHP
Colanthia Morton Opher, Operations Manager, Medicine

GUESTS PRESENT: Kent E. Willard, MD, VAFP
Anne Leigh Kerr, PhRMA
Matt Mansell, MSV
Tim Musselman, VPhA
John Rick Pagadman, VPhA
Teresa Graham, CVTC Pharmacy
Susan Ward, VHHA
Cal Whitehead, VSHP
Richard Grossman, Vectre Corp.

SUMMARY OF MEETING

Dr. Walker called the meeting to order. A roll call was conducted and the Emergency Egress Instructions were given. Self-introductions by the Committee members, Board staff and guests were made.

Dr. Shinaberry moved to adopt the agenda as amended by Ms. Yeatts. The motion was seconded and carried unanimously.

There was no public comment.

New Business:

Ms. Yeatts advised that the charge of the Committee was to review the existing regulations for collaborative practice agreements, HB1501, and VA Code §54.1-3303, and prepare recommended changes for each respective Board to separately and jointly adopt at their fall meetings.

The Committee reviewed and briefly discussed the background information provided including the interpretation of "implementation" obtained from the Office of the Attorney General.

In addition, the Committee discussed what elements should be contained in a typical collaborative practice agreement protocol, whether a patient should be required to opt out/in, and how an effective line of communication can be established between the pharmacist and the prescriber.

18VAC110-40-10 – Definitions.

The Committee also discussed what constitutes a valid prescription and a bona fide practitioner/patient relationship. After discussion, Dr. Dunnivant moved to adopt the following amendments to 18VAC110-40-10:

"Agreement" means a collaborative practice agreement ~~by which practitioners of medicine, osteopathy or podiatry and pharmacists enter into voluntary, written agreements to improve outcomes for their mutual patients using drug therapies, laboratory tests, and medical devices, pursuant to the provisions of~~ as defined in §54.1-3300 of the Code of Virginia.

"Practitioner" means, ~~notwithstanding the definition in §54.1-3401 of the Code of Virginia, a doctor of medicine, osteopathy, or podiatry who writes the order and is directly and ultimately responsible for the care of a patient being treated under an agreement and who holds an active license to practice from the Virginia Board of Medicine. A person~~ authorized to have an agreement with a pharmacist and his designated alternative pharmacists as prescribed in the definition of a collaborative agreement in §54.1-3300 of the Code of Virginia.

The motion was seconded and carried unanimously.

18VAC110-40-20 – Signed authorization for an agreement.

Dr. Dunnivant moved to adopt the following amendments:

A. The signatories to an agreement shall be a practitioner ~~of medicine, osteopathy, or podiatry~~ involved directly in patient care and a pharmacist involved directly in patient care. ~~The practitioner may designate alternate practitioners, and~~ Within the agreement, the pharmacist may designate alternate pharmacists, provided the alternates are involved directly in patient care at a single physical location where patients receive services.

The motion was seconded and carried unanimously.

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18VAC110-40-30. Approval of protocols outside the standard of care.

The Committee proposed no amendments to this section.

18VAC110-40-40. Content of an agreement and treatment protocol.

Ms. Juran suggested that the following language be added to 18VAC110-40-40 (b): Implementation, modification, or continuation of drugs in Schedules II through V shall only be performed by a pharmacist as authorized by federal law.

The Committee agreed to the added language with the proviso that it be dropped if the Office of the Attorney General thought it could not be exempt or fast-tracked.

18VAC110-40-50. Record retention.

The Committee proposed no amendments to this section.

18VAC110-40-60. Rescindment or alteration of the agreement.

The Committee proposed no amendments to this section.

18VAC110-40-70. Compliance with statutes and regulations.

The Committee proposed no amendments to this section.

After review, Ms. Yeatts explained the regulatory process and advised that the proposed amendments will be presented at the Board of Pharmacy meeting in September and at the Board of Medicine meeting in October.

With no further business to discuss, the meeting was adjourned at 12:15 p.m.

Ellen Shinaberry, PharmD
Co-Chair

William L. Harp, M.D.
Executive Director

Kenneth J. Walker, MD
Co-Chair

Caroline D. Juran
Executive Director, Board of Pharmacy

Colanithia M. Opher
Recording Secretary

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF SPECIAL CONFERENCE COMMITTEE

Tuesday, August 20, 2013
Commonwealth Conference Center
Second Floor
Board Room 1

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 1:00 p.m.

PRESIDING: David C. Kozera, Committee Chair

MEMBERS PRESENT: Cynthia Warriner, Committee Member

STAFF PRESENT: Cathy M. Reiniers-Day, Deputy Executive Director
Mykl D. Egan, DHP Adjudication Specialist

UNDRA P. GRAVES-GUYTON
License No. 0202-210816
Undra P. Graves-Guyton appeared to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy as stated in the August 2, 2013, Notice.

Closed Meeting: Upon a motion by Ms. Warriner, and duly seconded by Mr. Kozera, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(28) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Undra P. Graves-Guyton. Additionally, she moved that Cathy Reiniers-Day and Mykl Egan attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting and announced the decision.

Decision: Upon a motion by Ms. Warriner, and duly seconded by Mr. Kozera, the Committee closed this case with no violation.

AMY L. RODRIGUEZ
License No. 0202-211454
Amy L. Rodriguez appeared with Richard Grasmick, Pharmacy Supervisor, Sentara Virginia Beach General Hospital, to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy as stated in the August 2, 2013, Notice.

Closed Meeting:

Upon a motion by Ms. Warriner, and duly seconded by Mr. Kozera, the Committee unanimously voted to convene a closed meeting pursuant to § 2.2-3711.A(28) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Amy L. Rodriguez. Additionally, she moved that Cathy Reiniers-Day and Mykl Egan attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Committee re-convened in open meeting and announced the decision.

Decision:

Upon a motion by Ms. Warriner, and duly seconded by Mr. Kozera, the Committee made certain Findings of Facts and Conclusions of Law and unanimously voted to issue Ms. Graves-Guyton an Order for a reprimand.

ADJOURN:

With all business concluded, the meeting adjourned at 3:50 p.m.

David C. Kozera, Chair

Cathy M. Reiniers-Day
Deputy Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL

Wednesday, August 21, 2013

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Orders/Consent Orders referred to in these minutes are available upon request

TIME & PURPOSE:

Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on August 21, 2013, at 9:30 a.m., to consider the summary suspension of the registration of Rachael N. Tester to practice as a pharmacy technician, the registration of Christine Kroel to practice as a pharmacy technician and the license of Dale Alan Moore to practice as a pharmacist in the Commonwealth of Virginia.

PRESIDING:

Ellen B. Shinaberry, Vice Chair

MEMBERS PRESENT:

R. Crady Adams
David C. Kozera
Empsy Munden
Pratt P. Stelly
Rebecca Thornbury

MEMBERS ABSENT:

Jody H. Allen
Dinny Li
Cynthia Warriner
Robert M. Rhodes

STAFF PRESENT:

Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
Eusebia L. Joyner, Disciplinary Program Specialist
Mykl Egan, DHP Adjudication Specialist
Erin Barrett, Assistant Attorney General
Wayne T. Halbleib, Senior Assistant Attorney General

POLL OF MEMBERS:

The Board members were polled as to whether they could have attended a regular meeting at the office in a timely manner for the purpose of hearing evidence

in a possible summary suspension case. The Board members stated that they would not have been able to attend.

With six (6) members participating and four (4) members unable to participate, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

RACHAEL N. TESTER
Registration No. 0230-009883

Wayne T. Halbleib presented a summary of the evidence in this case.

Upon a motion by Mr. Kozera and duly seconded by Ms. Thornbury, the Board unanimously voted that, with the evidence presented, the practice as a pharmacy technician by Rachael N. Tester poses a substantial danger to the public; and therefore, the registration of Ms. Tester shall be summarily suspended. Further, with the Notice of Hearing, a Consent Order shall be offered to Ms. Tester for the indefinite suspension of her registration for a period of not less than two years.

CHRISTINE A. KROEL
Registration No. 0230-002385

Wayne T. Halbleib presented a summary of the evidence in this case.

Upon a motion by Ms. Stelly and duly seconded by Mr. Adams, the Board unanimously voted that, with the evidence presented, the practice as a pharmacy technician by Christine A. Kroel poses a substantial danger to the public; and therefore, the registration of Ms. Kroel shall be summarily suspended. Further, with the Notice of Hearing, a Consent Order shall be offered to Ms. Kroel for the revocation of her registration.

DALE ALAN MOORE
License No. 0202-210861

Wayne T. Halbleib presented a summary of the evidence in this case.

Upon a motion by Mr. Adams and duly seconded by Ms. Munden, the Board unanimously voted that, with the evidence presented, the practice as a pharmacist by Dale Alan Moore poses a substantial danger to the

public; and therefore, the license of Mr. Moore shall be summarily suspended. Further, with the Notice of Hearing, a Consent Order shall be offered for the revocation of his license to practice pharmacy.

ADJOURN:

With all business concluded, the meeting adjourned at 10:30 a.m.

Cathy M. Reiniers-Day
Deputy Executive Director

Eusebia L. Joyner
Disciplinary Program Specialist

Ellen B. Shinaberry, Vice Chair

Date

Board of Pharmacy

Chart of Regulatory Actions as of August 20, 2013

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p><u>Administrative fees for duplicate licenses and verification</u> [Action 3444]</p> <p>Proposed - <i>At Secretary's Office for 747 days</i> [Stage 5908]</p>
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p> <u>Less restrictive and burdensome record-keeping for on-hold prescriptions</u> [Action 3451]</p> <p>Proposed - <i>Register Date: 6/3/13</i> [Stage 6058] Comment closed: 8/2/13 Board to adopt final regulations: 9/10/13</p>
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p> <u>Modifications to requirements for automated dispensing devices for less burdensome process</u> [Action 3578]</p> <p>Proposed - <i>Register Date: 6/3/13</i> [Stage 6267] Comment closed: 8/2/13 Board to adopt final regulations: 9/10/13</p>
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p><u>Continuous quality improvement programs</u> [Action 3496]</p> <p>Proposed - <i>At Governor's Office for 126 days</i> Emergency regulations expire: 9/30/13 6-month extension requested (4/1/14)</p>
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p><u>Addressing hours of continuous work by pharmacists</u> [Action 3755]</p> <p>Proposed - <i>At Secretary's Office for 103 days</i> [Stage 6489]</p>
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p> <u>Change to run-dry requirement for automated counting devices</u> [Action 3624]</p> <p>Fast-Track - <i>Register Date: 6/17/13</i> [Stage 6364] Effective: 8/2/13</p>
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p> <u>Regulatory reform changes</u> [Action 3941]</p> <p>Fast-Track - <i>Register Date: 8/12/13</i> [Stage 6534] Effective: 9/26/13</p>
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<p> <u>Administration of drugs by emergency medical services personnel</u> [Action 4006]</p> <p>Final - <i>Register Date: 8/26/13</i> [Stage 6636] Effective: 9/25/13</p>
[18 VAC 110 - 30]	Regulations for Practitioners of the Healing Arts to Sell Controlled Substances	<p> <u>Regulatory reform</u> [Action 3871]</p>

		Fast-Track - Register Date: 6/17/13 [Stage 6431] Effective: 8/2/13
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen	 Regulatory reform [Action 3873] Fast-Track - Register Date: 6/17/13 [Stage 6434] Effective: 8/2/13



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Agency

Department of Health Professions

Board

Board of Pharmacy

Chapter

Virginia Board of Pharmacy Regulations

Emergency Extension Request**Action:** Continuous quality improvement programs (3496)**Stage:** Emergency/NOIRA (6030)

On 8/19/2013 the board requested that this emergency stage be extended until 4/1/2014.

Reason for Extension:

The Code of Virginia (Section 54.1-3434.03) requires each pharmacy to implement a program for continuous quality improvement according to regulations of the Board of Pharmacy. Emergency regulations prescribing such a program will expire on 9/30/13. The Board submitted proposed regulation to replace the emergency regulations on Townhall on 1/2/13; the proposed regulations are still awaiting approval in the Governor's office. Therefore, it is impossible to complete the replacement of the emergency regulations by the 9/30/13 expiration. The lack of regulations for an ongoing process of analysis of dispensing errors would be problematic for pharmacies seeking to comply with the statute.

This request is under consideration by the Governor's Office.

To View Stage

Agenda Item: Regulatory – Final actions on regulations for:

**Automated dispensing devices
On-hold prescriptions**

Staff Note: Included in your package are copies of:

- Comments on the proposed regulations
- Amended regulations proposed by the Board.

Action:

Consideration of comments – board response

Motion to adopt amendments as proposed or to modify regulations in response to comment.

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
PUBLIC HEARING FOR REGULATIONS 18VAC 110-20-10 ET SEQ:**

June 18, 2013
Second Floor
Board Room 4

Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233-1463

CALL TO ORDER: The public hearing was called to order at 9:14AM.

PRESIDING: Jody Allen, Vice Chairman

MEMBERS PRESENT: Crady R. Adams
Dinny Li
Empsy Munden
Robert M. Rhodes
Ellen B. Shinaberry
Pratt P. Stelly
Rebecca Thornbury
Cynthia Warriner

MEMBERS ABSENT: David Kozera, Chairman

STAFF PRESENT: Caroline D. Juran, Executive Director
Cathy M. Reimiers-Day, Deputy Executive Director
J. Samuel Johnson, Jr., Deputy Executive Director
Arne Owens, Chief Deputy Director, DHP
Elaine J. Yeatts, Senior Policy Analyst, DHP
Heather Hurley, Administrative Assistant

STAFF ABSENT: Howard Casway, Senior Assistant Attorney General

QUORUM: With nine members present, a quorum was established.

CALL FOR COMMENT: Ms. Allen called for comment on the proposed regulations that amended the requirements for record-keeping for on-hold prescriptions. There was no public comment received at this time.

Ms. Allen called for comment on the amended requirements for automated dispensing devices. There was no public comment received at this time.

Ms. Allen stated that written comments may be submitted to Town Hall or to Caroline Juran, Executive Director, Board of Pharmacy, until August 2, 2013. Final regulations will be adopted at the September 10, 2013 full board meeting.

ADJOURN:

The public hearing adjourned at 9:20AM.

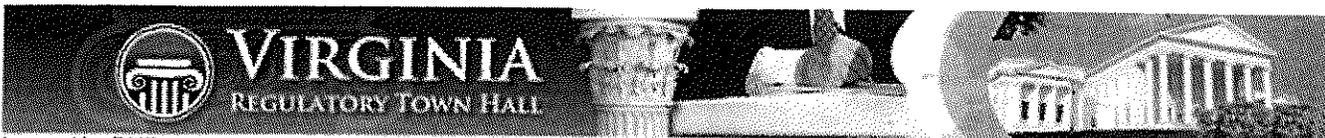
Dave Kozera, Chairman

Caroline D. Juran, Executive Director

Date

Date

DRAFT - UNAPPROVED



Logged in: DHP

Agency

Department of Health Professions

Board

Board of Pharmacy

Chapter

Virginia Board of Pharmacy Regulations [18 VAC 110 - 20]

Action	<u>Modifications to requirements for automated dispensing devices for less burdensome process</u>
Stage	<u>Proposed</u>
Comment Period	Ends 8/2/2013

[Back to List of Comments](#)

Commenter: John Lubkowski, Rockingham Memorial Hospital *

6/20/13 3:44 pm

Modifications to requirements for automated dispensing devices

I want to thank the Board for considering revision of the requirements for automated dispensing devices. The technology and processes in place for these devices greatly enhances drug security over prior floor stock distribution models. The changes to the requirements will indeed save many hours of labor that are currently required to perform administration audits. The 3 standard deviation and usage reports currently available in the technology provide adequate systems to monitor for diversion and fraudulent use of controlled substances.

I do suggest that section C-2 state in the final sentence "Any discrepancy noted shall be recorded on the delivery record and immediately reported to the pharmacist in charge OR THEIR DESIGNEE...."

In section E, will the discrepancy reports be required to be printed or is electronic storage and documentation acceptable?

Thank you for the opportunity to provide input.

* Nonregistered public user

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Proposed Regulations – Comment Period from 6/3/13 to 8/2/13

BOARD OF PHARMACY

Modifications to requirements for automated dispensing devices

18VAC110-20-490. Automated devices for dispensing and administration of drugs.

A. A hospital may use automated devices for the dispensing and administration of drugs pursuant to § 54.1-3301 of the Code of Virginia and §§ 54.1-3401 and 54.1-3434.02 of the Drug Control Act and in accordance with 18VAC110-20-270, 18VAC110-20-420, or 18VAC110-20-460 as applicable. ~~The following conditions shall apply:~~

B. Policy and procedure manual; access codes.

1. Proper use of the automated dispensing devices and means of compliance with requirements shall be set forth in the pharmacy's policy and procedure manual.

2. Personnel allowed access to an automated dispensing device shall have a specific access code which records the identity of the person accessing the device. The device may verify access codes using biometric identification or other coded identification after the initial log-on in order to eliminate sharing or theft of access codes.

C. Distribution of drugs from the pharmacy.

1. Prior to removal of drugs from the pharmacy, a delivery record shall be generated for all drugs to be placed in an automated dispensing device which shall include the date; drug name, dosage form, and strength; quantity; hospital unit and a unique identifier for the specific device receiving the drug; initials of the person loading the automated dispensing device; and initials of the pharmacist checking the drugs to be removed from the pharmacy and the delivery record for accuracy.

2. At the time of loading any Schedule II through V drug, the person loading will verify that the count of that drug in the automated dispensing device is correct. Any discrepancy noted shall be recorded on the delivery record and immediately reported to the pharmacist in charge, who shall be responsible for reconciliation of the discrepancy or properly reporting of a loss.

D. Distribution of drugs from the device.

~~3.1.~~ Automated dispensing devices in hospitals shall be capable of producing a hard-copy record of distribution which shall show patient name, drug name and strength, dose withdrawn, ~~dose to be administered,~~ date and time of withdrawal from the device, and

identity of person withdrawing the drug. The record shall be filed in chronological order from date of issue.

2. If an automated dispensing device is used to obtain drugs for dispensing from an emergency room, a separate dispensing record is not required provided the automated record distinguishes dispensing from administration and records the identity of the physician who is dispensing.

E. Discrepancy reports.

A discrepancy report shall be generated for each discrepancy in the count of a drug on hand in the device. Each such report shall be resolved by the PIC or his designee within 72 hours of the time the discrepancy was discovered or, if determined to be a theft or an unusual loss of drugs, shall be immediately reported to the board in accordance with § 54.1-3404 E of the Drug Control Act.

F. Reviews and audits.

1. The PIC or his designee shall conduct at least a monthly review for compliance with written policy and procedures which are consistent with subsection A of § 54.1-3434.02 for security and use of the automated dispensing devices, to include procedures for timely termination of access codes when applicable, accuracy of distribution from the device, and proper recordkeeping

4.2. The PIC or his designee shall conduct at least a monthly audit to review distribution and administration of Schedule II through V drugs from each automated dispensing device as follows:

a. The audit shall reconcile records of all quantities of Schedule II through V drugs dispensed from the pharmacy with records of all quantities loaded into each device to detect whether any drugs recorded as removed from the pharmacy were diverted rather than being placed in the proper device.

b. A discrepancy report shall be generated for each discrepancy in the count of a drug on hand in the device. Each such report shall be resolved by the PIC or his designee within 72 hours of the time the discrepancy was discovered or, if determined to be a theft or an unusual loss of drugs, shall be immediately reported to the board in accordance with § 54.1-3404 E of the Drug Control Act. If a pharmacy has an ongoing method for perpetually monitoring drugs in Schedule II-V to ensure drugs dispensed from the pharmacy have been loaded into the device and not diverted, such as with the use of perpetual inventory management software, then the

audit required in this subsection may be limited to the discrepancies or exceptions as identified by the method for perpetually monitoring the drugs.

3. The PIC or his designee shall conduct at least a monthly audit to review administration of Schedule II through V drugs from each automated dispensing device as follows:

~~e.a.~~ The audit shall include a review of ~~a sample of~~ administration records from each device per month for possible diversion by fraudulent charting. ~~A sample~~ The review shall include all Schedule II-V drugs administered for a time period of not less than 24 consecutive hours during the audit period.

~~d.~~ ~~The audit shall include a check of medical records to ensure that a valid order exists for a random sample of doses recorded as administered.~~

~~e.~~ ~~The audit shall also check for compliance with written procedures for security and use of the automated dispensing devices, accuracy of distribution from the device, and proper recordkeeping.~~

~~f.b.~~ The hard-copy distribution and administration records printed out and reviewed in the audit shall be initialed and dated by the person conducting the audit. If nonpharmacist personnel conduct the audit, a pharmacist shall review the record and shall initial and date the record.

~~5. If an automated dispensing device is used to obtain drugs for dispensing from an emergency room, a separate dispensing record is not required provided the automated record distinguishes dispensing from administration and records the identity of the physician who is dispensing.~~

c. The PIC or his designee shall be exempt from requirements of this audit if reconciliation software which provides a statistical analysis is used to generate reports at least monthly. The statistical analysis shall be based on:

(1) Peer-to-peer comparisons of use for that unit or department; and

(2) Monitoring of overrides and unresolved discrepancies.

d. The report shall be used to identify suspicious activity which includes, but is not limited to, usage beyond three standard deviations in peer-to-peer comparisons. A focused audit of the suspicious activity and individuals associated with the activity shall be performed whenever suspicious activity is identified from the reports.

4. The PIC or his designee shall maintain a record of compliance with the reviews and audits in accordance with subsection H of this section.

G. Inspections.

6. Automated dispensing devices shall be inspected monthly by pharmacy personnel to verify proper storage, proper location of drugs within the device, expiration dates, the security of drugs and validity of access codes. The PIC or his designee shall maintain documentation of the inspection in accordance with subsection H of this section. With the exception of a monthly physical review of look-alike and sound-alike drugs stored within matrix drawers or open access areas within the device, such monthly inspection shall not require physical inspection of the device if the device is capable of and performs the following:

a. At least daily monitoring of refrigerator or freezer storage with documented temperature ranges, variances, and resolutions;

b. Automatic identification and isolation of the location of each drug within the device using a machine readable product identifier, such as barcode technology, and generation of a report verifying the applicable settings;

c. Electronic tracking of drug expiration dates and generation of proactive reports allowing for the replacement of drugs prior to their expiration date; and

d. Electronic detection of the opening of the device, identification of the person accessing the device, automatic denial of access to the device during malfunctions and mechanical errors, and generation of reports of any malfunction and mechanical error.

H. Records.

~~7. Personnel allowed access to an automated dispensing device shall have a specific access code which records the identity of the person accessing the device.~~

~~8. Proper use of the automated dispensing devices and means of compliance with requirements shall be set forth in the pharmacy's policy and procedure manual.~~

~~9.1. All records required by this section shall be filed in chronological order from date of issue and maintained for a period of not less than two years. Records shall be maintained at the address of the pharmacy providing services to the hospital except:~~
Manual manual Schedule VI distribution records, reports auditing for indications of suspicious activity, and focused audits may be maintained in offsite storage or electronically as an electronic image that provides an exact image of the document that is clearly legible provided such offsite or electronic records are retrievable and made

available for inspection or audit within 48 hours of a request by the board or an authorized agent.

b.2. Distribution and delivery records and required ~~signatures~~ initials may be generated or maintained electronically provided:

(1)a. The system being used has the capability of recording an electronic signature that is a unique identifier and restricted to the individual required to initial or sign the record.

(2)b. The records are maintained in a read-only format that cannot be altered after the information is recorded.

(3)c. The system used is capable of producing a hard-copy printout of the records upon request.

e.3. Schedule II-V distribution and delivery records may ~~only~~ also be stored offsite or electronically ~~as described in subdivisions 9 a and b of this section~~ in compliance with requirements of subdivision 1 of this subsection and if authorized by DEA or in federal law or regulation.

d.4. Hard-copy distribution and administration records that are printed and reviewed in conducting required audits may be maintained at an off-site location or electronically provided they can be readily retrieved upon request; provided they are maintained in a read-only format that does not allow alteration of the records; and provided a separate log is maintained for a period of two years showing dates of audit and review, the identity of the automated dispensing device being audited, the time period covered by the audit and review, and the initials of all reviewers.



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Agency

Department of Health Professions

Board

Board of Pharmacy

Chapter

Virginia Board of Pharmacy Regulations [18 VAC 110 – 20]

Action	<u>Less restrictive and burdensome record-keeping for on-hold prescriptions</u>
Stage	<u>Proposed</u>
Comment Period	Ends 8/2/2013

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)

Commenter: John Lubkowski, Rockingham Memorial Hospital *

6/5/13 3:27 pm

On Hold Prescription filing

I see no disadvantages to the proposed change to the filing requirements for "on hold" prescriptions. As long as the original date written is captured at the time of order entry and a prescription number is assigned (as pharmacy computer systems do) the prescription hard copy would be readily retrievable. Filing "on hold" prescriptions with active prescriptions will increase the security of the hard copy prescription and avoid misplacement. I fully support the regulatory changes to practice.

Commenter: Kathryn Weakley, King William Pharmacy *

6/7/13 6:17 pm

On-hold prescriptions

I fully support the proposed changes. Many doctors offices will e-scribe or hand write prescriptions for patients with the intent to put them on-hold. The proposed changes will eliminate excessive steps that could lead to an increase in filing errors.

Commenter: Travis Hale, Remington Drug *

6/11/13 5:45 pm

On Hold Prescriptions Restrictions

Allowing on-hold prescriptions to be entered the date they are received in the pharmacy, allowing correctness of data entered to be completed by pharmacist on duty, and allowing pharmacist on duty when dispensed to prospectively review would prevent possible filing errors or misplacement of an actual prescription. It will also allow someone performing remote dispensing to determine if prescriptions are on file at the pharmacy. I think this will make workflow simpler and cleaner without pharmacies having to keep track of paper prescriptions.

Commenter: Jim Perkinson / Radford Drug, Inc

6/19/13 1:06 pm

On Hold Prescriptions

When a prescription is presented to the pharmacist to be data entered into the computer for on hold purposes, it is entered with the same "accuracy" as a prescription that is to be filled at that moment. It is then assigned a prescription number and placed in hard copy files with other prescriptions. Most computer systems now have scanning capability so that when an on hold prescription request is made, whatever the date, the scanned copy of the original hard copy prescription can be reviewed by the pharmacist at any point in time. To "renew" an on hold prescription for the sole purpose of getting it in chronologic order makes no sense, uses valuable time and increases the opportunity for errors.

The original on hold prescription is assigned a number and can be retrieved anyway. I cannot see any advantages for having to "renew" on hold prescriptions, but I can see plenty of disadvantages.

* Nonregistered public user

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Proposed Regulations – Comment Period from 6/3/13 to 8/2/13

BOARD OF PHARMACY

Amendments to address on-hold prescriptions

Part I

General Provisions

18VAC110-20-10. Definitions.

In addition to words and terms defined in §§ 54.1-3300 and 54.1-3401 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACPE" means the Accreditation Council for Pharmacy Education.

"Acquisition" of an existing entity permitted, registered or licensed by the board means (i) the purchase or transfer of all or substantially all of the assets of the entity or of any corporation that owns or controls the entity; (ii) the creation of a partnership by a sole proprietor or change in partnership composition; (iii) the acquiring of 50% or more of the outstanding shares of voting stock of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary owning the entity, except that this shall not apply to any corporation the voting stock of which is actively traded on any securities exchange or in any over-the-counter market; or (iv) the merger of a corporation owning the entity, or of the parent corporation of a wholly owned subsidiary owning the entity, with another business or corporation.

"Alternate delivery site" means a location authorized in 18VAC110-20-275 to receive dispensed prescriptions on behalf of and for further delivery or administration to a patient.

"Beyond-use date" means the date beyond which the integrity of a compounded, repackaged, or dispensed drug can no longer be assured and as such is deemed to be adulterated or misbranded as defined in §§ 54.1-3461 and 54.1-3462 of the Code of Virginia.

"Board" means the Virginia Board of Pharmacy.

"CE" means continuing education as required for renewal of licensure by the Board of Pharmacy.

"CEU" means a continuing education unit awarded for credit as the equivalent of 10 contact hours.

"Chart order" means a lawful order for a drug or device entered on the chart or in a medical record of a patient by a prescriber or his designated agent.

"Compliance packaging" means packaging for dispensed drugs which is comprised of a series of containers for solid oral dosage forms and which is designed to assist the user in administering or self-administering the drugs in accordance with directions for use.

"Contact hour" means the amount of credit awarded for 60 minutes of participation in and successful completion of a continuing education program.

"Correctional facility" means any prison, penitentiary, penal facility, jail, detention unit, or other facility in which persons are incarcerated by government officials.

"DEA" means the United States Drug Enforcement Administration.

"Drug donation site" means a permitted pharmacy that specifically registers with the board for the purpose of receiving or redispensing eligible donated prescription drugs pursuant to § 54.1-3411.1 of the Code of Virginia.

"Electronic prescription" means a written prescription that is generated on an electronic application in accordance with 21 CFR Part 1300 and is transmitted to a pharmacy as an electronic data file.

"Expiration date" means that date placed on a drug package by the manufacturer or repacker beyond which the product may not be dispensed or used.

"Facsimile (FAX) prescription" means a written prescription or order which is transmitted by an electronic device over telephone lines which sends the exact image to the receiver (pharmacy) in a hard copy form.

"FDA" means the United States Food and Drug Administration.

"Floor stock" means a supply of drugs that have been distributed for the purpose of general administration by a prescriber or other authorized person pursuant to a valid order of a prescriber.

"Foreign school of pharmacy" means a school outside the United States and its territories offering a course of study in basic sciences, pharmacology, and pharmacy of at least four years in duration resulting in a degree that qualifies a person to practice pharmacy in that country.

"Forgery" means a prescription that was falsely created, falsely signed, or altered.

"FPGEC certificate" means the certificate given by the Foreign Pharmacy Equivalency Committee of NABP that certifies that the holder of such certificate has passed the Foreign Pharmacy Equivalency Examination and a credential review of foreign training to establish educational equivalency to board approved schools of pharmacy, and has passed approved examinations establishing proficiency in English.

"Generic drug name" means the nonproprietary name listed in the United States Pharmacopeia-National Formulary (USP-NF) or in the USAN and the USP Dictionary of Drug Names.

"Hospital" or "nursing home" means those facilities as defined in Title 32.1 of the Code of Virginia or as defined in regulations by the Virginia Department of Health.

"Inactive license" means a license which is registered with the Commonwealth but does not entitle the licensee to practice, the holder of which is not required to submit documentation of CE necessary to hold an active license.

"Long-term care facility" means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients.

"NABP" means the National Association of Boards of Pharmacy.

"Nuclear pharmacy" means a pharmacy providing radiopharmaceutical services.

"On duty" means that a pharmacist is on the premises at the address of the permitted pharmacy and is available as needed.

"On-hold prescription" means a valid prescription that is received and maintained at the pharmacy for initial dispensing on a future date.

"Permitted physician" means a physician who is licensed pursuant to § 54.1-3304 of the Code of Virginia to dispense drugs to persons to whom or for whom pharmacy services are not reasonably available.

"Perpetual inventory" means an ongoing system for recording quantities of drugs received, dispensed or otherwise distributed by a pharmacy.

"Personal supervision" means the pharmacist must be physically present and render direct, personal control over the entire service being rendered or act being performed. Neither prior nor

future instructions shall be sufficient nor, shall supervision rendered by telephone, written instructions, or by any mechanical or electronic methods be sufficient.

"Pharmacy closing" means that the permitted pharmacy ceases pharmacy services or fails to provide for continuity of pharmacy services or lawful access to patient prescription records or other required patient records for the purpose of continued pharmacy services to patients.

"Pharmacy technician trainee" means a person who is currently enrolled in an approved pharmacy technician training program and is performing duties restricted to pharmacy technicians for the purpose of obtaining practical experience in accordance with § 54.1-3321 D of the Code of Virginia.

"PIC" means the pharmacist-in-charge of a permitted pharmacy.

"Practice location" means any location in which a prescriber evaluates or treats a patient.

"Prescription department" means any contiguous or noncontiguous areas used for the compounding, dispensing and storage of all Schedule II through VI drugs and devices and any Schedule I investigational drugs.

"PTCB" means the Pharmacy Technician Certification Board, co-founded by the American Pharmaceutical Association and the American Society of Health System Pharmacists, as the national organization for voluntary examination and certification of pharmacy technicians.

"Quality assurance plan" means a plan approved by the board for ongoing monitoring, measuring, evaluating, and, if necessary, improving the performance of a pharmacy function or system.

"Radiopharmaceutical" means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or radionuclide generator that is intended to be used in the preparation of any such substance, but does not include drugs such as carbon-containing compounds or potassium-containing salts that include trace quantities of naturally occurring radionuclides. The term also includes any biological product that is labeled with a radionuclide or intended solely to be labeled with a radionuclide.

"Repackaged drug" means any drug removed from the manufacturer's original package and placed in different packaging.

"Robotic pharmacy system" means a mechanical system controlled by a computer that performs operations or activities relative to the storage, packaging, labeling, dispensing, or distribution of medications, and collects, controls, and maintains all transaction information.

"Safety closure container" means a container which meets the requirements of the federal Poison Prevention Packaging Act of 1970 (15 USC §§ 1471-1476), i.e., in testing such containers, that 85% of a test group of 200 children of ages 41-52 months are unable to open the container in a five-minute period and that 80% fail in another five minutes after a demonstration of how to open it and that 90% of a test group of 100 adults must be able to open and close the container.

"Satellite pharmacy" means a pharmacy which is noncontiguous to the centrally permitted pharmacy of a hospital but at the location designated on the pharmacy permit.

"Special packaging" means packaging that is designed or constructed to be significantly difficult for children under five years of age to open to obtain a toxic or harmful amount of the drug contained therein within a reasonable time and not difficult for normal adults to use properly, but does not mean packaging which all such children cannot open or obtain a toxic or harmful amount within a reasonable time.

"Special use permit" means a permit issued to conduct a pharmacy of a special scope of service that varies in any way from the provisions of any board regulation.

"Storage temperature" means those specific directions stated in some monographs with respect to the temperatures at which pharmaceutical articles shall be stored, where it is considered that storage at a lower or higher temperature may produce undesirable results. The conditions are defined by the following terms:

1. "Cold" means any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is maintained thermostatically between -20° and -10°C (-4° and 14°F).
2. "Room temperature" means the temperature prevailing in a working area.
3. "Controlled room temperature" means a temperature maintained thermostatically that encompasses the usual and customary working environment of 20° to 25°C (68° to 77°F); that results in a mean kinetic temperature calculated to be not more than 25°C;

and that allows for excursions between 15° and 30°C (59° and 86°F) that are experienced in pharmacies, hospitals, and warehouses.

4. "Warm" means any temperature between 30° and 40°C (86° and 104°F).

5. "Excessive heat" means any temperature above 40°C (104°F).

6. "Protection from freezing" means where, in addition to the risk of breakage of the container, freezing subjects a product to loss of strength or potency, or to the destructive alteration of its characteristics, the container label bears an appropriate instruction to protect the product from freezing.

7. "Cool" means any temperature between 8° and 15°C (46° and 59°F).

"Terminally ill" means a patient with a terminal condition as defined in § 54.1-2982 of the Code of Virginia.

"Unit dose container" means a container that is a single-unit container, as defined in United States Pharmacopeia-National Formulary, for articles intended for administration by other than the parenteral route as a single dose, direct from the container.

"Unit dose package" means a container that contains a particular dose ordered for a patient.

"Unit dose system" means a system in which multiple drugs in unit dose packaging are dispensed in a single container, such as a medication drawer or bin, labeled only with patient name and location. Directions for administration are not provided by the pharmacy on the drug packaging or container but are obtained by the person administering directly from a prescriber's order or medication administration record.

"USP-NF" means the United States Pharmacopeia-National Formulary.

"Well-closed container" means a container that protects the contents from extraneous solids and from loss of the drug under the ordinary or customary conditions of handling, shipment, storage, and distribution.

Part VI

Drug Inventory and Records

18VAC110-20-240. Manner of maintaining records, prescriptions, inventory records.

A. Each pharmacy shall maintain the inventories and records of drugs as follows:

1. Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. Each pharmacy shall maintain a

perpetual inventory of all Schedule II drugs received and dispensed, with reconciliation at least monthly. Electronic monitoring at the pharmacy or by another entity that provides alerts for discrepancies between drugs received and drugs dispensed is acceptable provided such alerts are reviewed at least monthly.

2. Inventories and records of drugs listed in Schedules III, IV, and V may be maintained separately or with records of Schedule VI drugs but shall not be maintained with other records of the pharmacy.

3. All executed order forms, prescriptions, and inventories of Schedule II through V drugs shall be maintained at the same address as the stock of drugs to which the records pertain. If authorized by DEA, other records pertaining to Schedule II through V drugs, such as invoices, may be maintained in an off-site database or in secured storage. All records in off-site storage shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

4. All inventories required by § 54.1-3404 of the Code of Virginia shall be signed and dated by the person taking the inventory and shall indicate whether the inventory was taken prior to the opening of business or after close of business. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken.

5. Invoices or other records showing receipts of Schedule VI drugs shall be maintained, but may be stored in an electronic database or record as an electronic image that provides an exact, clearly legible, image of the document or in secured storage either on or off site. All records in off-site storage or database shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

6. All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction.

B. Prescriptions.

1. A hard copy prescription shall be placed on file for every initial prescription dispensed and be maintained for two years from the date of last refill. All prescriptions shall be filed chronologically by date of initial dispensing or by date of initial entry into the automated

data processing system in compliance with 18VAC110-20-250, if such a system is employed by the pharmacy.

2. Schedule II drugs. Prescriptions for Schedule II drugs shall be maintained in a separate prescription file.

3. Schedule III through V drugs. Prescriptions for Schedule III through V drugs shall be maintained either in a separate prescription file for drugs listed in Schedules III, IV, and V only or in such form that they are readily retrievable from the other prescriptions of the pharmacy. Prescriptions will be deemed readily retrievable if, at the time they are initially filed, the face of the prescription is stamped in red ink in the lower right corner with the letter "C" no less than one inch high and filed in the prescription file for drugs listed in the usual consecutively numbered prescription file for Schedule VI drugs. However, if a pharmacy employs an automated data processing system or other electronic recordkeeping system for prescriptions which permits identification by prescription number and retrieval of original documents by prescriber's name, patient's name, drug dispensed, and date filled, then the requirement to mark the hard copy prescription with a red "C" is waived.

C. Chart orders.

1. A chart order written for a patient in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to § 54.1-3408.01 A of the Code of Virginia shall be exempt from having to contain all required information of a written prescription provided:

a. This information is contained in other readily retrievable records of the pharmacy; and

b. The pharmacy maintains a current policy and procedure manual that sets out where this information is maintained and how to retrieve it and the minimum requirements for chart orders consistent with state and federal law and accepted standard of care.

2. A chart order may serve as the hard copy prescription for those patients listed in subdivision 1 of this subsection.

3. Requirements for filing of chart orders.

a. Chart orders shall be filed chronologically by date of initial dispensing with the following exception: If dispensing data can be produced showing a complete audit trail for any requested drug for a specified time period and each chart order is readily retrievable upon request, chart orders may be filed using another method. Such alternate method shall be clearly documented in a current policy and procedure manual.

b. If a single chart order contains both an order for a Schedule II drug and one or more orders for a drug in another schedule, where the Schedule II drug is not floor stocked, but is dispensed from the pharmacy pursuant to this order for the specific patient, the original order must be filed with records of dispensing of Schedule II drugs and a copy of the order placed in the file for other schedules.

18VAC110-20-250. Automated data processing records of prescriptions.

A. An automated data processing system may be used for the storage and retrieval of original and refill dispensing information for prescriptions instead of manual record keeping requirements, subject to the following conditions:

1. A prescription shall be placed on file as set forth in 18VAC110-20-240 B with the following provisions:

a. In lieu of a hard copy file for Schedule VI prescriptions, an electronic image of a prescription may be maintained in an electronic database provided it preserves and provides an exact image of the prescription that is clearly legible and made available within 48 hours of a request by a person authorized by law to have access to prescription information. Storing electronic images of prescriptions for Schedule II-V controlled substances instead of the hard copy shall only be authorized if such storage is allowed by federal law.

b. If the pharmacy system's automated data processing system fields are automatically populated by an electronic prescription, the automated record shall constitute the prescription and a hard copy or electronic image is not required.

c. For Schedule II-V controlled substances, electronic prescriptions shall be maintained in accordance with federal law and regulation.

2. Any computerized system shall provide retrieval (via computer monitor display or printout) of original prescription information for those prescriptions which are currently authorized for dispensing.

3. Any computerized system shall also provide retrieval via computer monitor display or printout of the dispensing history for prescriptions dispensed during the past two years.

4. ~~Documentation of the fact that the information entered into the computer each time a pharmacist fills a prescription for a drug is correct shall be provided by the individual pharmacist who makes use of such system.~~ Documentation indicating that the information entered into the computer system is correct for each on-hold prescription or each prescription that is dispensed shall be provided by the individual pharmacist who makes use of such system. If a printout is maintained of each day's prescription dispensing data or data entry of an on-hold prescription, the printout shall be verified, dated and signed by the individual pharmacist who dispensed the prescription or verified the accuracy of the data entry. The individual pharmacist shall verify that the data indicated is correct and then sign the document in the same manner as his name appears on his pharmacist license (e.g., J. H. Smith or John H. Smith).

If a bound log book, or separate file is maintained rather than a printout, each individual pharmacist involved in dispensing shall sign a statement each day in the log, in the manner previously described, attesting to the fact that the dispensing information and data entry of on-hold prescriptions entered into the computer that day has been reviewed by him and is correct as shown.

B. Printout of dispensing data requirements. Any computerized system shall have the capability of producing a printout of any dispensing data which the user pharmacy is responsible for maintaining under the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) and any data entry of on-hold prescriptions. ~~such~~ Such printout shall be provided within 48 hours of a request of an authorized agent.

Part VII

Prescription Order and Dispensing Standards

18VAC110-20-270. Dispensing of prescriptions; certification of completed prescriptions; supervision of pharmacy technicians.

A. In addition to the acts restricted to a pharmacist in § 54.1-3320 A of the Code of Virginia, a pharmacist shall provide personal supervision of compounding of extemporaneous preparations by pharmacy technicians.

B. A pharmacist shall determine the number of pharmacy interns, pharmacy technicians, and pharmacy technician trainees he can safely and competently supervise at one time; however, no pharmacist shall supervise more than four persons acting as pharmacy technicians at one time.

C. After the prescription has been prepared and prior to the delivery of the order, the pharmacist shall inspect the prescription product to verify its accuracy in all respects, and place his initials on the record of dispensing as a certification of the accuracy of, and the responsibility for, the entire transaction. Such record showing verification of accuracy shall be maintained on a pharmacy record for the required time period of two years, unless otherwise specified in regulation.

D. If a pharmacist declines to fill a prescription for any reason other than the unavailability of the drug prescribed, he shall record on the back of the prescription the word "declined"; the name, address, and telephone number of the pharmacy; the date filling of the prescription was declined; and the signature of the pharmacist.

E. If a pharmacist determines from a prescriber or by other means, including the use of his professional judgment, that a prescription presented for dispensing is a forgery, the pharmacist shall not return the forged prescription to the person presenting it. The forged prescription may be given to a law-enforcement official investigating the forgery; or it shall be retained for a minimum of 30 days before destroying it, in the event it is needed for an investigative or other legitimate purpose.

F. An on-hold prescription shall be entered into the automated data processing system, if such system is employed by the pharmacy, and the pharmacist on-duty shall verify the accuracy of the data entry at that time. The pharmacist subsequently dispensing the on-hold prescription on a future date shall, at a minimum, conduct a prospective drug review consistent with § 54.1-3319 A of the Drug Control Act. If an on-hold prescription is returned to a patient prior to the

initial dispensing of the drug, the pharmacist shall delete the entry in the automated data processing system.

Agenda Item: Adoption of Regulations for Collaborative Practice Agreements

Included in your agenda package are:

A copy of the House Bill 1501

A copy of amendments to 18VAC110-40-10 et seq. Regulations Governing Collaborative Practice Agreements

Staff note:

Regulations for Collaborative Practice Agreements are jointly promulgated by the Boards of Pharmacy and Medicine. An ad hoc committee, consisting of 3 members from each board, met on August 20, 2013 to review collaborative practice law and regulation in other states, current law and regulation in Virginia, and changes to the Code adopted in House Bill 1501. The Committee recommended amendments to 18VAC110-40-10 et seq. to conform regulatory provisions to the changes in statute. Amendments will be considered by the Board of Medicine at its meeting in October.

Board action:

Action on draft amendments

VIRGINIA ACTS OF ASSEMBLY -- 2013 SESSION

CHAPTER 192

An Act to amend and reenact §§ 54.1-3300 and 54.1-3300.1 of the Code of Virginia, relating to pharmacy; collaborative agreements.

[H 1501]

Approved March 12, 2013

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3300 and 54.1-3300.1 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3300. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Pharmacy.

"Collaborative agreement" means a voluntary, written, or *electronic* arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a *single physical* location where patients receive services and a practitioner of medicine, osteopathy, or podiatry and his designated alternate practitioners (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working as part of a patient care team as defined in § 54.1-2900, involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.

"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

"Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy is being conducted.

"Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of pharmacy who is registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the pharmacist's supervision.

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include the proper and safe storage and distribution of drugs; the maintenance of proper records; the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; and the management of patient care under the terms of a collaborative agreement as defined in this section.

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.

Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ 54.1-3400 et seq.) of this title unless the context requires a different meaning.

§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the Boards of Medicine and Pharmacy.

A pharmacist and his designated alternate pharmacists involved directly in patient care may

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participate with a practitioner of medicine, osteopathy, or podiatry and his designated alternate practitioners (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working as part of a patient care team as defined in § 54.1-2900, involved directly in patient care in collaborative agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions and/or limitations, for the purpose of improving patient outcomes. However, no person licensed to practice medicine, osteopathy, or podiatry shall be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

No patient shall be required to participate in a collaborative procedure without such patient's consent. A patient who chooses to not participate in a collaborative procedure shall notify the prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative pharmacists or by documenting the same on the patient's prescription.

Collaborative agreements may include the implementation, modification, continuation, or discontinuation of drug therapy pursuant to written, patient-specific or electronic protocols, provided implementation of drug therapy occurs following diagnosis by the prescriber; the ordering of laboratory tests; or other patient care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in violation of § 54.1-2902; such violation shall constitute grounds for disciplinary action pursuant to §§ 54.1-2400 and 54.1-3316.

Collaborative agreements may only be used for conditions which have protocols that are clinically accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this section and to facilitate the development and implementation of safe and effective collaborative agreements between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the Boards of Medicine and Pharmacy if review is requested by a practitioner or pharmacist.

Nothing in this section shall be construed to supersede the provisions of § 54.1-3303.

Amendments Recommended by Ad Hoc Committee on Collaborative Practice

Pursuant to HB1501 (2013 General Assembly)

18VAC110-40-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Agreement" means a collaborative practice agreement ~~by which practitioners of medicine, osteopathy or podiatry and pharmacists enter into voluntary, written agreements to improve outcomes for their mutual patients using drug therapies, laboratory tests, and medical devices, pursuant to the provisions of §54.1-3300.1 as defined in §54.1-3300~~ of the Code of Virginia.

"Committee" means an Informal Conference Committee, comprised of two members of the Board of Pharmacy and two members of the Board of Medicine.

"Pharmacist" means a pharmacist who holds an active license to practice pharmacy from the Virginia Board of Pharmacy.

"Practitioner" means, ~~notwithstanding the definition in §54.1-3401 of the Code of Virginia, a doctor of medicine, osteopathy, or podiatry who writes the order and is directly and ultimately responsible for the care of a patient being treated under an agreement and who holds an active license to practice from the Virginia Board of Medicine~~ a person authorized to have an agreement with a pharmacist and his designated alternative pharmacists as prescribed in the definition of a collaborative agreement in §54.1-3300 of the Code of Virginia.

18VAC110-40-20. Signed authorization for an agreement.

A. The signatories to an agreement shall be a practitioner ~~of medicine, osteopathy, or podiatry~~ involved directly in patient care and a pharmacist involved directly in patient care. ~~The practitioner may designate alternate practitioners, and~~ Within the agreement, the pharmacist may designate alternate pharmacists, provided the alternates are involved directly in patient care at a single physical location where patients receive services.

B. An agreement shall only be implemented for an individual patient pursuant to an order from the practitioner for that patient. Documented informed consent from the patient shall be obtained by the practitioner who authorizes the patient to participate in the agreement or by the pharmacist who is also a party to the agreement.

1. The patient may decline to participate or withdraw from participation at any time.

2. Prior to giving consent to participate, the patient shall be informed by the practitioner or the pharmacist of the cooperative procedures that will be used pursuant to an agreement, and such discussion shall be documented in the patient record.

3. As part of the informed consent, the practitioner and the pharmacist shall provide written disclosure to the patient of any contractual arrangement with any other party or any financial incentive that may impact one of the party's decisions to participate in the agreement.

18VAC110-40-40. Content of an agreement and treatment protocol.

A. An agreement shall contain treatment protocols that are clinically accepted as the standard of care within the medical and pharmaceutical professions.

B. The treatment protocol shall describe the disease state or condition, drugs or drug categories, drug therapies, laboratory tests, medical devices, and substitutions authorized by the practitioner.

C. The treatment protocol shall contain a statement by the practitioner that describes the activities the pharmacist is authorized to engage in, including:

1. The procedures, decision criteria, or plan the pharmacist shall follow when providing drug therapy management;

2. The procedures the pharmacist shall follow for documentation; and

3. The procedures the pharmacist shall follow for reporting activities and results to the practitioner.

D. Implementation, modification, or continuation of drugs in Schedules II through V shall only be performed by a pharmacist as authorized by federal law.

~~D.E.~~ The signatories shall implement a procedure for periodically reviewing and, if necessary, revising the procedures and protocols of a collaborative agreement.

~~E.F.~~ If either the practitioner or the pharmacist who is a party to the agreement has a change of location or change of ownership, that person shall notify the other party and all patients who are participants in the collaborative agreement.

BYLAWS OF THE VIRGINIA BOARD OF PHARMACY

ARTICLE I: GENERAL

The organizational year for the Board shall be from July 1st through June 30th. At the last meeting before July 1, the Board shall elect from its members, a chairman and a vice chairman. The term of office shall be one year and shall begin on July 1. A person shall not serve as chairman or vice chairman for more than two consecutive terms.

For purposes of these Bylaws, the Board schedules full board meetings four times a year, with the right to change the dates, schedule additional meetings as needed, or cancel any board meeting, with the exception that one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of *Robert's Rules of Order*, revised, shall apply unless overruled by law, regulation, or these bylaws, or when otherwise agreed.

ARTICLE II: OFFICERS OF THE BOARD

- A. The officers of the Board shall be the chairman and the vice chairman.
- B. The chairman presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of same on the part of the board members. The chairman shall appoint all committees unless otherwise ordered by the Board.
- C. The vice chairman shall act as chairman in the absence of the chairman.
- D. In the absence, or inability to serve, of both the chairman and vice chairman, the chairman shall appoint another board member to preside at the meeting and/or formal administrative hearing.
- E. The executive director shall be the custodian of all Board records and all papers of value. She/he shall preserve a correct list of all applicants and licensees. She/he shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: ORDER OF BUSINESS MEETINGS

The order of business shall be as follows:

1. Call to order with statement made for the record of how many board members are present and that it constitutes a quorum.
2. Approval of Agenda
3. Public comment received
4. Approval of Minutes
5. The remainder of the agenda shall be established by the executive director in consultation with the chairman.

ARTICLE IV: COMMITTEES

A. There shall be the following standing committees:

Special Conference Committees
 Examination Committee
 Item Review Committee
 Regulation Committee
 Pilot Committees

1. Special Conference Committees. These committees shall consist of two board members who shall review information regarding alleged violations of the pharmacy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The special conference committees shall meet as necessary to adjudicate cases in a timely manner in accordance with agency standards for case resolution. The chairman may designate board members as alternates on these committees in the event one of the standing committee members is unable to attend for all or part of a scheduled conference date. The chairman shall appoint committees as needed to expedite the adjudication of cases. These committees may also function as informal conference committees if a case involves a permit.
2. Examination *Administrator Selection* Committee. This committee shall consist of ~~four~~ *three* board members, ~~the deputy executive director supervising the examination contracts,~~ and the executive director. The Examination Committee shall meet as required to ~~maintain the integrity, defensibility and current status of the Drug Law Examination.~~ Additionally, the Board delegates to this Committee the approval of ~~the Drug Law Examination for the purpose of licensure.~~ *review proposals and select the administrators of the Drug Law Examination and the Pharmacy Technician Examination.*
3. Item Review Committee. This committee shall consist of at least ~~seven~~ *six* pharmacists, *to include one board member and the executive director,* holding current and unrestricted licenses to practice pharmacy in the Commonwealth of Virginia. The Item Review Committee shall meet as required for the purpose of writing new items for the Drug Law Examination item bank *to maintain the integrity and defensibility of the examination.* Additionally, the Board delegates to this Committee the approval of the Drug Law Examination for the purpose of licensure.
4. Regulation Committee. This committee shall consist of five Board members. The Board delegates to the Regulation Committee the authority to consider and respond to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and any other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.
5. Pilot Committees. These committees shall consist of two board members who review applications for approval of innovative programs and robotic pharmacy systems and any matters related to such programs.

B. Ad Hoc Committees.

The chairman shall also name such other committees as may be deemed necessary.

C. A majority of a committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall constitute the act of the committee.

ARTICLE V: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses, permits, registrations and certificates where minimum qualifications have been met.
2. The Board delegates to the executive director the authority to reinstate licenses, permits, registrations and certificates when the reinstatement is due to the lapse of the license, permit, registration or certificate and not due to Board disciplinary action.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure applications, renewal forms and documents used in the disciplinary process.
4. The Board delegates to the Department of Health Professions' inspectors the authority to issue summaries of inspection deficiencies upon completion of an inspection, and the Board delegates to the executive director the authority to issue letters regarding reported deficiencies to the facilities or licensee.
5. The Board delegates to the executive director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
6. The Board delegates to the executive director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
7. The Board delegates to the executive director, in consultation with the chairman, the review and approval of applications for special or limited use pharmacy permits. If the executive director and chairman do not reach consensus regarding the issuance of a permit, or if the requested waivers are unusual or different from those routinely approved, the review and approval may be referred to an informal conference committee.
8. The Board delegates to the executive director, in consultation with the chairman, the review and approval, in accordance with regulations, for exceptions to the notice requirements for pharmacies going out of business and for exceptions to notice requirements for pharmacies changing hours of business for more than one week. Should the executive director and the chairman not reach consensus, or if the request for exception is unusual or questionable, the review and approval may be referred to a special conference committee.
9. The Board delegates to the executive director the authority to grant extensions for continuing education on a one-time basis upon written request of the licensee prior to the renewal date in accordance with regulations. Approval of any request for an extension where the licensee must show good cause or approval of any request for an exemption is delegated to the executive director in consultation with the chairman. Should the executive director and chairman not reach agreement, the matter shall be referred to a special conference committee.
10. The Board delegates to the chairman, the authority to represent the Board in instances where Board "consultation" or "review" may be requested, but where a vote of the Board is not required and a meeting is not feasible.
11. The Board delegates the approval of continuing education programs to the executive director in consultation with one member of the Board.

12. The Board delegates the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license in accordance with § 54.1-2408.1, to the executive director or deputy executive director. The Board delegates the convening of a meeting by telephone conference call, for the purpose of considering settlement proposals in accordance with § 54.1-2400 (13), to the executive director or deputy executive director. The Board delegates the determination of probable cause for disciplinary action to a special conference committee of the Board, wherein the committee may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case. The Board further delegates the determination of probable cause, for the purpose of offering a confidential consent agreement or a pre-hearing consent order or for scheduling an informal conference in accordance with established Board guidelines, to the executive director or deputy executive director.
13. The Board delegates to the chairman, or the vice chairman in his absence, the approval of waivers in declared disasters or states of emergency in accordance with § 54.1-3307.3.
14. The Board delegates to the executive director, in accordance with § 54.1-3434.1(A)(2), the authority to accept an inspection report or other documentation for a non-resident pharmacy from an entity that may not be listed on the Board's guidance document, or to request an inspection by an agent of the Board.
15. The Board delegates to the executive director the authority to grant an accommodation of additional testing time, up to a maximum of double time, to candidates for Board required examinations pursuant to the Americans with Disabilities Act provided the candidate provides documentation that supports such an accommodation as required by Board regulation or guidance document. Any other requests for accommodation beyond additional testing time shall be reviewed by the Board at the next available Board meeting.
16. The Board delegates to the executive director, in consultation with the chairman, the authority to review and approve applications for limited-use practitioner of the healing arts to sell controlled substances licenses. A waiver of the square footage requirement for the controlled substances selling and storage area may be provided. Additionally, a waiver of the security system may be provided when storing and selling multiple strengths and formulations of no more than five different topical Schedule VI drugs intended for cosmetic use.

ARTICLE VI: AMENDMENTS

Amendments to these Bylaws may be proposed by a board member or staff personnel by presenting the amendment in writing to all Board members prior to any scheduled meeting of the Board. Upon favorable vote of at least two-thirds of the Board members present at said meeting, such proposed amendment shall be adopted. If notice is given to the Board members at the previously held board meeting, a favorable vote of a majority of the Board members present at the current board meeting is required to adopt the amendment.

Effective Date: July 1, 1997
 Revised: October 9, 1997, August 17, 1999, June 13, 2001
 September 15, 2004
 June 7, 2005
 September 13, 2005
 June 5, 2006
 June 10, 2009
 September 8, 2010
 September 10, 2013

Virginia's Pharmacist Workforce: 2012

Healthcare Workforce Data Center

August 2013

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

More than 10,000 Pharmacists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Dianne L. Reynolds-Cane, M.D.
Director

Arne W. Owens
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, Ph.D.
Executive Director

Justin Crow, MPA
Research Analyst

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

The Board of Pharmacy

Chair

Jody H. Allen
Midlothian

Vice-Chair

Ellen B. Shinaberry
Harrisonburg

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Vinton

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Lynchburg

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Lorton

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Virginia Beach

Robert M. Rhodes
Winchester

Pratt P. Stelly
Richmond

Rebecca Thornbury
Grundy

Cynthia Warriner
Chester

Executive Director

Caroline D. Juran
Richmond

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The Pharmacist Workforce: At a Glance:

The Workforce

Licenses:	12,265
Virginia's Workforce:	7,777
FTEs:	7,052

Survey Response Rate

All Licenses:	83%
Renewing Practitioners:	87%

Demographics

Female:	61%
Diversity Index:	46%
Median Age:	45

Background

Rural Childhood:	34%
HS Degree in VA:	46%
Prof. Degree in VA:	47%

Education

Baccalaureate:	52%
PhD/Professional:	48%

Finances

Median Salary:	\$55-\$60/hr
Health Benefits:	68%
Under 40 w/ Ed debt:	75%

Current Employment

Employed in Prof.:	93%
Hold 1 Full-time Job:	71%
Satisfied?:	89%

Job Turnover

Switched Jobs in 2012:	5%
Employed over 2 yrs:	64%

Primary Roles

Medication Dispense:	50%
Patient Care:	10%
Administration:	6%

Source: Va. Healthcare Workforce Data Center

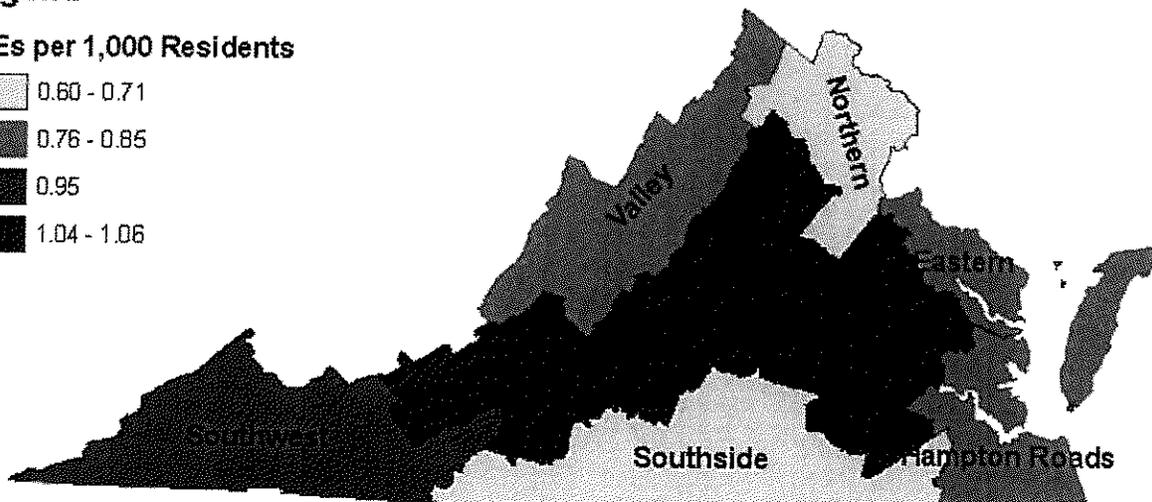
Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: Va Healthcare Workforce Data Center

Legend

FTEs per 1,000 Residents

	0.60 - 0.71
	0.76 - 0.85
	0.95
	1.04 - 1.06



July 2012 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service



Results in Brief

10,185 pharmacists voluntarily took part in the 2012 Pharmacist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal period, which occurs in December for pharmacists. These survey respondents represent 83% of the 12,265 pharmacists licensed in the state and 87% of renewing practitioners.

The HWDC estimates that 7,777 pharmacists participated in Virginia's workforce in 2012, which is defined as those who worked at least a portion of the year in the state or who live in the state and plan on returning to work as a pharmacist at some point in the future. These pharmacists provided 7,052 "full-time equivalency units" in 2012, which the HWDC defines as working 2,000 hours per year (or 40 hours per week for 50 weeks per year, assuming two weeks off).

93% of pharmacists were employed in the profession at the time of the survey. 71% held one full-time position, while 15% held one part-time position. Another 9% of pharmacists held two or more positions. Overall, nearly nine in ten pharmacists were satisfied with their current employment status, including half of all pharmacists who considered themselves "very satisfied."

Women make up the majority of the pharmacist workforce, accounting for 61% of those in the profession. Women also account for nearly three out of four pharmacists under the age of 40. The median age for pharmacists is 45, which is four years higher than the median age for Virginia's overall workforce. Although some groups are better represented than others, the pharmacy workforce is diverse. In a random encounter between two pharmacists, the probability that they would be of a different race or ethnicity is 46%. This probability increases to 57% for those pharmacists under the age of 40. For the state population as a whole, the same probability is 54%.

Approximately half of pharmacists grew up in a suburban environment as children. One-third had a rural background, of which 24% now work primarily in a non-Metro county. 46% of Virginia's pharmacists went to high school in the state, and 47% earned their pharmacy degree in the state.

Virginia's pharmacy workforce is roughly split between those who have a baccalaureate degree and those who have a doctor of pharmacy (Pharm.D.) degree as their highest level of academic attainment. One-third of all pharmacists currently carry education debt, including three-fourths of pharmacists under 40. For those who carried education debt, the median debt level was between \$90,000 and \$100,000.

The median hourly income for pharmacists was between \$55.00 and \$60.00, and half of all pharmacists earned between \$50.00 and \$65.00 per hour. 82% of pharmacists also received at least one employer-sponsored benefit in addition to their incomes. 68% of pharmacists received health insurance, while 67% had a retirement plan. 64% of pharmacists have been working at their primary work location for at least two years. However, 20% of pharmacists had a new work location at some point in 2012, while 5% switched jobs during the year.

Pharmacists focused most of their attention on dispensing medication. The typical pharmacist spent between 50% and 59% of his or her time on dispensing medication and between 10% and 19% on patient care. Half of pharmacists spent at least 60% of their time dispensing medication, while 10% did the same in patient care.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	11,099	90%
New Licensees	793	6%
Non-Renewals	373	3%
All Licensees	12,265	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 87% of renewing pharmacists submitted a survey. These represent 83% of pharmacists who held a license at some point in 2012.

At a Glance:

Licensed Pharmacists

Number: 12,265
 New: 6%
 Not Renewed: 3%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 87%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	10,185
Response Rate, all licensees	83%
Response Rate, Renewals	87%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	135	889	87%
30 to 34	235	1,365	85%
35 to 39	261	1,349	84%
40 to 44	276	1,440	84%
45 to 49	252	1,234	83%
50 to 54	211	1,147	85%
55 to 59	194	1,090	85%
60 and Over	516	1,671	76%
Total	2,080	10,185	83%
New Licenses			
Issued in 2012	206	587	74%
Metro Status			
Non-Metro	140	692	83%
Metro	1,076	5,918	85%
Not in Virginia	867	3,585	81%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2012.
- Target Population:** All pharmacists who held a Virginia license at some point in 2012.
- Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some pharmacists newly licensed in 2012.

At a Glance:

Workforce

2012 Pharmacist Workforce: 7,777
 FTEs: 7,052

Utilization Ratios

Licenses in VA Workforce: 63%
 Licenses per FTE: 1.74
 Workers per FTE: 1.10

Source: Va. Healthcare Workforce Data Center

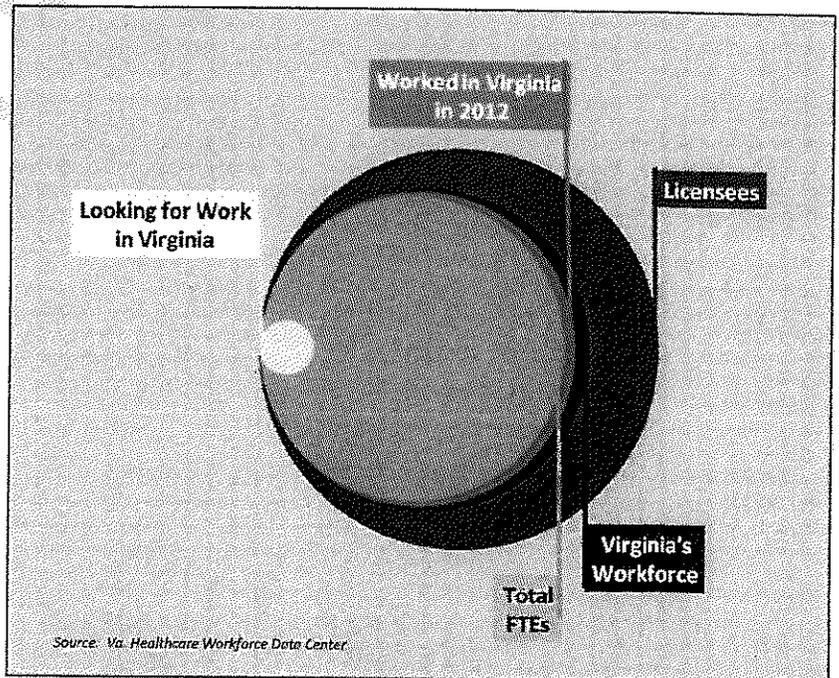
Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in 2012 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Pharmacist Workforce		
Status	#	%
Worked in Virginia in Past Year	7,549	97%
Looking for Work in Virginia	228	3%
Virginia's Workforce	7,777	100%
Total FTEs	7,052	
Licenses	12,265	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	206	28%	540	72%	746	10%
30 to 34	262	25%	786	75%	1,047	14%
35 to 39	288	29%	691	71%	979	13%
40 to 44	296	29%	734	71%	1,030	14%
45 to 49	318	35%	598	65%	915	12%
50 to 54	294	36%	522	64%	816	11%
55 to 59	378	49%	390	51%	768	10%
60 +	935	71%	378	29%	1,313	17%
Total	2,976	39%	4,639	61%	7,615	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 61%
% Under 40 Female: 73%

Age

Median Age: 45
% Under 40: 36%
% 55+: 27%

Diversity

Diversity Index: 46%
Under 40 Div. Index: 57%

Source: Va. Healthcare Workforce Data Center

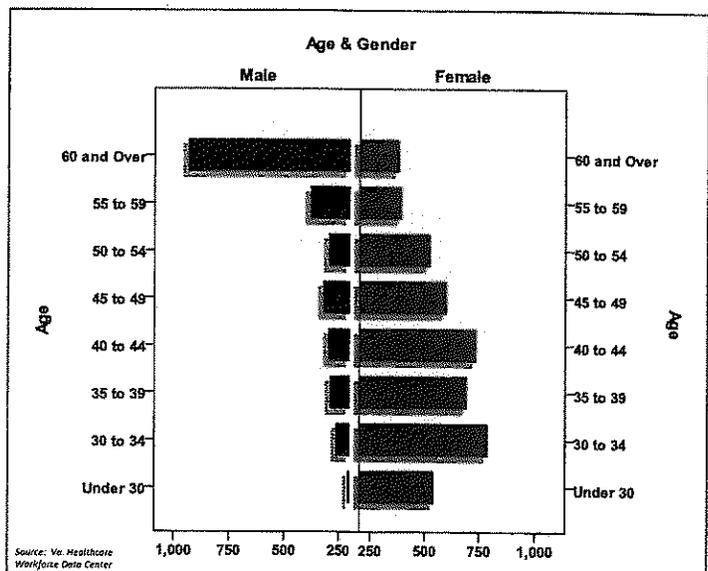
In a chance encounter between two Pharmacists, there is a 46% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index), which is comparable to the 54% chance for Virginia's population.

Race & Ethnicity					
Race/Ethnicity	Virginia*	Pharmacists		Pharmacists Under 40	
	%	#	%	#	%
White	64%	5,446	71%	1,679	61%
Black	19%	752	10%	334	12%
Asian	6%	1,130	15%	589	21%
Other Race	0%	132	2%	74	3%
Two or more races	2%	101	1%	53	2%
Hispanic	8%	95	1%	44	2%
Total	100%	7,656	100%	2,773	100%

*Population data in this chart is from the US Census, ACS 1-yr estimates, 2011 vintage.

Source: Va. Healthcare Workforce Data Center

61% of all pharmacists are women, including nearly three out of four pharmacists under the age of 40. The median age of pharmacists is 45, which is four years greater than Virginia's workforce as a whole. More than one in three pharmacists are under the age of 40, while only 27% are over the age of 55.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 19%
Rural Childhood: 34%

Virginia Background

HS in Virginia: 46%
Pharm. Education in VA: 47%
HS/Pharm. Educ. in VA: 53%

Location Choice

% Rural to Non-Metro: 24%
% Urban/Suburban to Non-Metro: 6%

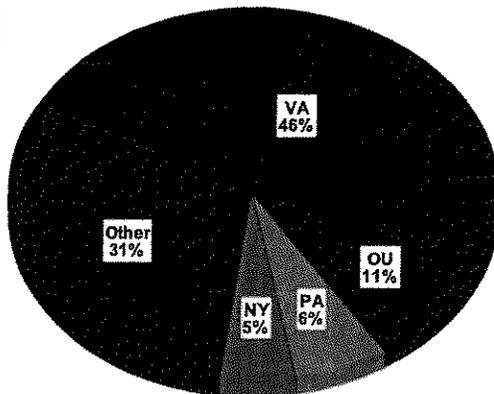
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location:		Rural Status of Childhood Location		
USDA Rural Urban Continuum		Rural	Suburban	Urban
Code	Description			
Metro Counties				
1	Metro, 1 million+	24%	53%	22%
2	Metro, 250,000 to 1 million	50%	39%	11%
3	Metro, 250,000 or less	43%	42%	15%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	51%	33%	16%
6	Urban pop, 2,500-19,999, Metro adj	64%	22%	13%
7	Urban pop, 2,500-19,999, nonadj	88%	9%	3%
8	Rural, Metro adj	60%	28%	12%
9	Rural, nonadj	60%	27%	14%
Overall		34%	47%	19%

Source: Va. Healthcare Workforce Data Center

Location, High School

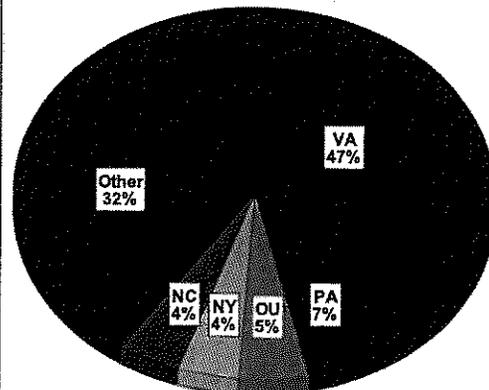


Source: Va. Healthcare Workforce Data Center

One in three pharmacists grew up in self-described rural areas, but only 12% of all pharmacists currently work in Non-Metro counties. One in four pharmacists who grew up in rural areas work in a Non-Metro county today, but only 6% who grew up in urban or suburban areas work in Non-Metro counties.

More than half of Virginia's pharmacists have a background (i.e., a high school or professional degree) in the state. 38% received both their high school diploma and their initial professional degree in the state.

Location, Initial Professional Degree



Source: Va. Healthcare Workforce Data Center

Top Ten States for SLP Recruitment

Rank	All Pharmacists			
	High School	#	Professional School	#
1	Virginia	3,507	Virginia	3,555
2	Outside of U.S.	867	Pennsylvania	544
3	Pennsylvania	471	Outside of U.S.	352
4	New York	377	North Carolina	311
5	West Virginia	232	New York	309
6	Maryland	213	Washington, D.C.	244
7	North Carolina	209	Massachusetts	236
8	New Jersey	177	West Virginia	201
9	Ohio	158	Maryland	185
10	Massachusetts	114	Georgia	168

Source: Va. Healthcare Workforce Data Center

46% of all pharmacists received their high school degree in Virginia, while 47% earned their initial professional degree in the state. For those pharmacists who did not get a degree in Virginia, Pennsylvania, New York and North Carolina were the most common states for receiving such a degree. In addition, many licensed pharmacists are international graduates.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	664	Virginia	747
2	Outside of U.S.	315	Pennsylvania	162
3	Pennsylvania	140	Outside of U.S.	150
4	New York	103	North Carolina	97
5	Maryland	71	New York	79
6	North Carolina	66	Washington, D.C.	74
7	New Jersey	53	Massachusetts	55
8	Ohio	44	Maryland	51
9	West Virginia	40	West Virginia	40
10	Florida	40	Ohio	38

Source: Va. Healthcare Workforce Data Center

Licensees who did not participate in Virginia's Pharmacy Workforce
A potential source of pharmacists for Virginia?

More than one-third of licensed pharmacists did not participate in Virginia's workforce in 2012. 89% had worked at some point in the past year, and 84% are currently working as pharmacists. 15% worked in a state bordering Virginia or in Washington DC. 7% were in federal service, including 2% who were in the military.

At a Glance:

Not in VA Workforce

Total:	4,498
% of Licensees:	37%
Federal/Military:	7%
Va Border State/DC:	15%

A Closer Look:

Highest Professional Degree		
Degree	#	%
B.S. Pharmacy	3,853	52%
Pharm.D.	3,579	48%
Total	7,432	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 B.S. Pharmacy: 52%
 Pharm.D.: 48%

Educational Debt
 Carry debt: 35%
 Under age 40 w/ debt: 75%
 Median debt: \$90k-\$100k

Source: Va. Healthcare Workforce Data Center

Approximately half of all pharmacists had a B.S. in Pharmacy degree as their highest academic degree, while the other half had a Doctor of Pharmacy degree. 35% of pharmacists currently carry educational debt, including three out of four of those under age 40. For those who do have educational debt, the median amount was \$90,000 to \$100,000.

Amount Carried	Educational Debt			
	All Pharmacists		Pharmacists Under 40	
	#	%	#	%
None	4,167	65%	574	25%
\$10,000 or less	136	2%	63	3%
\$10,001-\$20,000	104	2%	59	3%
\$20,001-\$30,000	104	2%	70	3%
\$30,001-\$40,000	127	2%	86	4%
\$40,001-\$50,000	114	2%	76	3%
\$50,001-\$60,000	132	2%	89	4%
\$60,001-\$70,000	136	2%	100	4%
\$70,001-\$80,000	129	2%	99	4%
\$80,001-\$90,000	135	2%	100	4%
\$90,001-\$100,000	157	2%	121	5%
\$100,001-\$110,000	155	2%	131	6%
\$110,001-\$120,000	150	2%	130	6%
Over \$120,000	658	10%	603	26%
Total	6,404	100%	2,301	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Board Certifications

BPS - Pharmacotherapy:	309
CCGP - Geriatrics:	42
BPS - Ambulatory Care:	29

Top Residencies (PGY1)

Pharmacy Practice: (Post 1993)	604
Community Pharmacy:	494
Pharmacy Practice: (Pre 1993)	441

Nearly one-quarter of pharmacists completed a postgraduate year one (PGY1) pharmacy residency, while nearly one in ten completed a postgraduate year two (PGY2) pharmacy residency.

PGY1		
Residency	#	%
Pharmacy Practice (Post 1993)	604	8%
Community Pharmacy	494	6%
Pharmacy Practice (Pre 1993)	441	6%
Other	257	3%
Managed Care Pharmacy	28	0%
PGY2		
Ambulatory Care	98	1%
Drug Information	55	1%
Critical Care	43	1%
Health-System Pharmacy Administration	41	1%
Pharmacotherapy	39	1%
Internal Medicine	34	0%
Managed Care Pharmacy Systems	24	0%
Geriatrics	21	0%
Psychiatry	19	0%
Oncology	16	0%
Infectious Disease	16	0%
Cardiology	16	0%
Pediatrics	14	0%
All Others	280	4%

Source: Va. Healthcare Workforce Data Center

Board Certifications

Certification	#	%
BPS - Pharmacotherapy	309	4%
CCGP - Geriatrics	42	1%
BPS - Ambulatory Care	29	0%
BPS - Oncology	22	0%
BPS - Psychiatric	22	0%
BPS - Nutrition Support	20	0%
BPS - Nuclear Pharmacy	12	0%
ABAT - Applied Toxicology	4	0%
Have at least 1 Cert.	440	6%

Source: Va. Healthcare Workforce Data Center

Approximately 1 in 20 pharmacists hold a board certification. Of this group, a majority have a board certification in Pharmacotherapy.

At a Glance:

Employment

Employed in Profession: 93%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-time: 71%
 2 or More Positions: 9%

Weekly Hours:

40 to 49: 51%
 60 or more: 5%
 Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	9	0%
Employed in a physical therapy related capacity	7,024	93%
Employed, NOT in a physical therapy related capacity	167	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	94	1%
Voluntarily unemployed	157	2%
Retired	140	2%
Total	7,589	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	391	5%
One Part-Time Position	1,084	15%
Two Part-Time Positions	148	2%
One Full-Time Position	5,320	71%
One Full-Time Position & One Part-Time Position	448	6%
Two Full-Time Positions	8	0%
More than Two Positions	46	1%
Total	7,445	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	391	5%
1 to 9 hours	219	3%
10 to 19 hours	287	4%
20 to 29 hours	458	6%
30 to 39 hours	1,263	17%
40 to 49 hours	3,790	51%
50 to 59 hours	645	9%
60 to 69 hours	172	2%
70 to 79 hours	87	1%
80 or more hours	74	1%
Total	7,386	100%

Source: Va. Healthcare Workforce Data Center

93% of Virginia's pharmacists were employed within the profession when they renewed their licenses, while 94 were involuntarily unemployed. 71% of pharmacists held one full-time job, while less than one in ten held two or more jobs. Half of all pharmacists worked between 40 and 49 hours per week. Meanwhile, 18% of pharmacists worked less than 30 hours per week, while just 5% worked 60 or more hours per week.

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	43	1%
\$20.00 or Less	46	1%
\$20.01 to \$30.00	52	1%
\$30.01 to \$40.00	115	2%
\$40.01 to \$45.00	179	3%
\$45.01 to \$50.00	469	8%
\$50.01 to \$55.00	1,046	19%
\$55.01 to \$60.00	1,612	29%
\$60.01 to \$65.00	1,428	26%
\$65.01 to \$70.00	364	7%
\$70.01 to \$75.00	118	2%
\$75.01 to \$80.00	50	1%
More than \$80.00	82	2%
Total	5,602	100%

At a Glance:

Hourly Earnings

Median Income: \$55.01-\$60.00
 Middle 50%: \$50.01-\$65.00

Benefits

Employer Health Insurance: 68%
 Employer Retirement: 67%

Satisfaction

Satisfied: 89%
 Very Satisfied: 50%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Leave	5,490	78%
Health Insurance	4,755	68%
Retirement	4,729	67%
Dental Insurance	4,473	64%
Group Life Insurance	3,734	53%
Signing/Retention Bonus	710	10%
Receive at least one benefit*	5,752	82%

*From any employer at time of survey.
Source: Va. Healthcare Workforce Data Center

The median hourly income for pharmacists was between \$55.01 and \$60.00. Two out of three pharmacists received health insurance and retirement benefits, while more than four out of five pharmacists received at least one employer-sponsored benefit.

Nearly nine in ten pharmacists were satisfied with their jobs, including one-half who were very satisfied. Only one in ten pharmacists were dissatisfied with their current employment situation.

Job Satisfaction		
Level	#	%
Very Satisfied	3,635	50%
Somewhat Satisfied	2,806	39%
Somewhat Dissatisfied	556	8%
Very Dissatisfied	228	3%
Total	7,225	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	215	3%
Experience Voluntary Unemployment?	268	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	251	3%
Work two or more positions at the same time?	793	10%
Switch employers or practices?	366	5%
Experienced at least 1	1,554	20%

Source: Va. Healthcare Workforce Data Center

Only 3% of Virginia's pharmacists were involuntarily unemployed at some point in 2012. For comparison, Virginia's average monthly unemployment rate was 5.9%.²

At a Glance:

Unemployment Experience 2012

Involuntarily Unemployed: 3%
Underemployed: 3%

Stability

Switched: 5%
New Location: 20%
Over 2 years: 64%
Over 2 yrs, 2nd location: 49%

Employment Type

Salary or Wage: 97%

Source: Va. Healthcare Workforce Data Center

Nearly two in three pharmacists have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	185	3%	211	15%
Less than 6 Months	554	8%	142	10%
6 Months to 1 Year	577	8%	140	10%
1 to 2 Years	1,218	17%	217	16%
3 to 5 Years	1,634	23%	274	20%
6 to 10 Years	1,206	17%	216	15%
More than 10 Years	1,738	24%	200	14%
Subtotal	7,113	100%	1,400	100%
Did not have location	268		6,230	
Item Missing	396		147	
Total	7,777		7,777	

Source: Va. Healthcare Workforce Data Center

56% of pharmacists received a salary at their primary work location, while 41% received an hourly wage.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	3,772	56%
Hourly Wage	2,734	41%
By Contract	94	1%
Business/ Practice Income	65	1%
Unpaid	49	1%
Subtotal	6,714	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The not seasonally adjusted monthly unemployment rate ranged from 6.4% in January to 5.4% in November.

At a Glance:

Concentration

Top Region:	25%
Top 3 Regions:	69%
Lowest Region:	2%

Locations

2 or more (2012):	20%
2 or more (Now*):	16%

Source: Va. Healthcare Workforce Data Center

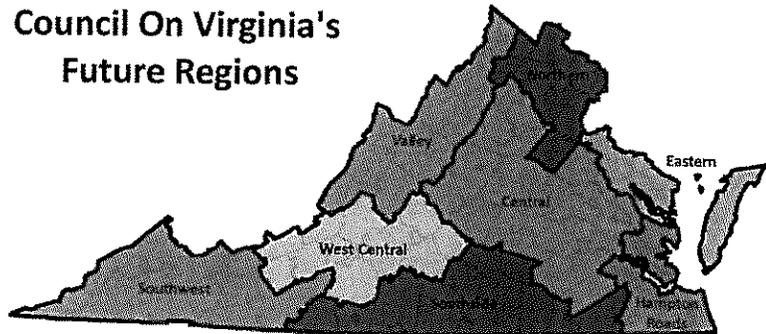
Half of all pharmacists had their primary work location in either Northern or Central Virginia. In addition, nearly one in three pharmacists worked in either Hampton Roads or West Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,750	25%	262	19%
Eastern	136	2%	28	2%
Hampton Roads	1,327	19%	250	18%
Northern	1,799	25%	341	25%
Southside	285	4%	49	4%
Southwest	399	6%	95	7%
Valley	460	7%	100	7%
West Central	818	12%	154	11%
Virginia Border State/DC	40	1%	37	3%
Other US State	45	1%	52	4%
Outside of the US	1	0%	8	1%
Total	7,060	100%	1,376	100%
Item Missing	448		36	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



More than three in four pharmacists had just one work location in 2012, while one in five had at least two locations during the year. Only 2% of pharmacists worked at four or more work location at some point in 2012.

Locations	Number of Work Locations			
	Work Locations in 2012		Work Locations Now*	
	#	%	#	%
0	268	4%	368	5%
1	5,962	77%	5,802	79%
2	1,253	16%	925	13%
3	170	2%	153	2%
4	35	1%	24	0%
5	8	0%	5	0%
6 or More	80	1%	58	1%
Total	7,777	100%	7,333	100%

*At the time of survey completion, December 2012.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,786	72%	840	72%
Non-Profit	1,326	20%	229	20%
State/Local Government	257	4%	48	4%
Veterans Administration	121	2%	16	1%
U.S. Military	128	2%	17	1%
Other Federal Gov't	65	1%	12	1%
Total	6,683	100%	1,162	100%
Did not have location	268		6,365	
Item Missing	825		251	

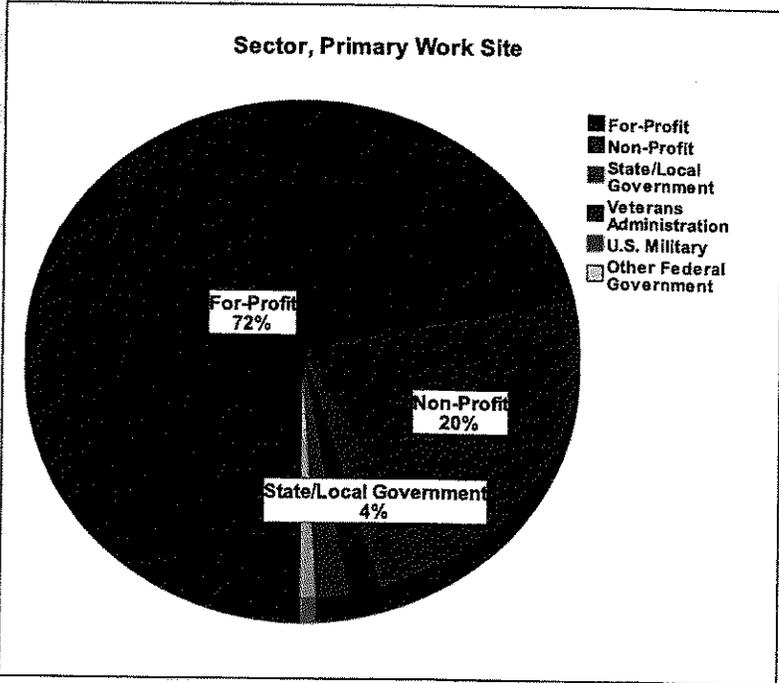
**At a Glance:
(Primary Locations)**

Sector
 For Profit: 72%
 Federal: 5%

Top Establishments
 Large Chain Pharmacy: 32%
 (11+ Stores)
 Hospital/Health System: 24%
 (Inpatient or Outpatient)
 Independent Pharmacy: 10%
 (1-4 Stores)

Source: Va. Healthcare Workforce Data Center

More than 90% of pharmacists worked in the private sector, including one in five who worked in the non-profit sector. Only 9% of pharmacists worked for a government organization, approximately half of whom worked for the federal government.



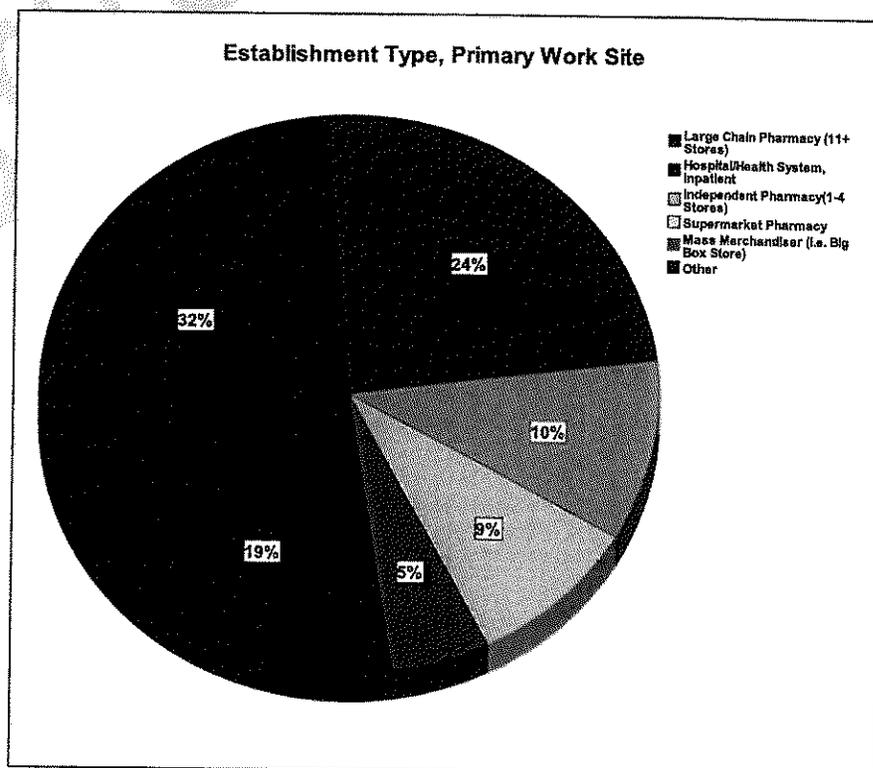
Source: Va. Healthcare Workforce Data Center

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Large Chain Community Pharmacy (11+ Stores)	2,042	32%	316	28%
Hospital/Health System, Inpatient	1,532	24%	205	18%
Independent Community Pharmacy (1-4 Stores)	663	10%	175	15%
Supermarket Pharmacy	583	9%	66	6%
Mass Merchandiser (i.e. Big Box Stores)	326	5%	57	5%
Hospital/Health System, Outpatient	255	4%	48	4%
Nursing Home/Long-Term Care	227	4%	49	4%
Clinic-Based Pharmacy	211	3%	69	6%
Academic Institution	126	2%	29	3%
Home Health/Infusion	104	2%	19	2%
All Other Types	286	5%	107	9%
Total	6,355	100%	1,140	100%
Does not have location	268		6,365	

Source: Va. Healthcare Workforce Data Center

One in three pharmacists work at a large chain community pharmacy, while one in four work at an inpatient hospital or health system. Additionally, 14% work in a supermarket or big box store-based pharmacy. Only 10% work in independent community pharmacies.

For secondary work locations, 28% of pharmacists worked at a large chain pharmacy, while 18% worked at an inpatient hospital or health system. Another 15% worked at independent community pharmacies.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Medical Dispensing: 50%-59%
 Patient Care: 10%-19%
 Administration: 1%-9%
 Insurance: 1%-9%

Roles

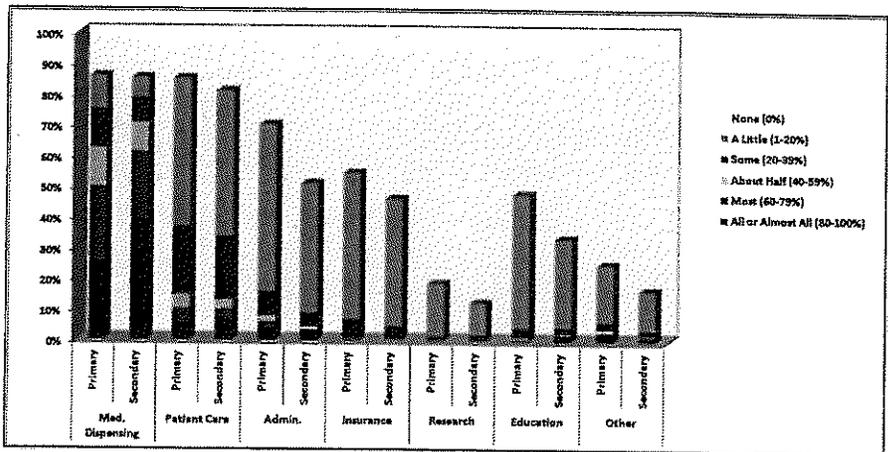
Medical Dispensing: 50%
 Patient Care: 10%
 Administration: 6%
 Education: 1%

Administration Time

Median Admin Time: 1%-9%
 Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



A typical pharmacist spent 50/59% of his or her time on medical dispensing and 10-19% on patient care. Half of all pharmacists fill a medical dispensing role, defined as spending 60% or more of their time in that activity.

Time Allocation													
Time Spent	Medical Dispensing		Patient Care		Admin.		Insurance		Research		Education		
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	
All or Almost All (80-100%)	25%	39%	5%	7%	4%	3%	0%	0%	0%	1%	0%	2%	
Most (60-79%)	25%	22%	5%	3%	2%	1%	0%	0%	0%	0%	0%	0%	
About Half (40-59%)	13%	9%	4%	3%	2%	1%	0%	0%	0%	0%	0%	0%	
Some (20-39%)	13%	8%	22%	21%	8%	5%	7%	4%	1%	1%	3%	2%	
A Little (1-20%)	11%	6%	48%	47%	54%	42%	47%	41%	17%	10%	43%	29%	
None (0%)	14%	15%	15%	19%	30%	49%	45%	54%	81%	88%	52%	67%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	119	2%	5	0%
50 to 54	171	3%	7	0%
55 to 59	621	10%	113	5%
60 to 64	1,447	23%	473	20%
65 to 69	2,261	36%	986	41%
70 to 74	822	13%	431	18%
75 to 79	234	4%	118	5%
80 or over	88	1%	43	2%
I do not intend to retire	454	7%	213	9%
Total	6,216	100%	2,389	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Pharmacists

Under 65: 38%

Under 60: 15%

Pharmacists 50 and over

Under 65: 25%

Under 60: 5%

Time until Retirement

Within 2 years: 6%

Within 10 years: 21%

Half the workforce: by 2037

Source: Va. Healthcare Workforce Data Center

More than one-third of pharmacists expect to retire between the ages of 65 and 69. In addition, 38% expect to retire before age 65. Among those pharmacists who are age 50 or over, one in four still expect to retire before age 65, and 41% expect to retire between the ages of 65 and 69. Within the next ten years, more than one in five pharmacists plan to retire, and half the current workforce expects to be retired by 2037.

Within the next two years approximately 4% of pharmacists plan to leave either the profession or Virginia. Meanwhile, 13% of pharmacists plan on pursuing additional educational opportunities, and 12% plan on increasing patient care hours.

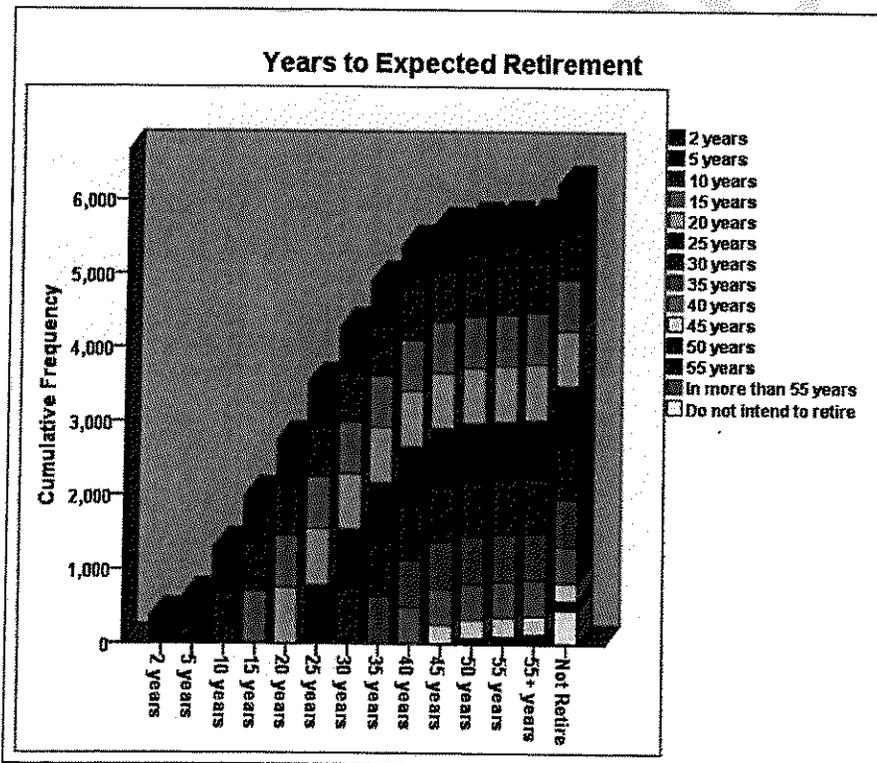
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	113	1%
Leave Virginia	258	3%
Decrease Patient Care Hours	186	2%
Decrease Teaching Hours	35	0%
Increase Participation		
Increase Patient Care Hours	902	12%
Increase Teaching Hours	483	6%
Pursue Additional Education	996	13%
Return to Virginia's Workforce	96	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacists. Only 6% of pharmacists plan on retiring in the next two years, while 21% plan on retiring in the next ten years. Meanwhile, more than half of pharmacists plan on working for at least the next 20 years, and more than 20% plan on working for at least the next 35 years.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	360	6%	6%
5 years	250	4%	10%
10 years	675	11%	21%
15 years	699	11%	32%
20 years	749	12%	44%
25 years	793	13%	57%
30 years	744	12%	69%
35 years	628	10%	79%
40 years	488	8%	87%
45 years	247	4%	91%
50 years	72	1%	92%
55 years	31	0%	92%
In more than 55 years	22	0%	93%
Do not intend to retire	454	7%	100%
Total	6,212	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce starting in 2022. Peak retirement years will take place around 2037, when 13% of the current workforce expects to retire every five years. Retirements will not fall below 10% of the current workforce every 5 years again until 2052. Half the current workforce expects to retire by 2037.

At a Glance:

FTEs

Total: 7,052
Average: .94

Age & Gender Effect

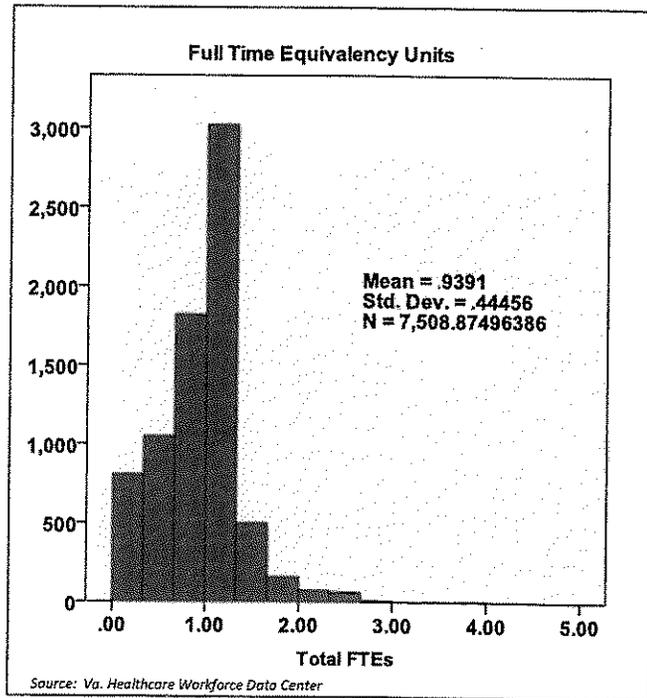
Age, Partial Eta²: .02
Gender, Partial Eta²: .009

Partial Eta² Explained:
Partial Eta² is a statistical measure of effect size.

.01=Small Effect
.06=Medium Effect
.138=Large Effect

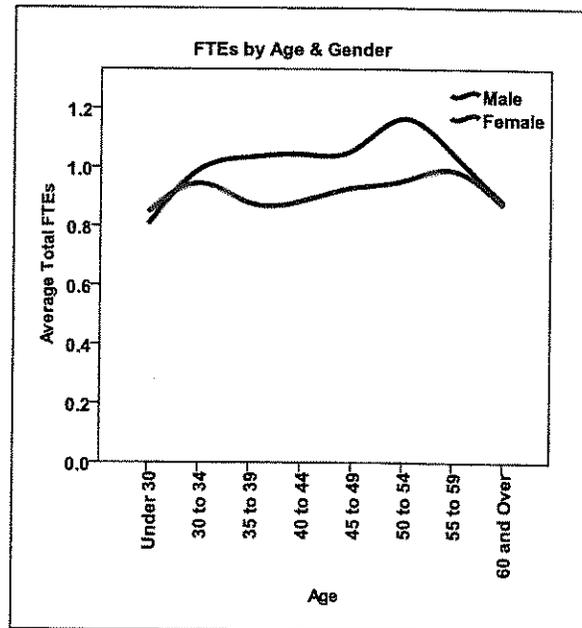
Source: Va. Healthcare Workforce Data Center

A Closer Look:



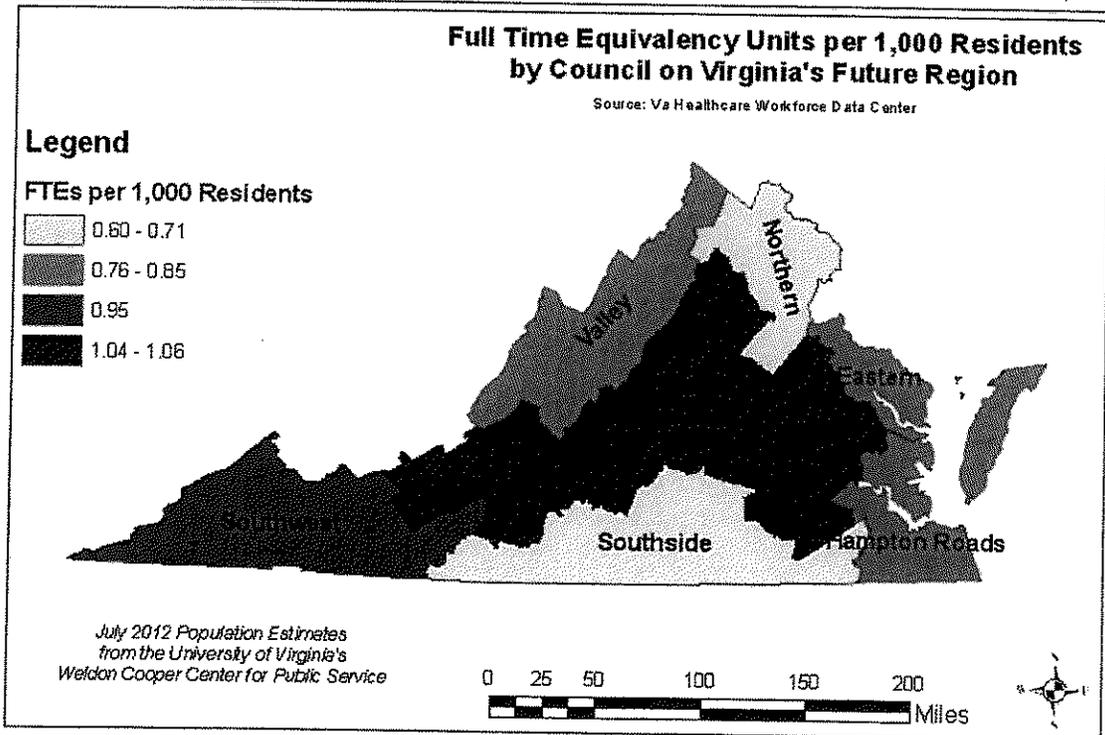
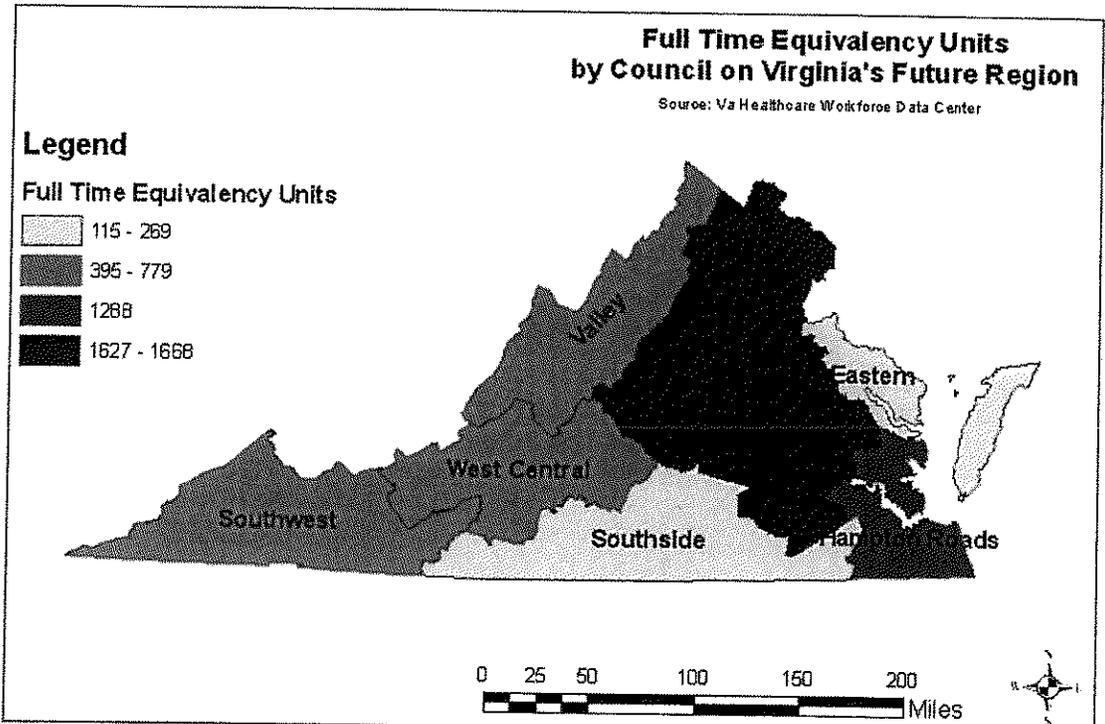
The average pharmacist provided 0.94 FTEs in 2012, or about 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical test did not verify that a difference exists.² Combined, gender and age account for approximately 3% of variation in FTEs.

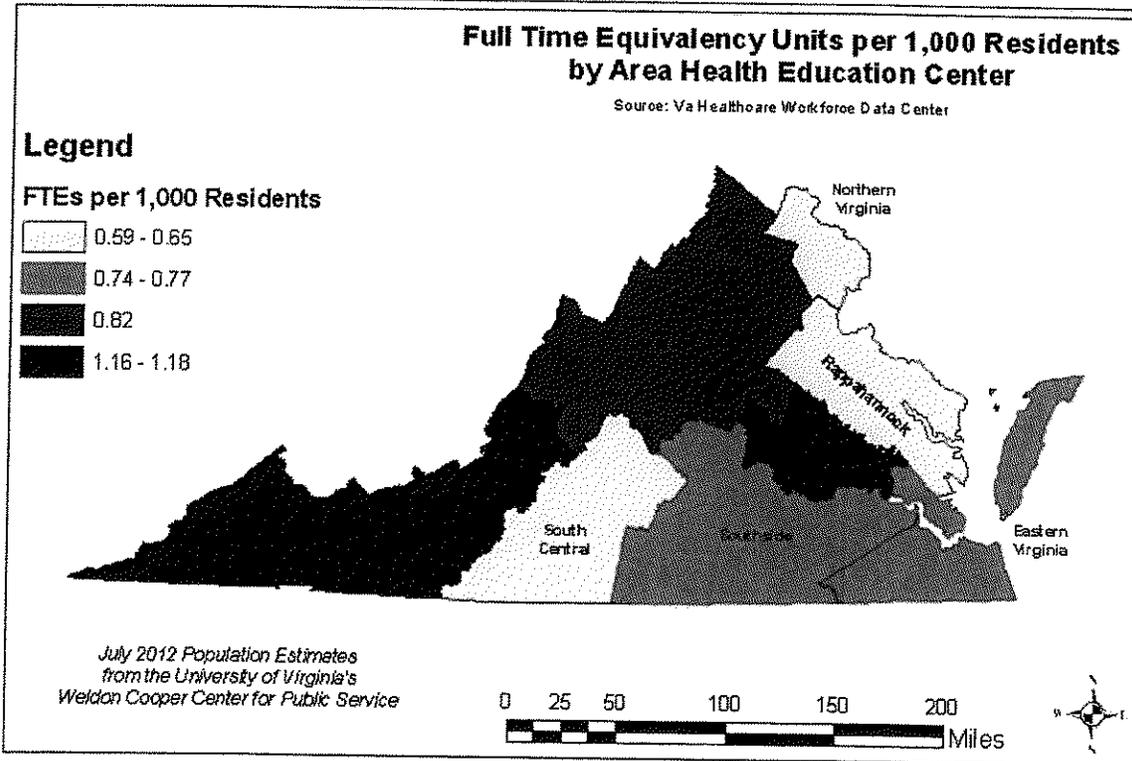
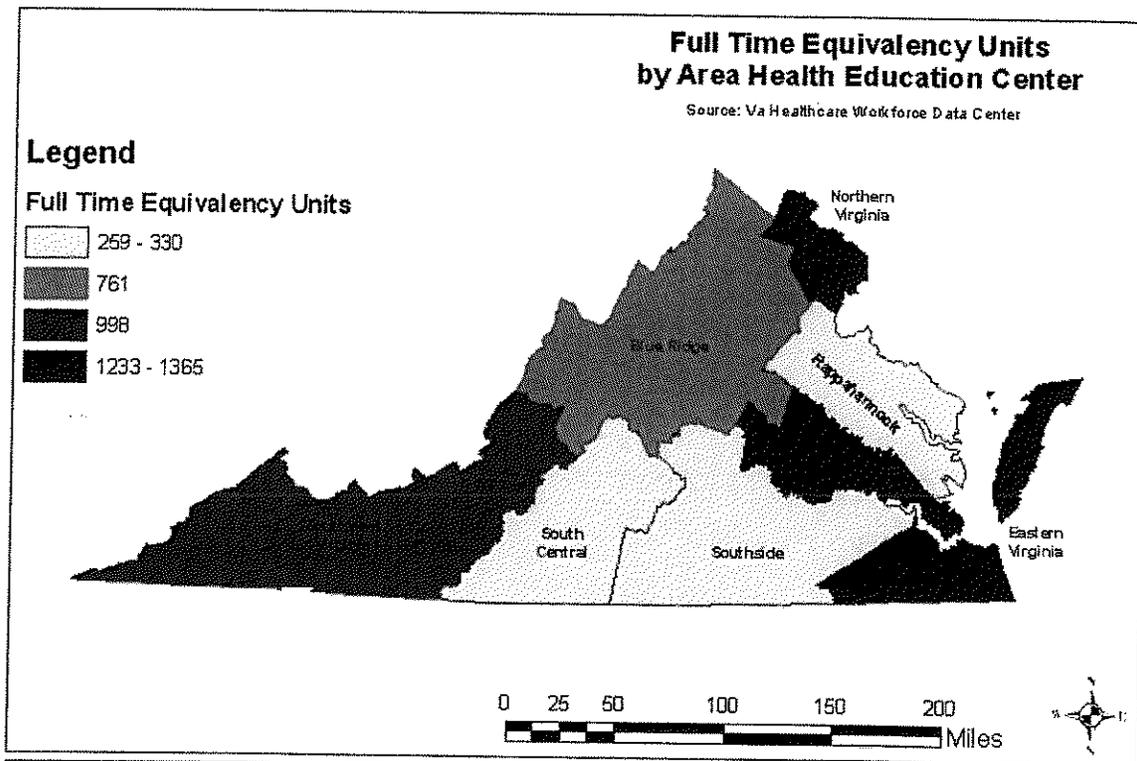
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.84	0.89
30 to 34	0.96	1.08
35 to 39	0.92	0.95
40 to 44	0.93	0.97
45 to 49	0.97	1.06
50 to 54	1.03	1.08
55 to 59	1.02	1.08
60 and Over	0.88	0.91
Gender		
Male	0.99	1.08
Female	0.91	0.97

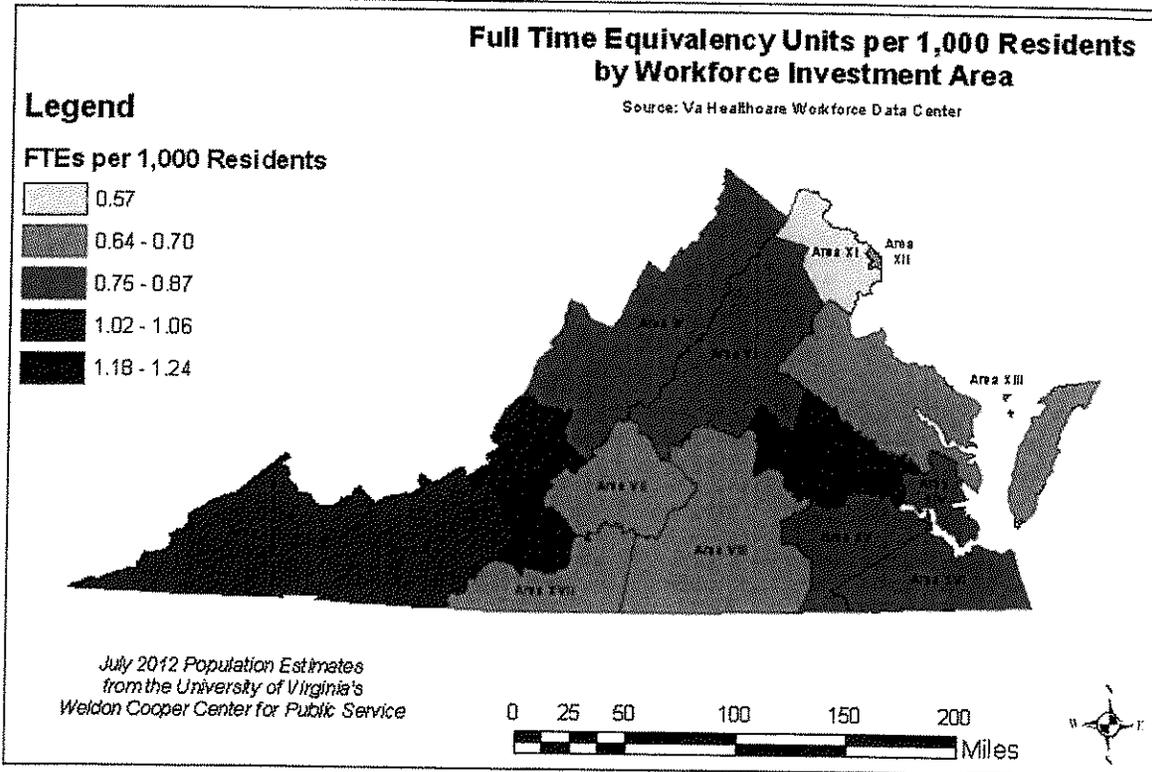
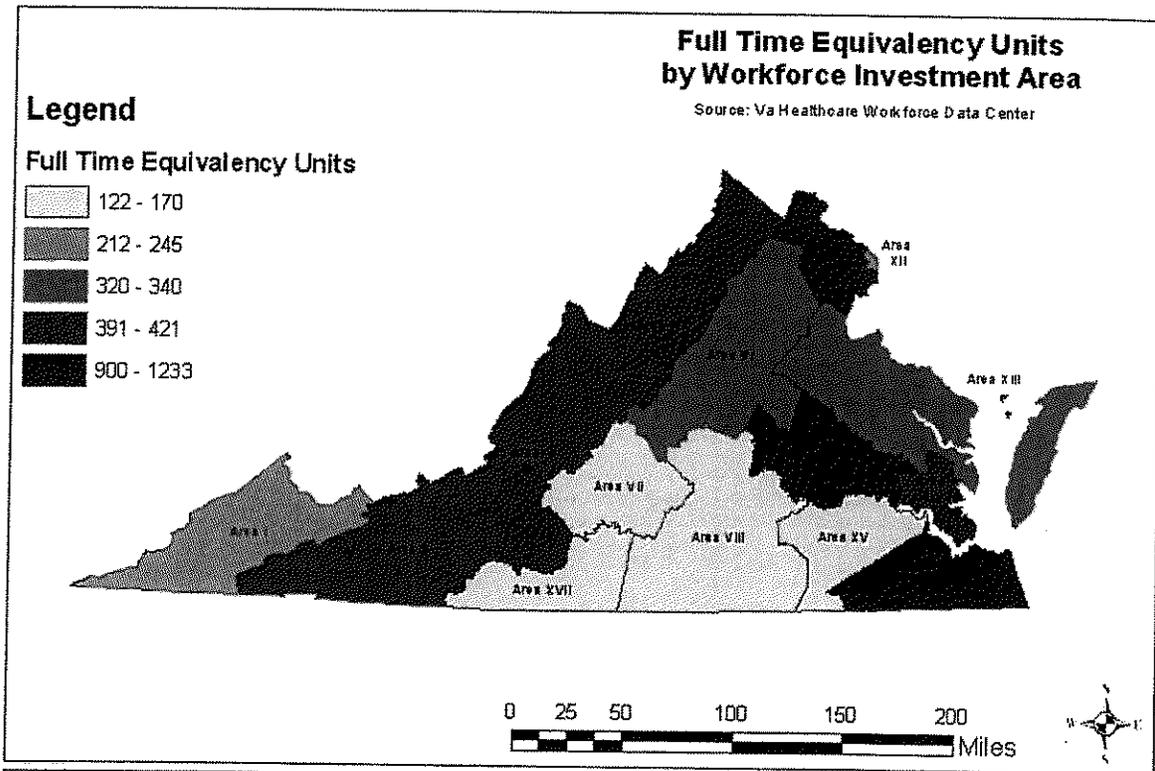


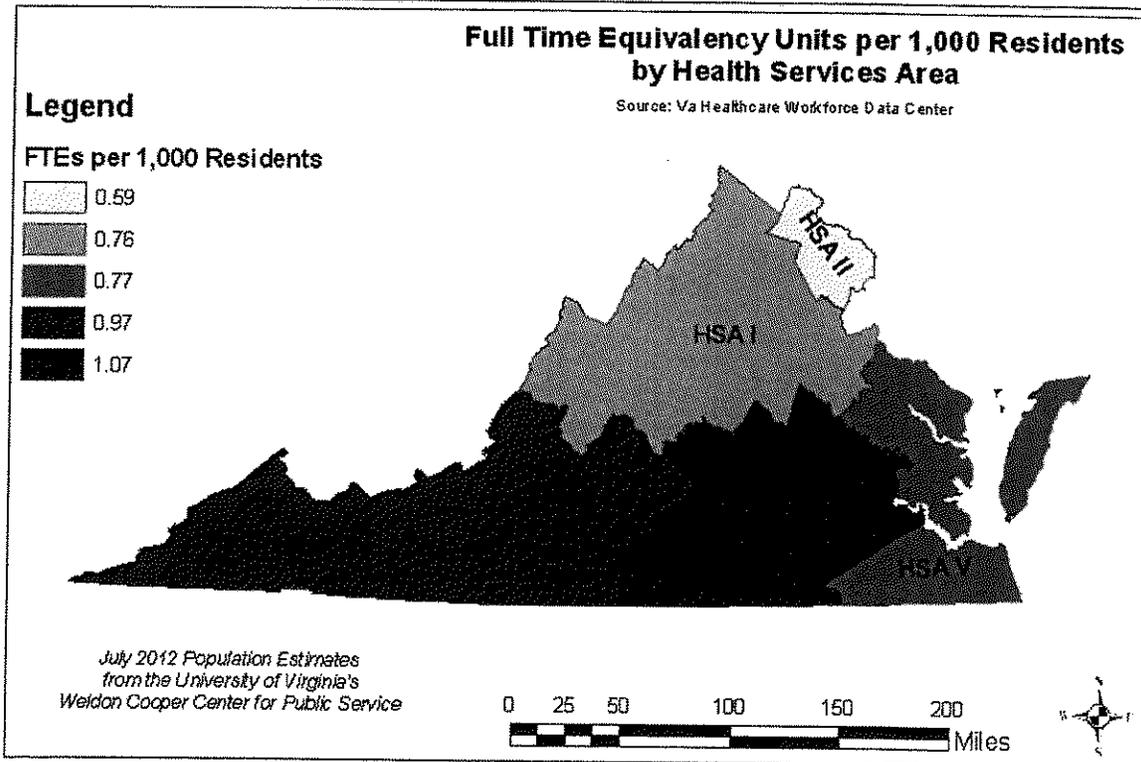
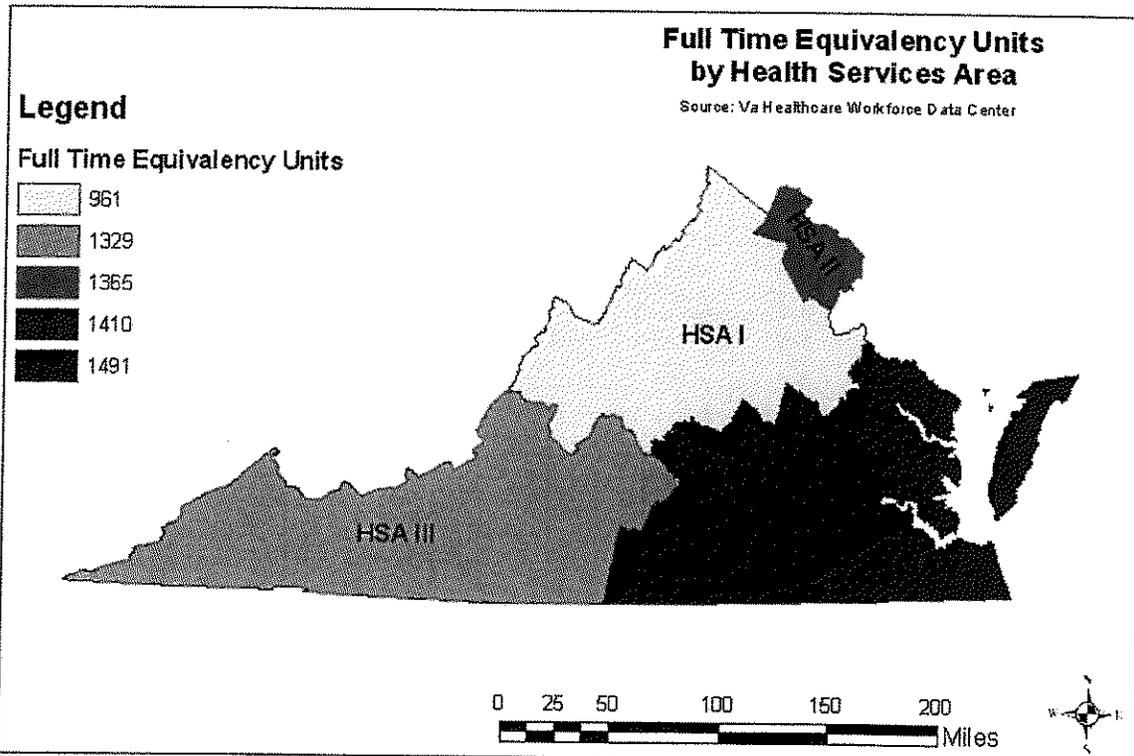
Source: Va. Healthcare Workforce Data Center

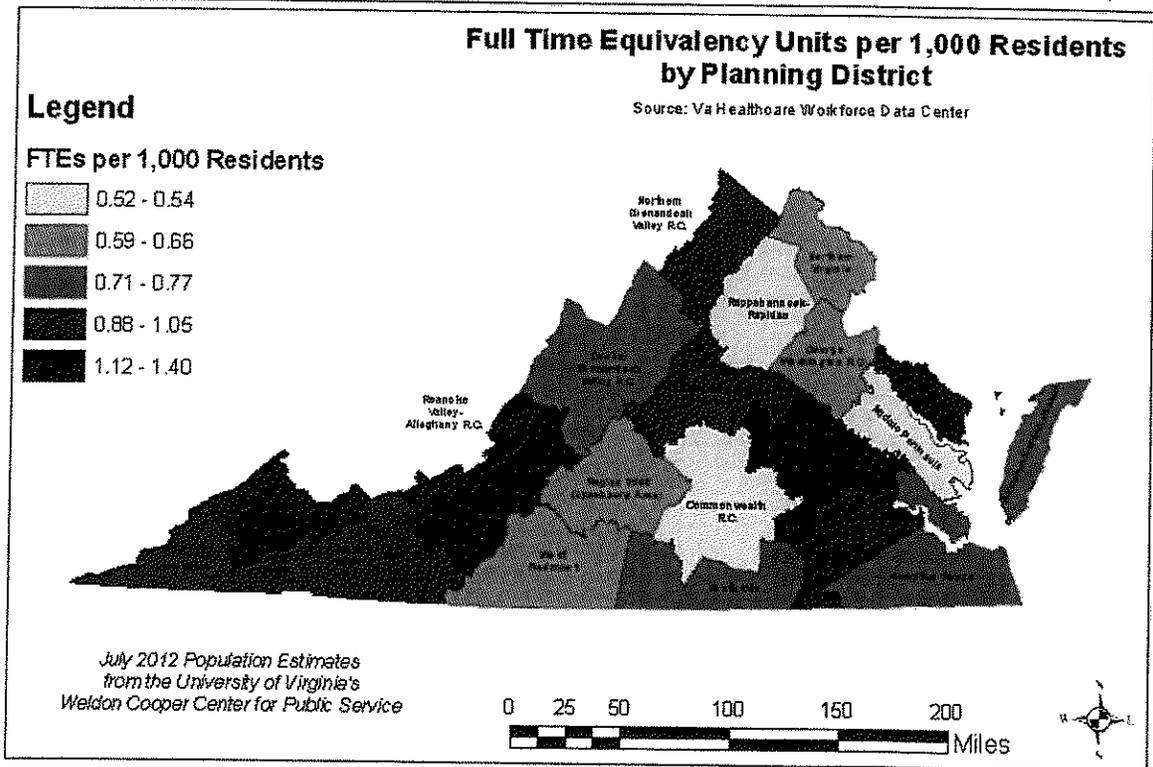
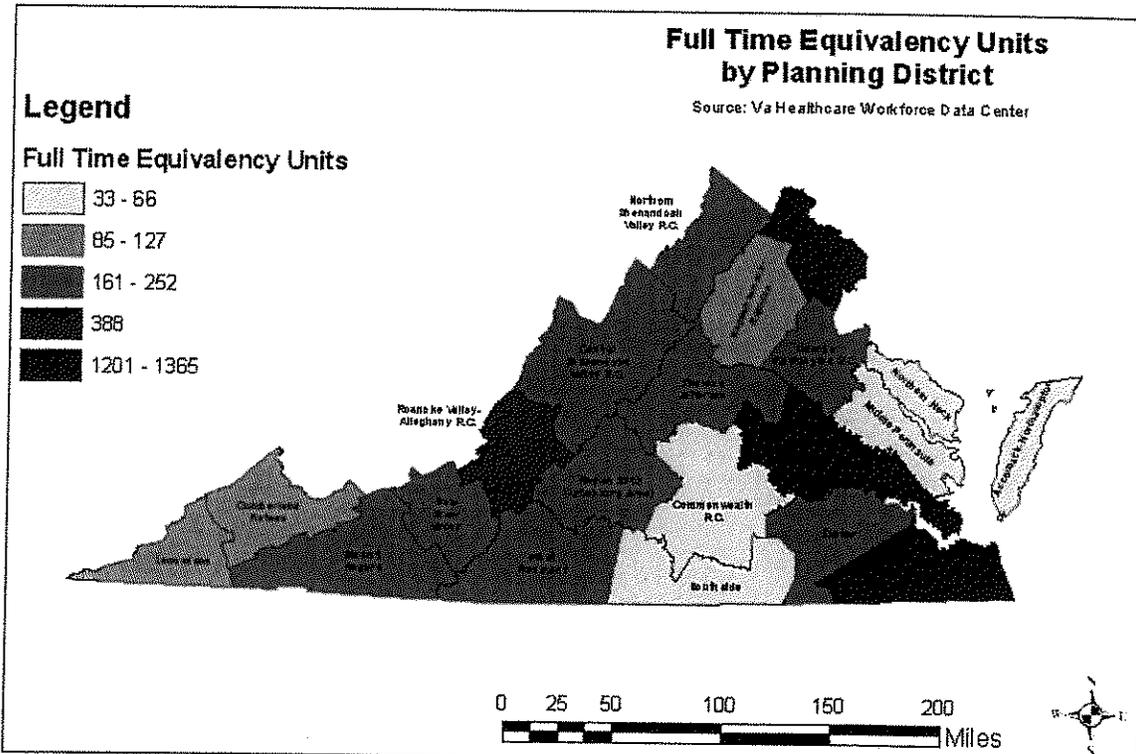
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test & Interaction effect are significant).











Appendix

Weights

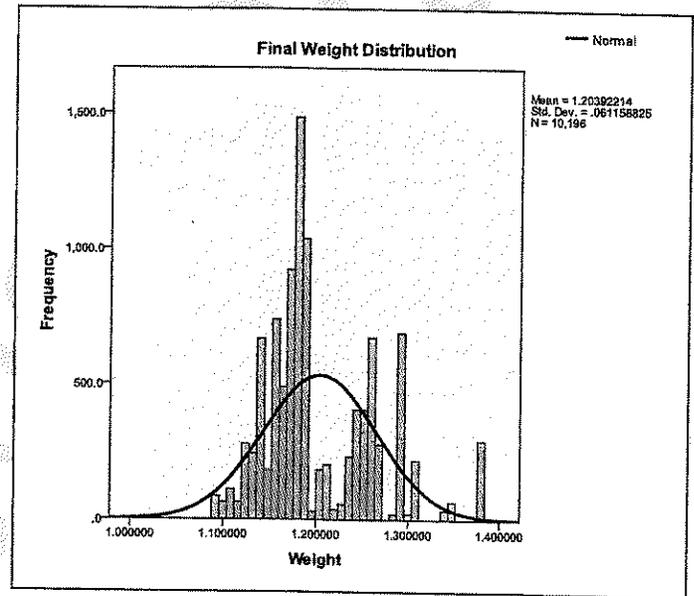
Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	5,450	83.91%	1.191778	1.139605	1.294877
Metro, 250,000 to 1 million	782	86.70%	1.153392	1.1029	1.25317
Metro, 250,000 or less	762	87.53%	1.142429	1.092416	1.241258
Urban pop 20,000+, Metro adj	117	83.76%	1.193878	1.141613	1.297158
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	276	80.43%	1.243243	1.188817	1.350794
Urban pop, 2,500-19,999, nonadj	243	86.42%	1.157143	1.106486	1.257245
Rural, Metro adj	112	81.25%	1.230769	1.176889	1.337241
Rural, nonadj	84	84.52%	1.183099	1.131305	1.285446
Virginia border state/DC	1,822	83.21%	1.201847	1.149233	1.305817
Other US State	2,630	78.67%	1.271145	1.215498	1.38111

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	1,024	86.82%	1.151856	1.092416	1.215498
30 to 34	1,600	85.31%	1.172161	1.111673	1.236925
35 to 39	1,610	83.79%	1.193477	1.131889	1.259418
40 to 44	1,716	83.92%	1.191667	1.130172	1.257508
45 to 49	1,486	83.04%	1.204214	1.142072	1.270749
50 to 54	1,358	84.46%	1.183958	1.122862	1.249374
55 to 59	1,284	84.89%	1.177982	1.117193	1.243067
60 and Over	2,187	76.41%	1.308797	1.241258	1.38111

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:
 $ageweight \times ruralweight \times responserate = final\ weight.$

Overall Response Rate: 0.830412



Virginia's Pharmacy Technician Workforce: 2012

Healthcare Workforce Data Center

August 2013

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Embargoed Draft

Over 9,500 Pharmacy Technicians voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Dianne L. Reynolds-Cane, M.D.
Director

Arne W. Owens
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, Ph.D.
Executive Director

Justin Crow, MPA
Research Analyst

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

The Board of Pharmacy

Chair

Jody H. Allen
Midlothian

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Harrisonburg

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Virginia Beach

Robert M. Rhodes
Winchester

Pratt P. Stelly
Richmond

Rebecca Thornbury
Grundy

Cynthia Warriner
Chester

Executive Director

Caroline D. Juran

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The Pharmacist Technician Workforce: At a Glance:

The Workforce

Licenses:	13,610
Virginia's Workforce:	12,843
FTEs:	10,568

Survey Response Rate

All Licenses:	71%
Renewing Practitioners:	88%

Demographics

Female:	84%
Diversity Index:	57%
Median Age:	34

Background

Rural Childhood:	42%
HS Degree in VA:	74%
% Work Rural	15%

Education

Assoc or Higher:	40%
Bacc. or Higher:	20%

Finances

Median Wage: \$11-\$13/hr
Health Benefits: 58%
Under 40 w/ Ed debt: 49%

Current Employment

Employed in Prof.:	79%
Hold 1 Full-time Job:	62%
Satisfied?:	88%

Job Turnover

Switched Jobs in 2012:	7%
Employed over 2 yrs:	58%

Primary Roles

Medication Dispense:	35%
Customer Service:	8%
Administration:	4%

Source: Va. Healthcare Workforce Data Center

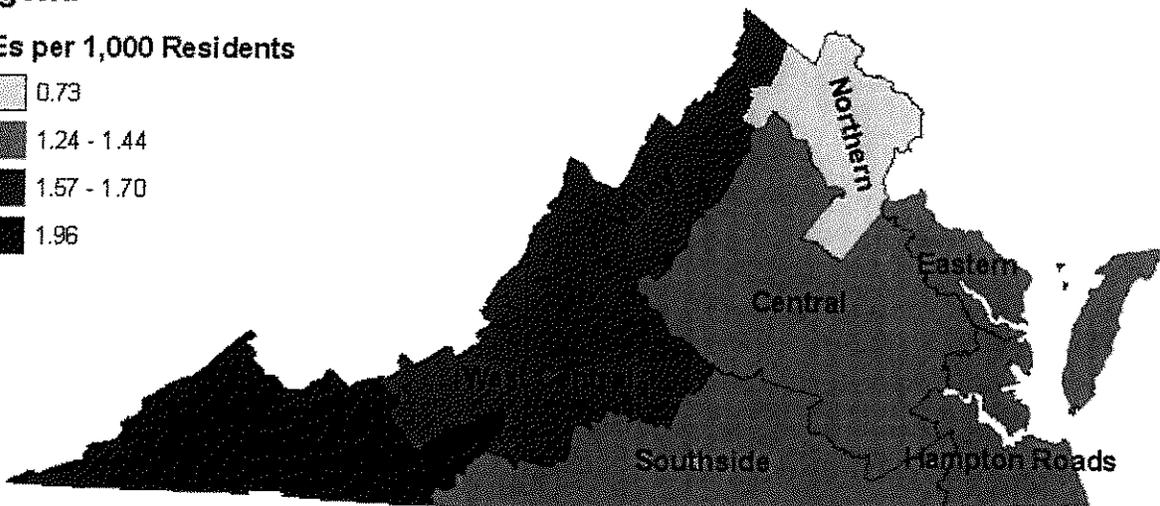
Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: Va Healthcare Workforce Data Center

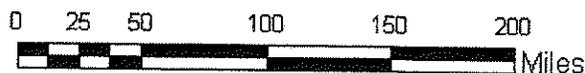
Legend

FTEs per 1,000 Residents

	0.73
	1.24 - 1.44
	1.57 - 1.70
	1.96



July 2012 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service



9,597 pharmacy technicians voluntarily took part in the 2012 Pharmacy Technicians Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal period, which occurs in December for pharmacy technicians. These survey respondents represent 71% of the 13,610 pharmacy technicians licensed in the state and 88% of renewing practitioners.

The HWDC estimates that 12,843 pharmacy technicians participated in Virginia's workforce in 2012, which is defined as those who worked at least a portion of the year in the state or who live in the state and plan on returning to work as a pharmacy technician at some point in the future. These pharmacy technicians provided 10,568 "full-time equivalency units" in 2012, which the HWDC defines as working 2,000 hours per year (or 40 hours per week for 50 weeks per year, assuming two weeks off).

79% of pharmacy technicians were employed in the profession at the time of the survey. 62% held one full-time position, while 23% held one part-time position. Meanwhile, another 9% of pharmacy technicians held two or more positions. Overall, nearly nine in ten pharmacy technicians were satisfied with their current employment status. In addition, 46% of all pharmacy technicians considered themselves "very satisfied" with their current employment status.

Women account for 84% of those in the profession. Women also account for 82% of pharmacy technicians who are under the age of 40. The median age for pharmacy technicians is 34, which is seven years under the median age for Virginia's overall workforce. In a random encounter between two pharmacy technicians, the probability that they would be of different races or ethnicities is 56%. This probability increases to 60% for those pharmacy technicians under the age of 40. For the state population as a whole, this same probability is 54%.

38% of pharmacy technicians grew up in a suburban environment as children. Meanwhile, 42% had a rural background, and 28% of those pharmacy technicians with a rural background currently work in a non-Metro area of the state. Nearly three-quarters of Virginia's pharmacy technicians went to high school in Virginia.

60% of Virginia's pharmacy technicians earned a high school diploma or GED as their highest level of educational attainment, while 38% earned either an Associate or a Baccalaureate degree. 37% of all pharmacy technicians currently carry education debt, although this percentage increases to nearly half for those who are under the age of 40. For those who carried education debt, the median debt level was between \$10,000 and \$12,000.

The median hourly income for pharmacy technicians was between \$11.00 and \$13.00, and half of all pharmacy technicians earned between \$9.00 and \$17.00 per hour. Nearly three-quarters of pharmacy technicians also received at least one employer-sponsored benefit in addition to their income: 58% received health insurance, while 47% had a retirement plan.

58% of pharmacy technicians have been working at their primary work location for at least two years. However, 22% of pharmacy technicians had a new work location at some point in 2012, while 7% switched jobs during the year. 10% of pharmacy technicians were either involuntarily unemployed or underemployed.

The typical pharmacist spent between 50% and 59% of his or her time dispensing medication and between 20% and 29% on customer service. More than one-third of pharmacy technicians spent at least 60% of their time dispensing medication, while 8% did the same in customer service activities.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	9,747	72%
New Licensees	2,115	16%
Non-Renewals	1,748	13%
All Licensees	13,610	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 88% of renewing pharmacy technicians submitted a survey. These represent 71% of pharmacy technicians who held a license at some point in 2012.

At a Glance:

Licensed Professionals

Number:	13,610
New:	16%
Not Renewed:	13%

Response Rates

All Licensees:	71%
Renewing Practitioners:	88%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	9,597
Response Rate, all licensees	71%
Response Rate, Renewals	88%

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	1,808	3,159	64%
30 to 34	593	1,471	71%
35 to 39	362	1,077	75%
40 to 44	316	964	75%
45 to 49	250	839	77%
50 to 54	241	793	77%
55 to 59	215	659	75%
60 and Over	228	635	74%
Total	4,013	9,597	71%
New Licenses			
Issued in 2012	1,340	775	37%
Metro Status			
Non-Metro	551	1,523	73%
Metro	3,173	7,704	71%
Not in Virginia	288	370	56%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in December 2012.
- 2. Target Population:** All pharmacy technicians who held a Virginia license at some point in 2012.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some pharmacy technicians newly licensed in 2012.

At a Glance:

Workforce

2012 Workforce: 12,843
 FTEs: 10,568

Utilization Ratios

Licenses in VA Workforce: 94%
 Licenses per FTE: 1.29
 Workers per FTE: 1.22

Source: Va. Healthcare Workforce Data Center

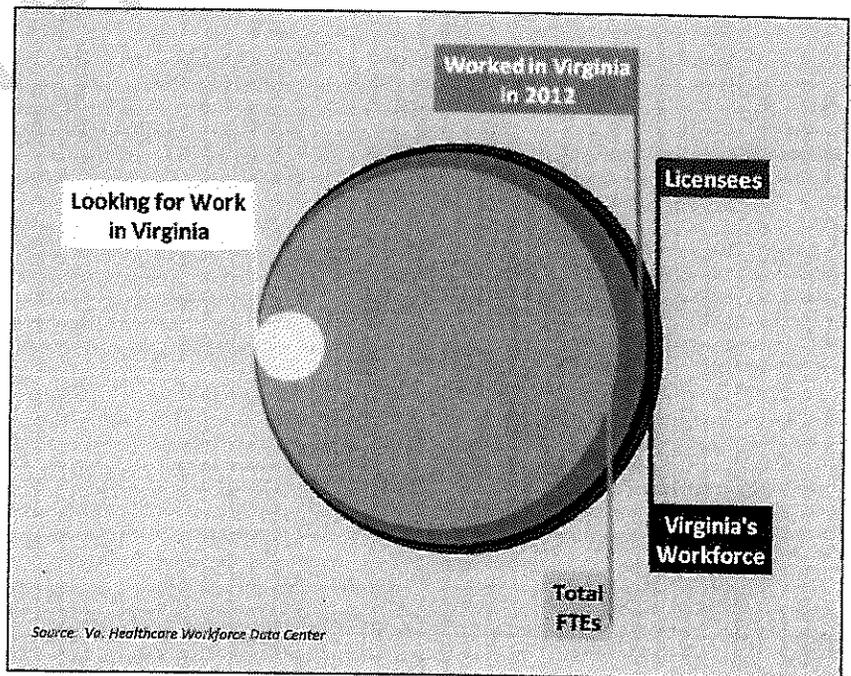
Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in 2012 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Pharmacy Tech. Workforce		
Status	#	%
Worked in Virginia in Past Year	12,456	97%
Looking for Work in Virginia	387	3%
Virginia's Workforce	12,843	100%
Total FTEs	10,568	
Licenses	13,610	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	874	19%	3,774	81%	4,649	37%
30 to 34	290	15%	1,635	85%	1,925	15%
35 to 39	215	16%	1,095	84%	1,310	10%
40 to 44	153	13%	1,035	87%	1,188	9%
45 to 49	116	12%	890	89%	1,006	8%
50 to 54	117	12%	846	88%	963	8%
55 to 59	88	11%	716	89%	804	6%
60 +	133	17%	644	83%	777	6%
Total	1,986	16%	10,635	84%	12,622	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 84%
% Under 40 Female: 82%

Age

Median Age: 34
% Under 40: 62%
% 55+: 13%

Diversity

Diversity Index: 56%
Under 40 Div. Index: 60%

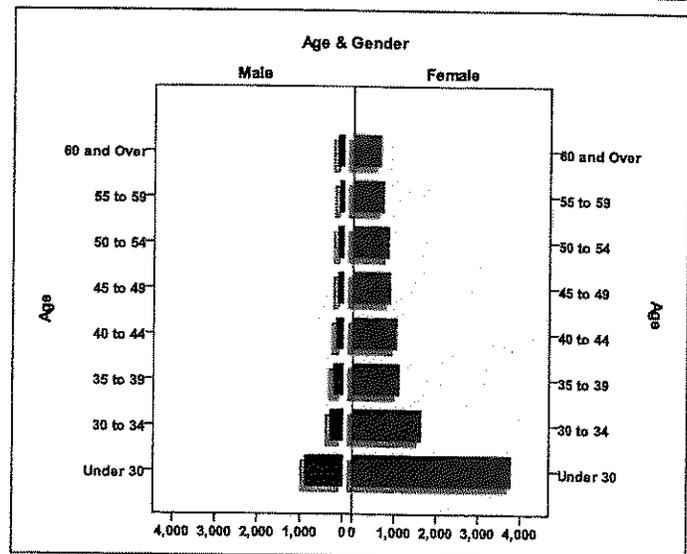
Source: Va. Healthcare Workforce Data Center

In a chance encounter between two Pharmacy Technicians, there is a 56% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index), which is greater than the 54% chance for Virginia's population. Pharmacy technicians under the age of 40 are even more diverse.

Race/Ethnicity	Virginia*		Pharmacy Technicians		Pharmacy Tech. Under 40	
	%	#	%	#	%	#
White	64%	7,864	62%	4,580	58%	4,580
Black	19%	2,599	20%	1,729	22%	1,729
Asian	6%	1,160	9%	780	10%	780
Other Race	0%	204	2%	147	2%	147
Two or more races	2%	323	3%	255	3%	255
Hispanic	8%	530	4%	411	5%	411
Total	100%	12,680	100%	7,902	100%	7,902

*Population data in this chart is from the US Census, ACS 1-yr estimates, 2011 vintage.
Source: Va. Healthcare Workforce Data Center

More than four in five pharmacy technicians are female. Meanwhile, the median age for pharmacy technicians is 34, which makes them significantly younger than the rest of Virginia's workforce. More than half of the pharmacy technician workforce is under the age of 35, while just 20% are over the age of 50.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 20%
 Rural Childhood: 42%

Virginia Background

HS in Virginia: 74%
 HS in Virginia, Last 5 Yrs: 73%

Location Choice

% Work Rural: 15%
 % Rural to Non-Metro: 28%
 % Urban/Suburban to Non-Metro: 5%

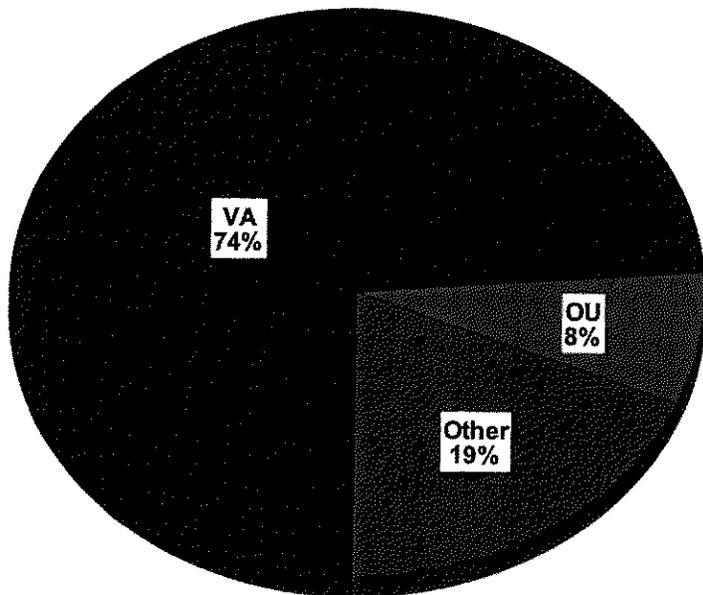
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location:		Rural Status of Childhood Location		
USDA Rural Urban Continuum		Rural	Suburban	Urban
Code	Description			
Metro Counties				
1	Metro, 1 million+	26%	48%	26%
2	Metro, 250,000 to 1 million	56%	30%	14%
3	Metro, 250,000 or less	66%	26%	8%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	65%	22%	14%
6	Urban pop, 2,500-19,999, Metro adj	83%	13%	4%
7	Urban pop, 2,500-19,999, nonadj	91%	5%	4%
8	Rural, Metro adj	86%	8%	7%
9	Rural, nonadj	73%	18%	9%
Overall		42%	38%	20%

Source: Va. Healthcare Workforce Data Center

Location, High School



Source: Va. Healthcare Workforce Data Center

42% of pharmacy technicians grew up in self-described rural areas, but only 28% of these professionals currently work in Non-Metro counties. Meanwhile, 38% grew up in suburban areas, while 20% grew up in an urban environment; of this group, only 5% currently work in Non-Metro counties. For the pharmacy technician workforce as a whole, 15% currently work in rural areas.

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Top Ten States for Pharmacy Technician Recruitment

Rank	All Pharmacy Technicians		Licensed in Past 5 Years	
	High School	#	High School	#
1	Virginia	9,266	Virginia	4,631
2	Outside of U.S.	946	Outside of U.S.	502
3	New York	250	New York	107
4	North Carolina	183	North Carolina	90
5	West Virginia	178	Maryland	87
6	Pennsylvania	170	West Virginia	86
7	Maryland	159	Florida	71
8	Florida	145	Pennsylvania	63
9	California	110	California	58
10	New Jersey	105	Ohio	52

Source: Va. Healthcare Workforce Data Center

Nearly three in four pharmacy technicians received their high school degree in Virginia. 8% of pharmacy technicians earned their high school degree outside of the United States. New York, North Carolina, and West Virginia were the most likely states outside of Virginia for pharmacy technicians to earn a high school degree.

Licenses who did not participate in Virginia's Pharmacy Technician Workforce A potential source of pharmacy technicians for Virginia?

Only 6% of licensed pharmacy technicians did not participate in Virginia's workforce in 2012. Nearly three in four of these professionals had worked at some point in the past year, and just over half are currently working as pharmacy technicians. 35% worked in a state bordering Virginia or in Washington DC. Only 6% were in federal service, including 2% who were in the military.

At a Glance:

Not in VA Workforce

Total:	767
% of Licensees:	6%
Federal/Military:	6%
Va Border State/DC:	35%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
High School/GED	7,538	60%
Associate	2,434	20%
Baccalaureate	2,201	18%
Masters	294	2%
Doctorate	26	0%
Total	12,493	100%

Source: Va. Healthcare Workforce Data Center

40% of pharmacy technicians received post-secondary schooling, most of whom earned either an Associate or a Baccalaureate degree. 37% of pharmacy technicians currently carry educational debt, although nearly half of those under the age of 40 carry such debt. For those who do currently have educational debt, the median amount was between \$10,000 and \$12,000.

At a Glance:

Education

High School/GED: 60%

Associate: 20%

Baccalaureate or Higher: 20%

Educational Debt

Carry debt: 37%

Under age 40 w/ debt: 49%

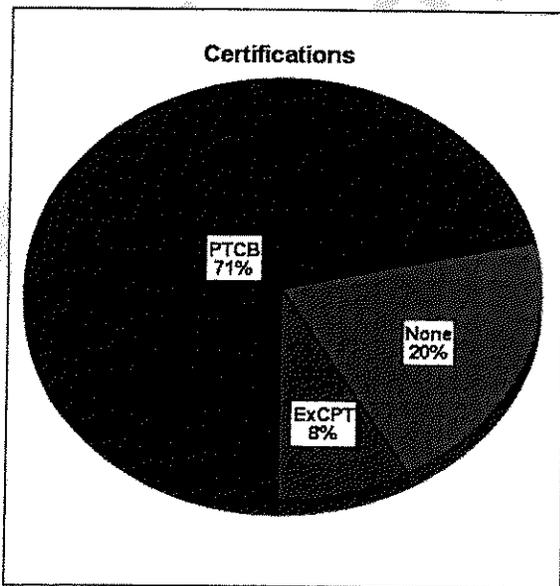
Median debt: \$10k-\$12k

Top Certifications

PTCB-Certified: 71%

ExCPT-Certified: 8%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Amount Carried	All Pharmacy Technicians		Pharmacy Tech. Under 40	
	#	%	#	%
None	6,185	63%	3,083	51%
Less than \$2,000	446	5%	323	5%
\$2,001-\$4,000	389	4%	326	5%
\$4,001-\$6,000	304	3%	258	4%
\$6,001-\$8,000	252	3%	209	3%
\$8,001-\$10,000	262	3%	226	4%
\$10,001-\$12,000	254	3%	219	4%
\$12,001-\$15,000	235	2%	193	3%
\$15,001-\$20,000	408	4%	363	6%
More than \$20,000	1,066	11%	896	15%
Total	9,801	100%	6,096	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 79%
 Involuntarily Unemployed: 3%

Positions Held

1 Full-time: 62%
 2 or More Positions: 9%

Weekly Hours:

40 to 49: 39%
 60 or more: 4%
 Less than 30: 25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	36	0%
Employed in a pharmacy technician-related capacity	9,837	79%
Employed, NOT in a pharmacy technician-related capacity	1,827	15%
Not working, reason unknown	7	0%
Involuntarily unemployed	359	3%
Voluntarily unemployed	401	3%
Retired	51	0%
Total	12,519	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	818	7%
One Part-Time Position	2,859	23%
Two Part-Time Positions	255	2%
One Full-Time Position	7,664	62%
One Full-Time Position & One Part-Time Position	742	6%
Two Full-Time Positions	21	0%
More than Two Positions	53	0%
Total	12,412	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	818	7%
1 to 9 hours	381	3%
10 to 19 hours	651	5%
20 to 29 hours	1,122	9%
30 to 39 hours	3,431	29%
40 to 49 hours	4,668	39%
50 to 59 hours	440	4%
60 to 69 hours	158	1%
70 to 79 hours	92	1%
80 or more hours	225	2%
Total	11,986	100%

Source: Va. Healthcare Workforce Data Center

Nearly four in five of Virginia's pharmacy technicians were employed within the profession when they renewed their licenses, while only 3% were involuntarily unemployed. 62% of pharmacy technicians held one full-time job, while less than one in ten held two or more jobs. 39% of pharmacy technicians worked between 40 and 49 hours per week. Meanwhile, 25% of pharmacy technicians worked less than 30 hours per week, while just 4% worked 60 or more hours per week.

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	256	3%
\$7.25-\$9.00	376	4%
\$9.01-\$11.00	1,964	22%
\$11.01-\$13.00	1,884	21%
\$13.01-\$15.00	1,494	17%
\$15.01-\$17.00	1,161	13%
\$17.01-\$19.00	701	8%
\$19.01-\$21.00	461	5%
More than \$21.00	532	6%
Total	8,830	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Hourly Earnings

Median Income: \$11.01-\$13.00
Middle 50%: \$9.01-\$17.00

Benefits

Employer Health Insrnce: 58%
Employer Retirement: 47%

Satisfaction

Satisfied: 88%
Very Satisfied: 46%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Health Insurance	5,744	58%
Dental Insurance	5,259	53%
Paid Sick Leave	5,109	52%
Retirement	4,657	47%
Group Life Insurance	3,045	31%
Signing/Retention Bonus	251	3%
Receive at least one benefit*	7,151	73%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median hourly income for pharmacy technicians was between \$11.01 and \$13.00. 58% of pharmacy technicians received health insurance, while 47% received retirement benefits. In total, nearly three in four pharmacy technicians received at least one employer-sponsored benefit.

88% of pharmacy technicians were satisfied with their jobs, including 46% who were very satisfied. Only 12% of pharmacy technicians were dissatisfied with their current employment status.

Job Satisfaction

Level	#	%
Very Satisfied	5,608	46%
Somewhat Satisfied	5,156	42%
Somewhat Dissatisfied	970	8%
Very Dissatisfied	461	4%
Total	12,195	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	415	3%
Experience Voluntary Unemployment?	661	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	925	7%
Work two or more positions at the same time?	1,697	13%
Switch employers or practices?	789	6%
Experienced at least 1	3,745	29%

Source: Va. Healthcare Workforce Data Center

Only 3% of Virginia's pharmacy technicians were involuntary unemployed at some point in 2012. By comparison, Virginia's average monthly unemployment rate of 5.9%.²

At a Glance:

Unemployment Experience 2012

Involuntarily Unemployed: 3%
Underemployed: 7%

Turnover & Tenure

Switched Jobs: 7%
New Location: 22%
Over 2 years: 58%

Employment Type

Hourly Wage: 90%
Salary: 8%

Source: Va. Healthcare Workforce Data Center

58% of all pharmacy technicians have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	509	4%	592	20%
Less than 6 Months	860	8%	373	13%
6 Months to 1 Year	1,022	9%	286	10%
1 to 2 Years	2,382	21%	454	16%
3 to 5 Years	2,866	25%	559	19%
6 to 10 Years	1,822	16%	325	11%
More than 10 Years	1,922	17%	302	10%
Subtotal	11,383	100%	2,891	100%
Did not have location	861		9,530	
Item Missing	600		422	
Total	12,843		12,843	

Source: Va. Healthcare Workforce Data Center

Nine in ten pharmacy technicians received an hourly wage at their primary work location, while 8% received a salary or commission.

Employment Type		
Primary Work Site	#	%
Hourly Wage	7,541	90%
Salary/ Commission	649	8%
Unpaid	104	1%
By Contract	72	1%
Business/ Practice Income	18	0%
Subtotal	8,383	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The not seasonally adjusted monthly unemployment rate ranged from 6.4% in January to 5.4% in November.

At a Glance:

Concentration

Top Region:	23%
Top 3 Regions:	66%
Lowest Region:	2%

Locations

2 or more (2012):	26%
2 or more (Now*):	20%

Source: Va. Healthcare Workforce Data Center

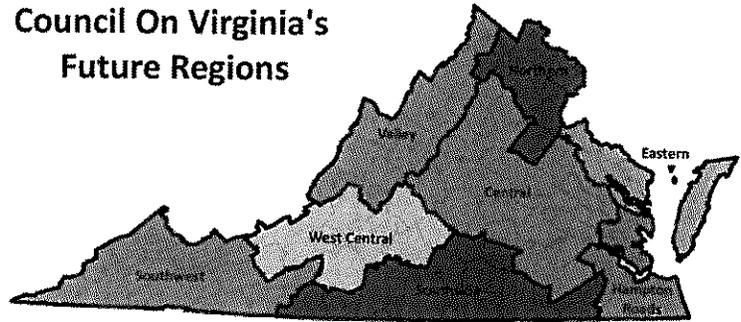
Two-thirds of all pharmacy technicians had their primary work location in Central Virginia, Northern Virginia, or Hampton Roads.

A Closer Look:

COVF Region	Regional Distribution of Work Locations			
	Primary Location		Secondary Location	
	#	%	#	%
Central	2,559	23%	643	24%
Eastern	212	2%	61	2%
Hampton Roads	2,359	21%	567	21%
Northern	2,467	22%	597	22%
Southside	542	5%	112	4%
Southwest	869	8%	186	7%
Valley	876	8%	160	6%
West Central	1,333	12%	345	13%
Virginia Border State/DC	34	0%	25	1%
Other US State	11	0%	25	1%
Outside of the US	1	0%	4	0%
Total	11,263	100%	2,725	100%
Item Missing	718		260	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



Locations	Number of Work Locations			
	Work Locations in 2012		Work Locations Now*	
	#	%	#	%
0	855	7%	796	7%
1	8,679	68%	8,515	73%
2	2,044	16%	1,417	12%
3	1,133	9%	916	8%
4	61	1%	24	0%
5	25	0%	15	0%
6 or More	46	0%	23	0%
Total	12,843	100%	11,707	100%

Source: Va. Healthcare Workforce Data Center

*At the time of survey completion, December 2012.

Approximately two-thirds of all pharmacy technicians had just one work location in 2012, while one-quarter had at least two locations during the year. Only 1% of pharmacy technicians worked at four or more work locations at some point in 2012.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	7,982	76%	1,625	71%
Non-Profit	1,310	12%	305	13%
State/Local Government	831	8%	227	10%
Veterans Administration	43	0%	11	0%
U.S. Military	201	2%	51	2%
Other Federal Gov't	165	2%	63	3%
Total	10,532	100%	2,282	100%
Did not have location	861		9,856	
Item Missing	1,452		705	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

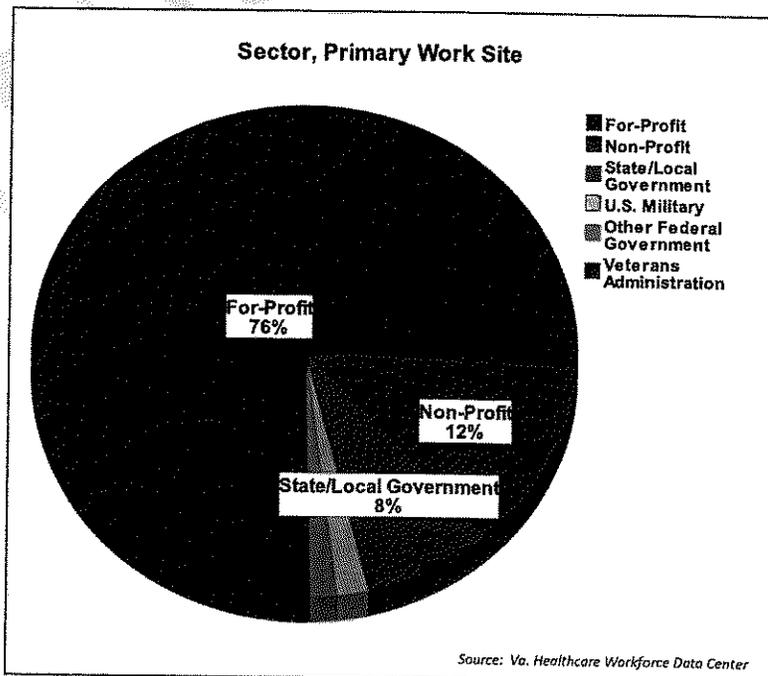
For Profit:	76%
Federal:	4%

Top Establishments

Large Chain Pharmacy: (11+ Stores)	36%
Hospital/Health System: (Inpatient & Outpatient)	18%
Independent Pharmacy: (1-4 Stores)	12%

Source: Va. Healthcare Workforce Data Center

Nearly 90% of pharmacy technicians worked in the private sector, including 12% in the non-profit sector. Another 12% of pharmacy technicians worked for a government organization, two-thirds of whom worked for a state or local government.



Top 10 Location Types

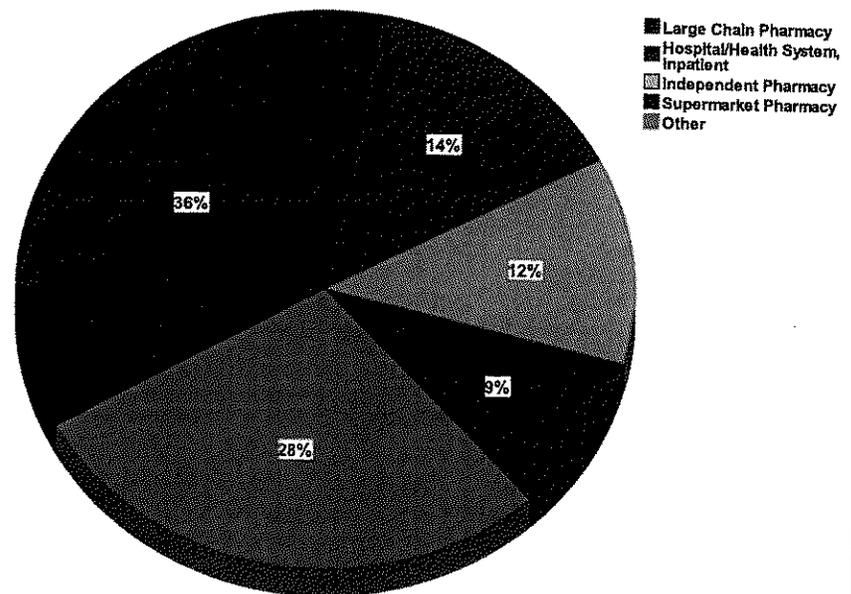
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Large Chain Community Pharmacy (11+ Stores)	3,790	36%	764	34%
Hospital/Health System, Inpatient	1,506	14%	281	12%
Independent Community Pharmacy (1-4 Stores)	1,253	12%	202	9%
Supermarket Pharmacy	970	9%	195	9%
Mass Merchandiser (i.e. Big Box Stores)	577	6%	91	4%
Nursing Home/Long-Term Care	458	4%	87	4%
Hospital/Health System, Outpatient Department	401	4%	65	3%
Clinic-Based Pharmacy	241	2%	64	3%
Home Health/Infusion	146	1%	45	2%
Small Chain Community Pharmacy (5-10 Stores)	95	1%	36	2%
Academic Institution	91	1%	63	3%
Mail Service Pharmacy	91	1%	13	1%
Other	869	8%	356	16%
Total	10,488	100%	2,262	100%
Does not have location	861		9,856	

Source: Va. Healthcare Workforce Data Center

More than one in three pharmacy technicians work at a large chain community pharmacy, while another 18% work in an inpatient or outpatient hospital/health system. 12% work at an independent community pharmacy, and 9% work in a supermarket pharmacy.

For secondary work locations, one-third of all pharmacy technicians work at a large chain community pharmacy. Another 15% work at an inpatient or outpatient hospital/health system, while 9% each work at independent community pharmacies and supermarket pharmacies.

Establishment Type, Primary Work Site



Source: Va. Healthcare Workforce Data Center

**At a Glance:
(Primary Locations)**

Typical Time Allocation

Medical Dispensing: 50%-59%
Customer Service: 20%-29%
Administration: 10%-19%

Roles

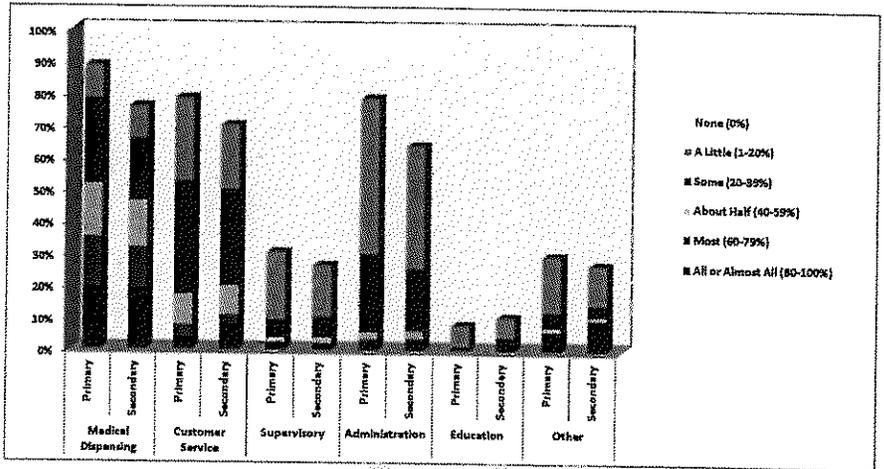
Medical Dispensing: 35%
Customer Service: 8%
Administration: 4%
Supervisory: 3%

Administration Time

Median Admin Time: 10%-19%
Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, a typical pharmacy technician will spend 50 to 59% of their time dispensing medicine and 20 to 29% on customer service activities. One-third of all pharmacy technicians fill a medical dispensing role, defined as spending 60% or more of their time in an activity, but about half of pharmacy technicians filled multiple roles at their positions.

Time Allocation												
Time Spent	Medical Dispensing		Customer Service		Supervisory		Administration		Education		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	20%	19%	4%	8%	2%	1%	2%	3%	0%	2%	5%	9%
Most (60-79%)	16%	13%	4%	3%	1%	1%	1%	1%	0%	0%	1%	1%
About Half (40-59%)	16%	14%	10%	9%	1%	2%	2%	2%	0%	0%	1%	1%
Some (20-39%)	27%	19%	35%	30%	6%	7%	24%	20%	1%	2%	5%	4%
A Little (1-20%)	10%	10%	26%	20%	21%	16%	49%	38%	6%	6%	17%	12%
None (0%)	11%	24%	21%	30%	70%	74%	21%	36%	92%	90%	71%	73%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	2,265	24%	9	0%
50 to 54	431	5%	40	2%
55 to 59	639	7%	138	7%
60 to 64	1,498	16%	506	26%
65 to 69	2,113	22%	758	38%
70 to 74	593	6%	210	11%
75 to 79	140	1%	45	2%
80 or over	122	1%	35	2%
I do not intend to retire	1,685	18%	228	12%
Total	9,486	100%	1,969	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Pharmacy Technicians

Under 65: 51%

Under 60: 35%

Pharmacy Tech. 50 and over

Under 65: 35%

Under 60: 9%

Time until Retirement

Within 2 years: 4%

Within 10 years: 13%

Half the workforce: by 2042

Source: Va. Healthcare Workforce Data Center

Approximately one in five pharmacy technicians expect to retire between the ages of 65 and 69. In addition, one-half expect to retire before age 65. Among those pharmacy technicians who are age 50 or over, one-third still expect to retire before age 65, and 38% expect to retire between the ages of 65 and 69. Within the next ten years, 13% of pharmacy technicians plan on retiring, and half the current workforce is expected to be retired by 2042.

Within the next two years 13% of pharmacy technicians plan to leave either the profession or Virginia. Meanwhile, one-quarter of pharmacy technicians plan on pursuing additional educational opportunities, while 6% plan on increasing patient care hours.

Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	1,131	9%
Leave Virginia	511	4%
Decrease Patient Care Hours	151	1%
Decrease Teaching Hours	77	1%
Increase Participation		
Increase Patient Care Hours	741	6%
Increase Teaching Hours	422	3%
Pursue Additional Education	3,204	25%
Return to Virginia's Workforce	217	2%

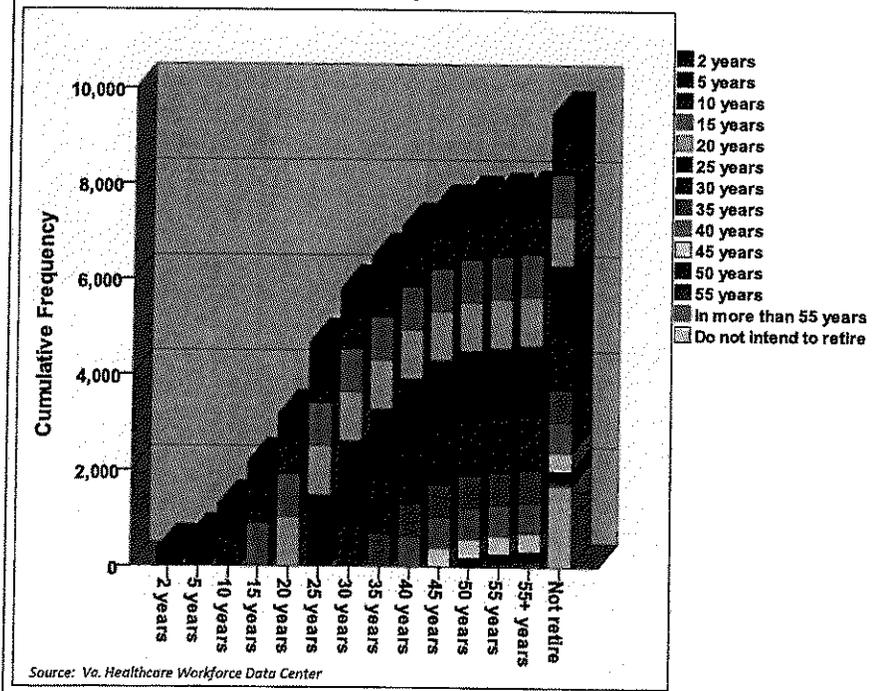
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacy technicians. Only 4% of pharmacy technicians plan on retiring in the next two years, while 13% plan on retiring in the next ten years. Meanwhile, more than half of all pharmacy technicians plan on working for at least the next 25 years, and one-quarter of pharmacy technicians plan on working for at least the next 40 years.

Time to Retirement			
Expect to retire within . . .	#	%	Cumulative %
2 years	369	4%	4%
5 years	219	2%	6%
10 years	688	7%	13%
15 years	891	9%	23%
20 years	1,019	11%	34%
25 years	1,487	16%	49%
30 years	1,126	12%	61%
35 years	671	7%	68%
40 years	637	7%	75%
45 years	385	4%	79%
50 years	190	2%	81%
55 years	69	1%	82%
In more than 55 years	51	1%	82%
Do not intend to retire	1,685	18%	100%
Total	9,486	100%	

Source: Va. Healthcare Workforce Data Center

Years to Expected Retirement



Using these estimates, retirements will begin to reach 10% of the current workforce every five years starting in 2032. Peak retirement years will take place around 2037, when 16% of the current workforce expects to retire every five years. Retirements will not fall below 10% of the current workforce every five years again until 2047. Approximately one-half of the current workforce expects to retire between 2027 and 2042.

At a Glance:

FTEs

Total: 10,568
Average: .88

Age & Gender Effect

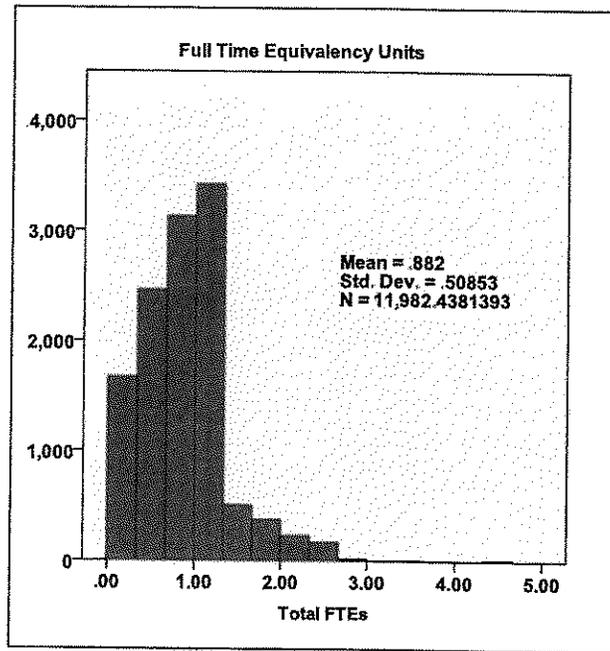
Age, Partial Eta²: .027
Gender, Partial Eta²: .000

Partial Eta² Explained:
Partial Eta² is a statistical measure of effect size.

- .01=Small Effect
- .06=Medium Effect
- .138=Large Effect

Source: Va. Healthcare Workforce Data Center

A Closer Look:

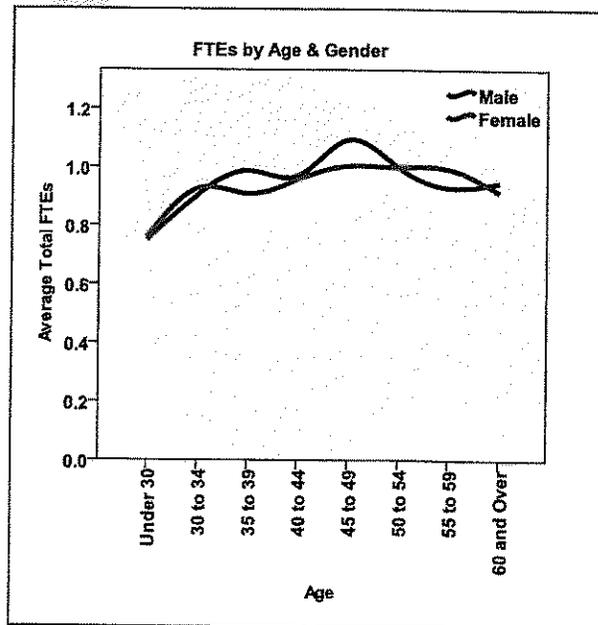


Source: Va. Healthcare Workforce Data Center

The average pharmacy technician provided 0.88 FTEs in 2012, or about 34 hours per week for 52 weeks. Although FTEs appear to vary by age, statistical tests did not verify a difference exists.² Combined, gender and age account for approximately 5% of variation in FTEs.

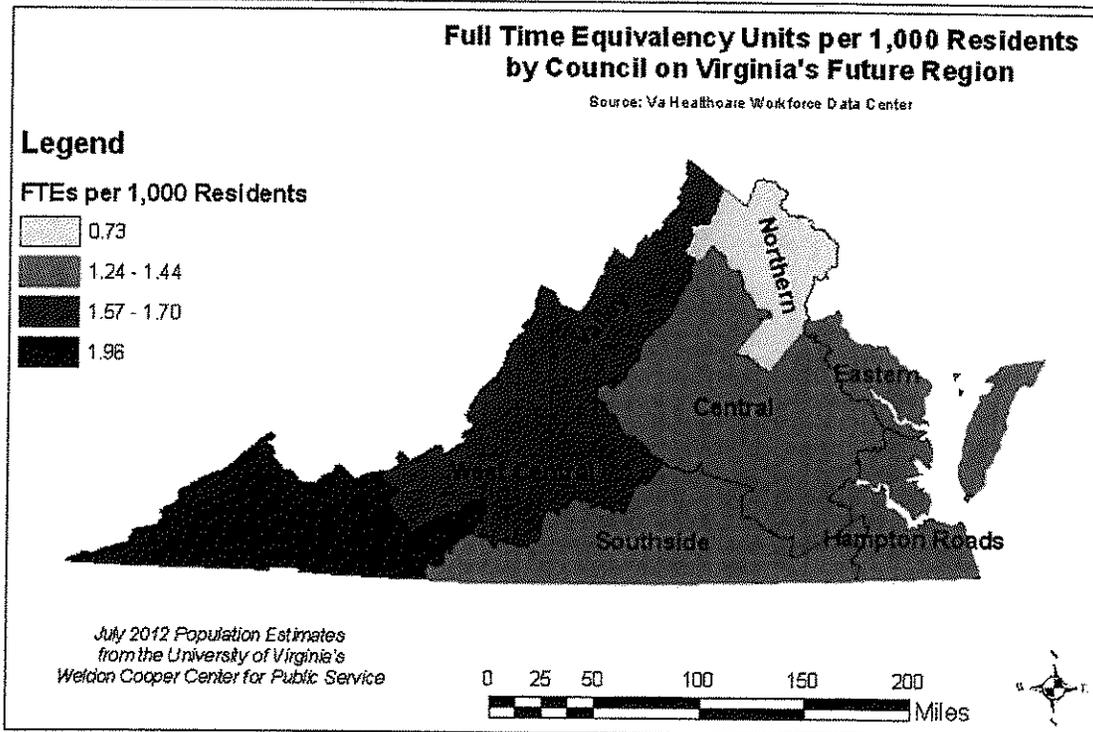
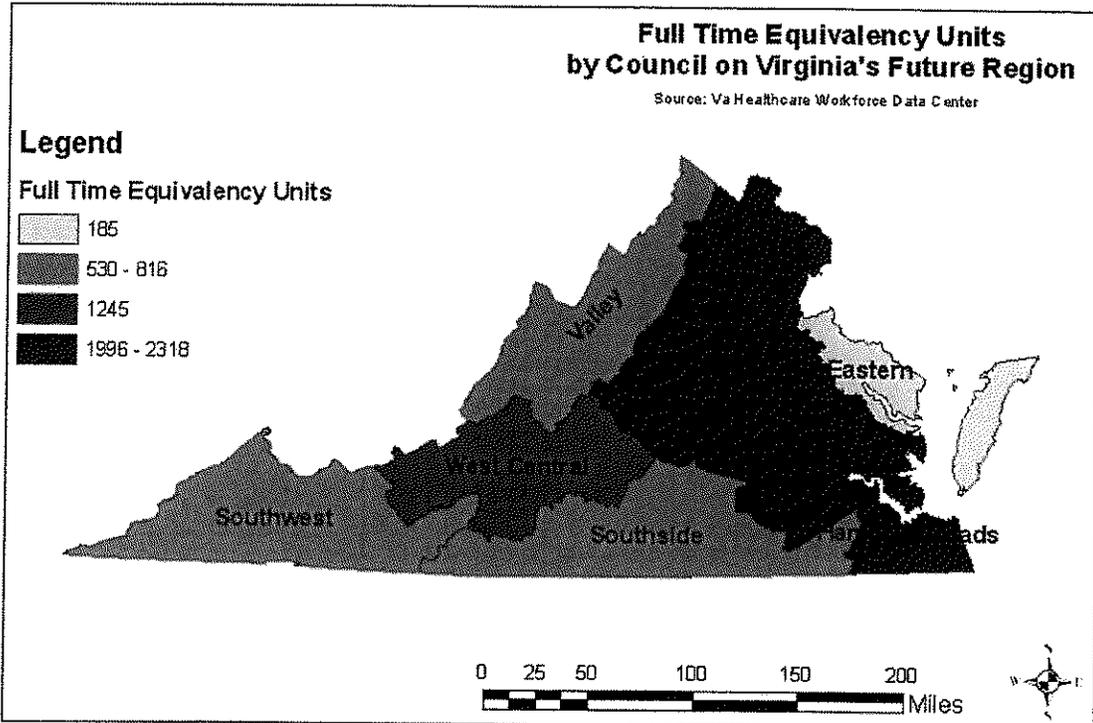
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.76	0.72
30 to 34	0.92	0.91
35 to 39	0.92	0.91
40 to 44	0.96	0.91
45 to 49	1.01	1.08
50 to 54	1.00	1.06
55 to 59	0.99	1.03
60 and Over	0.92	0.91
Gender		
Male	0.87	0.89
Female	0.88	0.90

Source: Va. Healthcare Workforce Data Center

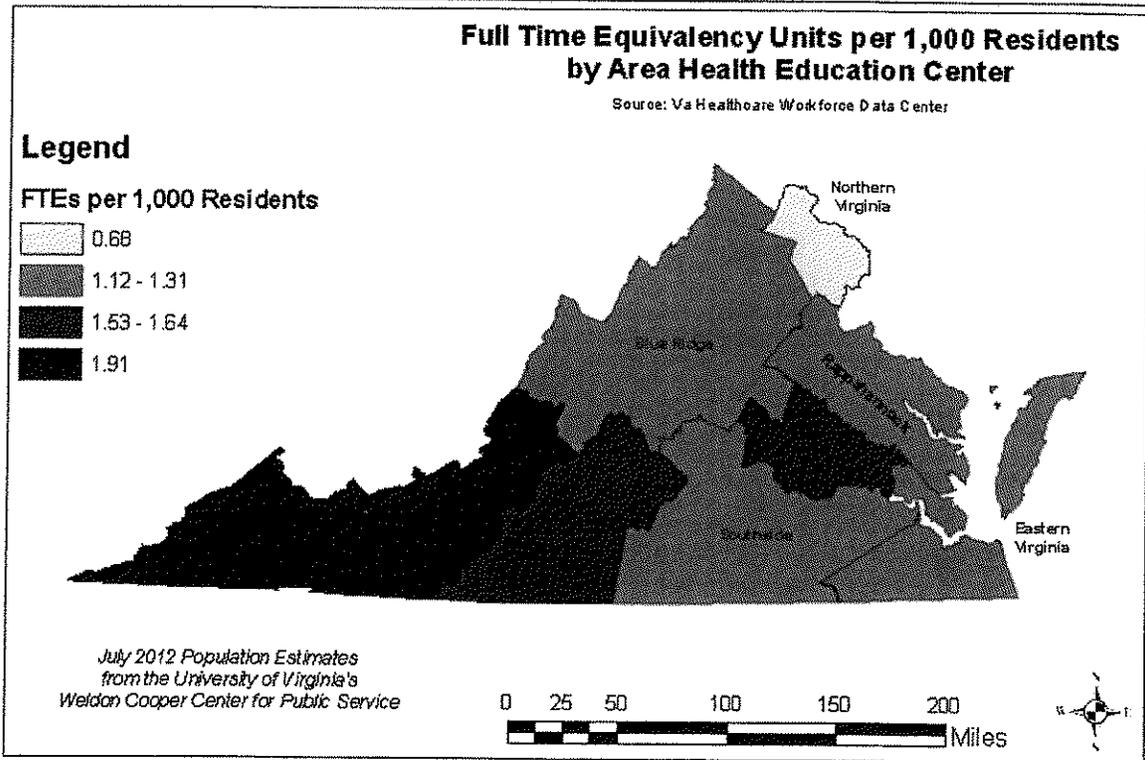
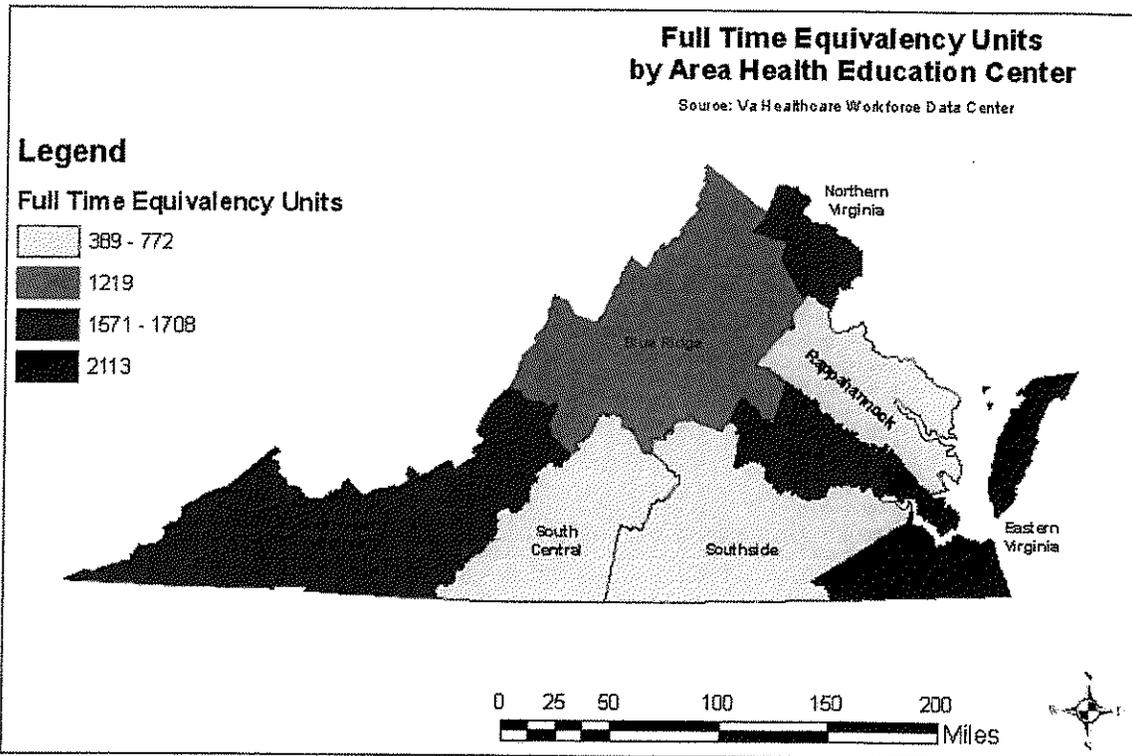


Source: Va. Healthcare Workforce Data Center

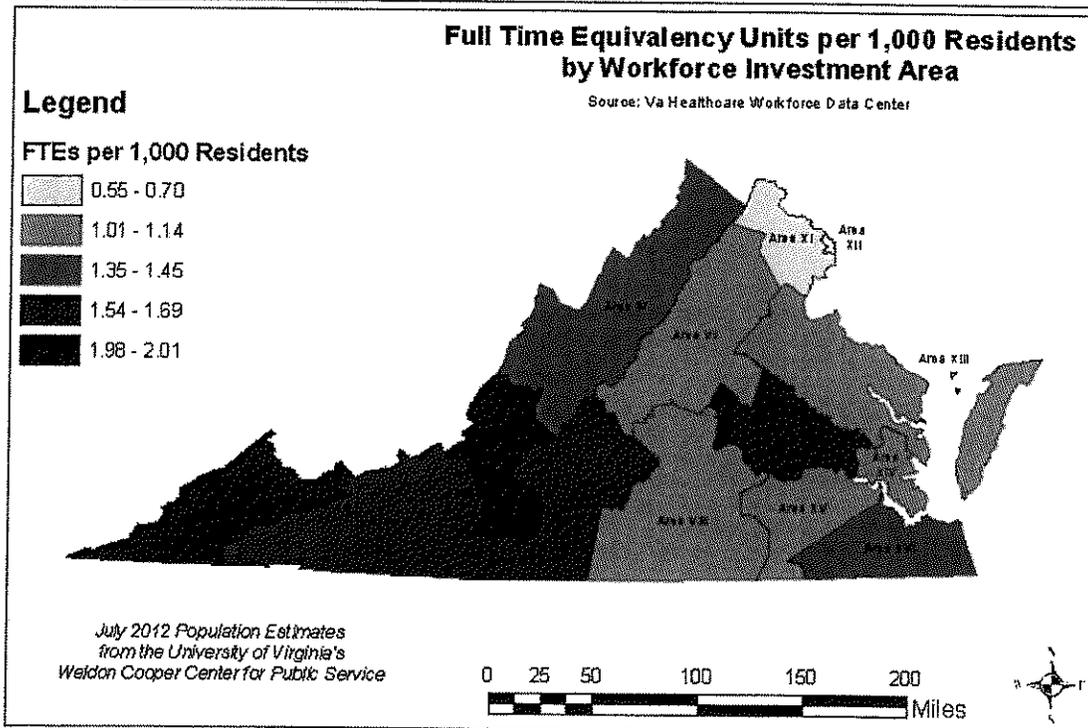
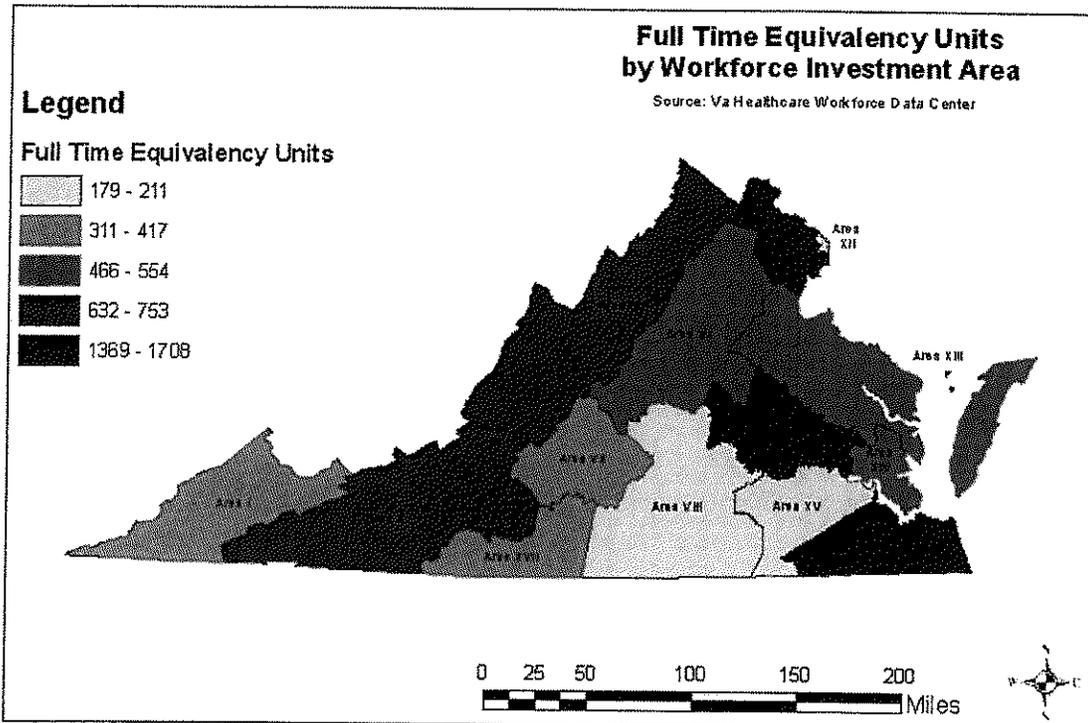
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test & Interaction effect are significant).

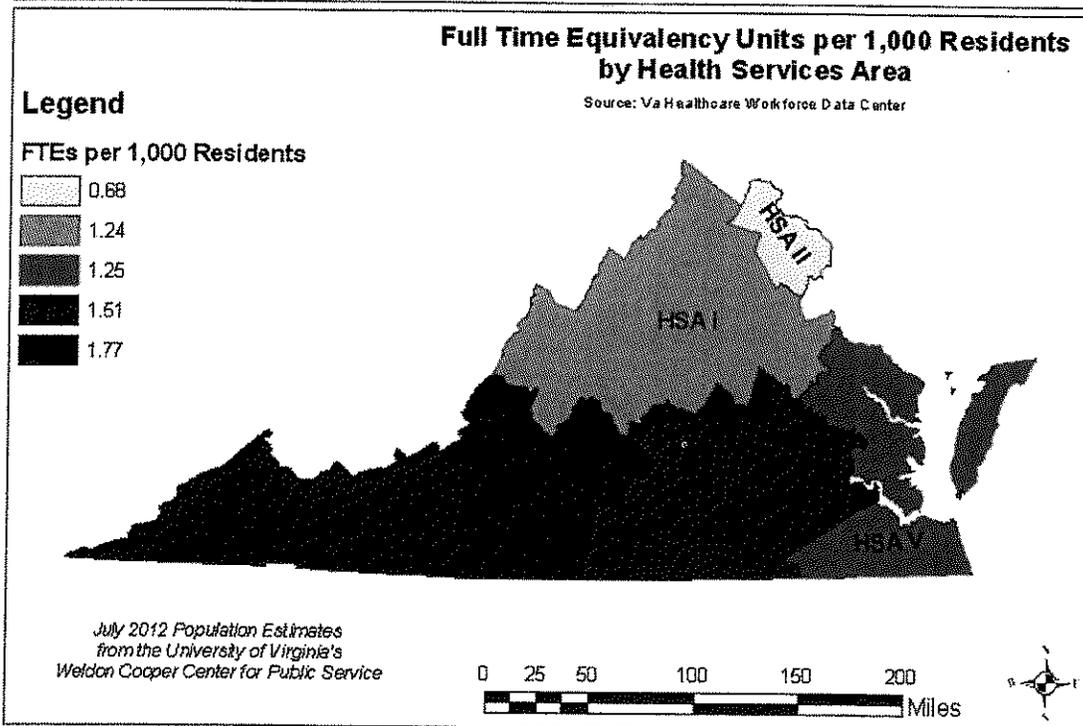
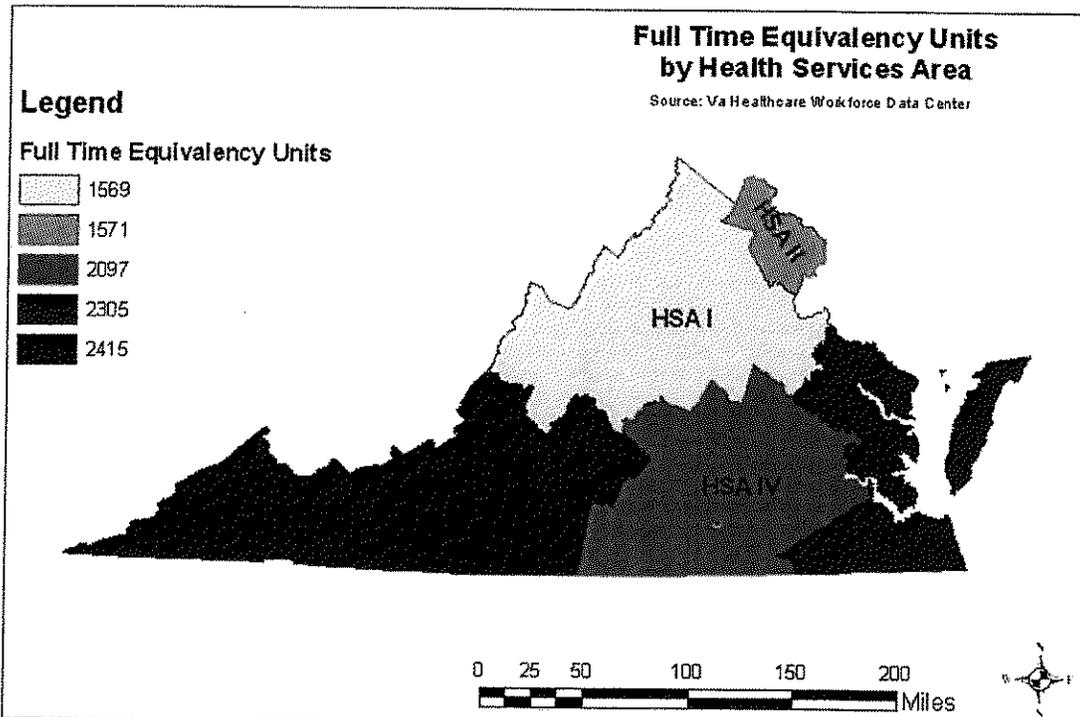


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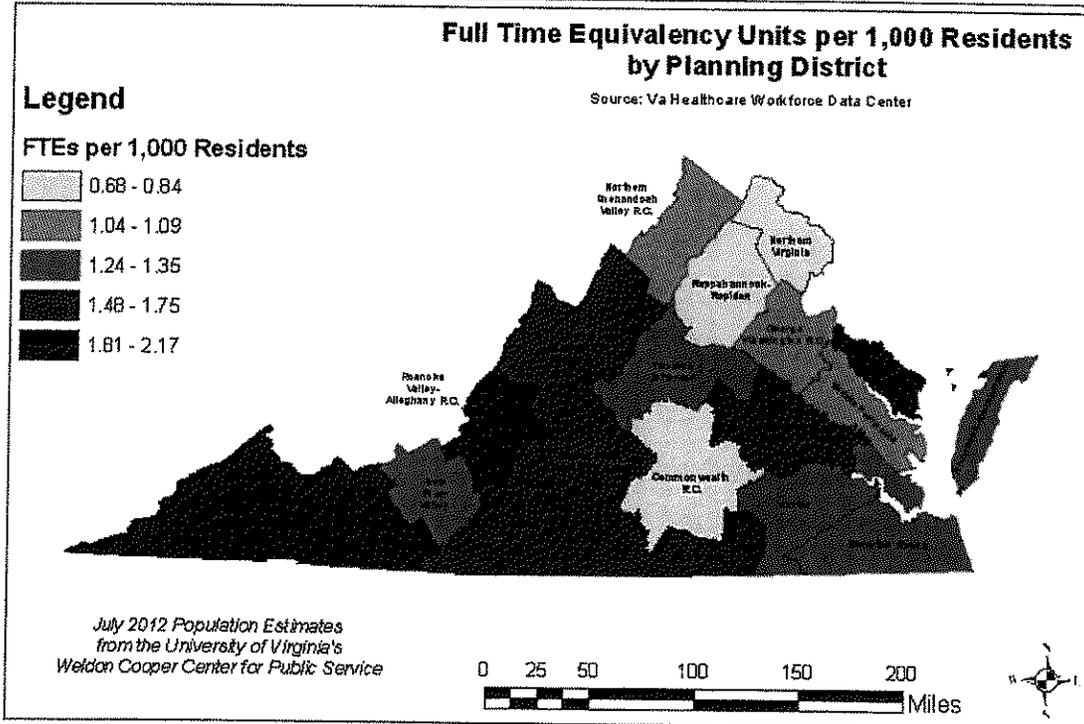
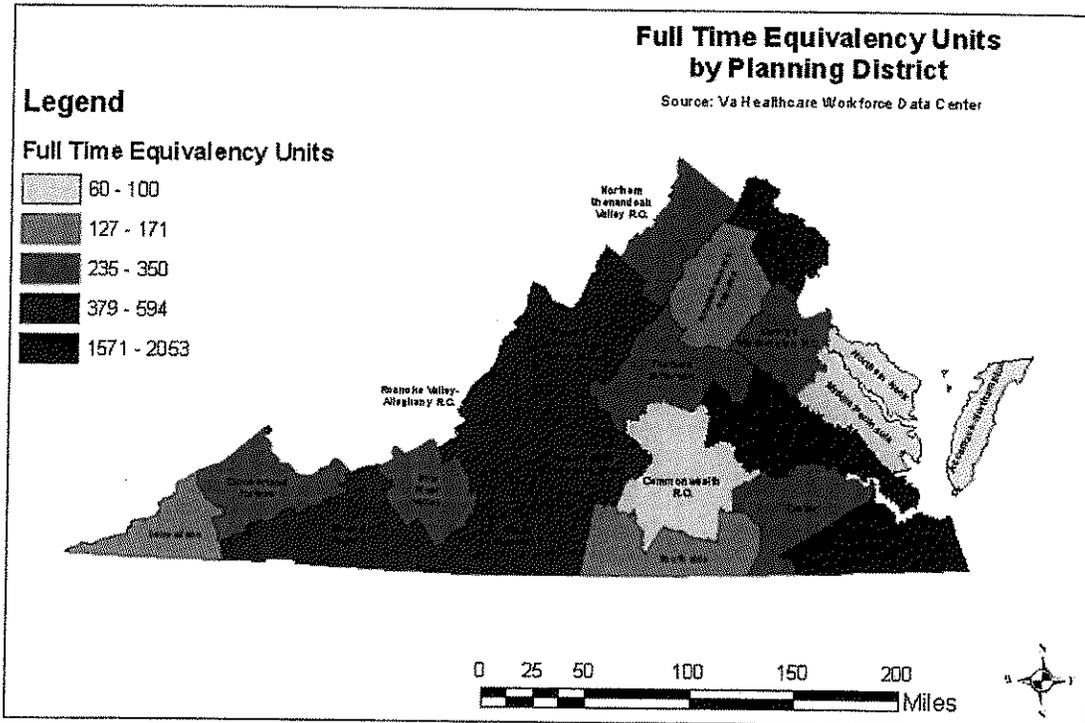


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Appendix

Weights

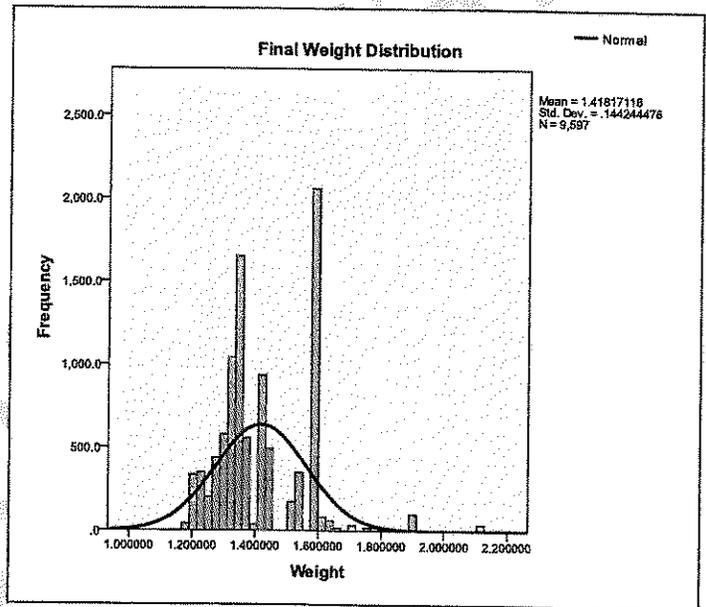
Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	8,233	69.71%	1.43457	1.313001	1.590537
Metro, 250,000 to 1 million	1,308	76.38%	1.309309	1.198355	1.451657
Metro, 250,000 or less	1,336	72.31%	1.383023	1.265822	1.533385
Urban pop 20,000+, Metro adj	334	67.96%	1.471366	1.346678	1.631333
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	681	77.09%	1.297143	1.18722	1.438168
Urban pop, 2,500-19,999, nonadj	534	73.22%	1.365729	1.249994	1.514211
Rural, Metro adj	284	71.83%	1.392157	1.274182	1.543512
Rural, nonadj	241	73.03%	1.369318	1.253279	1.518191
Virginia border state/DC	448	58.04%	1.723077	1.577059	1.91041
Other US State	210	52.38%	1.909091	1.74731	2.116647

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	4,967	63.60%	1.572333	1.438168	2.116647
30 to 34	2,064	71.27%	1.403127	1.2834	1.888865
35 to 39	1,439	74.84%	1.336119	1.22211	1.79866
40 to 44	1,280	75.31%	1.327801	1.214502	1.787462
45 to 49	1,089	77.04%	1.297974	1.18722	1.74731
50 to 54	1,034	76.69%	1.303909	1.192649	1.7553
55 to 59	874	75.40%	1.326252	1.213085	1.785377
60 and Over	863	73.58%	1.359055	1.243089	1.829536

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:
 $ageweight \times ruralweight \times responserate = final\ weight.$

Overall Response Rate: 0.705143



Possible Dates for 2014 Full Board Meetings

March 2014

Tuesday, March 25th
Wednesday, March 26th
Thursday, March 27th

June 2014

Wednesday, June 4th
Thursday, June 5th
Wednesday, June 25th
Thursday, June 26th

September 2014

Tuesday, September 9th
Wednesday, September 10th
Thursday, September 11th
Tuesday, September 30th

December 2014

Tuesday, December 9th
Wednesday, December 17th
Thursday, December 18th

VIRGINIA BOARD OF PHARMACY
2013-2014

STANDING COMMITTEES

REGULATION	EXAMINATION ADMINISTRATOR SELECTION	ITEM REVIEW	PILOT PROGRAM	SPECIAL CONFERENCE	INFORMAL CONFERENCE
Cynthia Warriner, Chair Crady Adams Dinny Li Empsy Munden Rebecca Thornbury Alternates: Ellen Shinaberry Robbie Rhodes Any other Board member	Robbie Rhodes, Chair Empsy Munden Jody Allen Sammy Johnson Caroline Juran	Sammy Johnson Rick Baxter David Creecy Latonya Hairston Michelle Lincoln Jennifer Nguyen Leo Ross Bob Stoneburner Don Jackson Nan Dunaway Vicki Garrison Caroline Juran Rebecca Thornbury	Ellen Shinaberry, Chair Dave Kozera Alternates: Jody Allen Empsy Munden	Pratt Stelly Ellen Shinaberry Alternates: Cynthia Warriner Any other board member Robbie Rhodes Dave Kozera Alternates: Jody Allen Any other board member	Empsy Munden Crady Adams Alternate: Pratt Stelly

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Virginia Department of Health Professions
Cash Balance
As of June 30, 2013

	<u>107- Pharmacy</u>
Board Cash Balance as of June 30, 2012	\$ 1,932,721
YTD FY13 Revenue	2,910,795
Less: YTD FY13 Direct and In-Direct Expenditures	<u>2,626,529</u>
Cash Balance as of June 30, 2013	<u><u>2,216,986</u></u>

Virginia Dept. of Health Professions
Revenue and Expenditures Summary

July 1, 2012 through June 30, 2013

	107- Pharmacy		
	Jul '12 - Jun 13	Budget	\$ Over Budget
Revenue			
2400 · Fee Revenue			
2401 · Application Fee	400,250.00	299,010.00	101,240.00
2402 · Examination Fee	0.00		
2406 · License & Renewal Fee	2,400,955.00	2,336,295.00	64,660.00
2407 · Dup. License Certificate Fee	10.00	100.00	-90.00
2408 · Board Endorsement - In	0.00		
2409 · Board Endorsement - Out	0.00		
2421 · Monetary Penalty & Late Fees	31,475.00	6,220.00	25,255.00
2430 · Board Changes Fee	63,850.00	42,500.00	21,350.00
2432 · Misc. Fee (Bad Check Fee)	210.00	175.00	35.00
Total 2400 · Fee Revenue	2,896,750.00	2,684,300.00	212,450.00
2600 · Fees for Miscellaneous Services			
2660 · Administrative Fees	0.00		
Total 2600 · Fees for Miscellaneous Services	0.00		
3000 · Sales of Prop. & Commodities			
3002 · Overpayments	0.00		
3007 · Sales of Goods/Svces to State	0.00		
3020 · Misc. Sales-Dishonored Payments	-250.00		
Total 3000 · Sales of Prop. & Commodities	-250.00		
9000 · Other Revenue			
9060 · Miscellaneous Revenue	12,934.05	750.00	12,184.05
9084 · Refund- Prior Yr Disb	1,360.46		
Total 9000 · Other Revenue	14,294.51	750.00	13,544.51
Total Revenue	2,910,794.51	2,685,050.00	225,744.51
Expenditures			
1100 · Personal Services			
1110 · Employee Benefits			
1111 · Employer Retirement Contrib.	39,417.40	39,831.00	-413.60
1112 · Fed Old-Age Ins- Sal St Emp	34,134.33	35,363.00	-1,228.67
1113 · Fed Old-Age Ins- Wage Earners	4,138.86	5,544.00	-1,405.14
1114 · Group Insurance	5,378.58	5,411.00	-32.42
1115 · Medical/Hospitalization Ins.	63,508.00	60,852.00	2,656.00
1116 · Retiree Medical/Hospitalizatn	4,544.91	4,547.00	-2.09
1117 · Long term Disability Ins	2,172.95	2,138.00	34.95
Total 1110 · Employee Benefits	153,295.03	153,686.00	-390.97
1120 · Salaries			
1123 · Salaries, Classified	445,787.74	454,685.00	-8,897.26
1125 · Salaries, Overtime	0.00		
Total 1120 · Salaries	445,787.74	454,685.00	-8,897.26

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Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	107- Pharmacy		
	Jul '12 - Jun 13	Budget	\$ Over Budget
1130 · Special Payments			
1131 · Bonuses and Incentives	13,640.00	13,641.00	-1.00
1138 · Deferred Compnstrn Match Pmts	2,640.00	3,360.00	-720.00
Total 1130 · Special Payments	<u>16,280.00</u>	<u>17,001.00</u>	<u>-721.00</u>
1140 · Wages			
1141 · Wages, General	54,064.32	72,458.00	-18,393.68
1143 · Wages, Overtime	38.49		
Total 1140 · Wages	<u>54,102.81</u>	<u>72,458.00</u>	<u>-18,355.19</u>
1150 · Disability Benefits			
1153 · Short-trm Disability Benefits	7,986.73		
Total 1150 · Disability Benefits	<u>7,986.73</u>		
1160 · Terminatn Personal Svce Costs			
1162 · Salaries, Annual Leave Balanc	0.00		
1165 · Employee Retirement Contributio	0.00	0.00	0.00
Total 1160 · Terminatn Personal Svce Costs	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total 1100 · Personal Services	677,452.31	697,830.00	-20,377.69
1200 · Contractual Services			
1210 · Communication Services			
1211 · Express Services	272.36	172.00	100.36
1212 · Outbound Freight Services	0.00	0.00	0.00
1213 · Messenger Services	0.00		
1214 · Postal Services	39,477.11	34,904.00	4,573.11
1215 · Printing Services	576.30	301.00	275.30
1216 · Telecommunications Svcs (DIT)	6,928.06	7,200.00	-271.94
1219 · Inbound Freight Services	0.00		
Total 1210 · Communication Services	<u>47,253.83</u>	<u>42,577.00</u>	<u>4,676.83</u>
1220 · Employee Development Services			
1221 · Organization Memberships	350.00	805.00	-455.00
1222 · Publication Subscriptions	495.00	1,005.00	-510.00
1224 · Emp Trning Courses, Wkshp & Cnf	11,748.74	0.00	11,748.74
1225 · Employee Tuition Reimbursement	0.00		
1227 · Emp Trning- Trns, Ldgng & Meals	0.00		
Total 1220 · Employee Development Services	<u>12,593.74</u>	<u>1,810.00</u>	<u>10,783.74</u>
1230 · Health Services			
1236 · X-ray and Laboratory Services	396.39	258.00	138.39
Total 1230 · Health Services	<u>396.39</u>	<u>258.00</u>	<u>138.39</u>
1240 · Mgmnt and Informational Svcs			
1242 · Fiscal Services	35,293.47	36,580.00	-1,286.53

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Virginia Dept. of Health Professions
Revenue and Expenditures Summary

July 1, 2012 through June 30, 2013

	107- Pharmacy		
	Jul '12 - Jun 13	Budget	\$ Over Budget
1243 · Attorney Services	0.00		
1244 · Management Services	283.33	40.00	243.33
1246 · Public Infrmtl & Relation Svcs	300.00	180.00	120.00
1247 · Legal Services	1,670.00	515.00	1,155.00
1248 · Media Services	145.60	0.00	145.60
1249 · Recruitment Services	0.00		
Total 1240 · Mgmnt and Informational Svcs	37,692.40	37,315.00	377.40
1250 · Repair and Maintenance Svcs			
1252 · Electrical Rep & Maintenance	0.00		
1253 · Equip Repair & Maintenance	0.00	0.00	0.00
1256 · Mechanical Rep & Maint Svcs	0.00		
1257 · Plant Rep & Maintenance Svcs	0.00	700.00	-700.00
Total 1250 · Repair and Maintenance Svcs	0.00	700.00	-700.00
1260 · Support Services			
1263 · Clerical Services	0.00		
1264 · Food & Dietary Services	2,741.55	2,453.00	288.55
1266 · Manual Labor Services	5,010.47	6,050.00	-1,039.53
1267 · Production Services	27,890.10	23,695.00	4,195.10
1268 · Skilled Services	109,650.65	137,954.00	-28,303.35
Total 1260 · Support Services	145,292.77	170,152.00	-24,859.23
1280 · Transportation Services			
1282 · Travel, Personal Vehicle	12,982.59	4,978.00	8,004.59
1283 · Travel, Public Carriers	766.37	0.00	766.37
1284 · Travel, State Vehicles	7.69		
1285 · Travel, Subsistence & Lodging	5,961.72	2,152.00	3,809.72
1288 · Trvl, Meal Reimb- Not Rprtbl	3,085.76	996.00	2,089.76
Total 1280 · Transportation Services	22,804.13	8,126.00	14,678.13
1297 · Late Payment Penalties	0.00		
Total 1200 · Contractual Services	266,033.26	260,938.00	5,095.26
1300 · Supplies And Materials			
Personal Care Supplies	0.00	156.00	-156.00
1310 · Administrative Supplies			
1311 · Apparel Supplies	29.94	29.00	0.94
1312 · Office Supplies	1,745.26	3,574.00	-1,828.74
1313 · Stationery and Forms	99.69	1,728.00	-1,628.31
Total 1310 · Administrative Supplies	1,874.89	5,331.00	-3,456.11
1320 · Energy Supplies			
1323 · Gasoline	44.39		
Total 1320 · Energy Supplies	44.39		
1330 · Manufctrng and Merch Supplies			

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Virginia Dept. of Health Professions
Revenue and Expenditures Summary

July 1, 2012 through June 30, 2013

	107- Pharmacy		
	Jul '12 - Jun 13	Budget	\$ Over Budget
1335 · Packaging and Shipping Suppl	46.72		
Total 1330 · Manufctrng and Merch Supplies	46.72		
1340 · Medical and Laboratory Supp.			
1342 · Medical and Dental Supplies	51.54		
Total 1340 · Medical and Laboratory Supp.	51.54		
1350 · Repair and Maint. Supplies			
1352 · Custodial Rep & Maint Mat'ls	0.00		
1353 · Electrical Repair and Maint	0.00		
Total 1350 · Repair and Maint. Supplies	0.00		
1360 · Residential Supplies			
1362 · Food and Dietary Supplies	7.60	75.00	-67.40
1363 · Food Service Supplies	4.66	229.00	-224.34
1364 · Laundry and Linen Supplies	0.00	8.00	-8.00
Total 1360 · Residential Supplies	12.26	312.00	-299.74
1370 · Specific Use Supplies			
1373 · Computer Operating Supplies	45.76	229.00	-183.24
Total 1370 · Specific Use Supplies	45.76	229.00	-183.24
Total 1300 · Supplies And Materials	2,075.56	6,028.00	-3,952.44
1400 · Transfer Payments			
1410 · Awards, Contrib., and Claims			
1413 · Premiums	120.00	0.00	120.00
1415 · Unemployment Compnsatn Reimb	0.00	0.00	0.00
Total 1410 · Awards, Contrib., and Claims	120.00	0.00	120.00
Total 1400 · Transfer Payments	120.00	0.00	120.00
1500 · Continuous Charges			
S Purch Ch. Card Check Fee	0.00		
1510 · Insurance-Fixed Assets			
1512 · Automobile Liability	0.00		
1516 · Property Insurance	177.51	0.00	177.51
Total 1510 · Insurance-Fixed Assets	177.51	0.00	177.51
1530 · Operating Lease Payments			
1534 · Equipment Rentals	3,270.81	3,264.00	6.81
1535 · Building Rentals	0.00		
1539 · Building Rentals - Non State	46,367.56	45,230.00	1,137.56
Total 1530 · Operating Lease Payments	49,638.37	48,494.00	1,144.37
1550 · Insurance-Operations			
1551 · General Liability Insurance	637.14	0.00	637.14

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	107- Pharmacy		
	Jul '12 - Jun 13	Budget	\$ Over Budget
1554 · Surety Bonds	37.59	0.00	37.59
Total 1550 · Insurance-Operations	<u>674.73</u>	<u>0.00</u>	<u>674.73</u>
Total 1500 · Continuous Charges	50,490.61	48,494.00	1,996.61
2200 · Equipment Expenditures			
Electronic & Photo Equip Impr	0.00		
2210 · Computer Equipment			
2217 · Other Computer Equipment	34.81		
2218 · Computer Software Purchases	0.00		
Total 2210 · Computer Equipment	<u>34.81</u>		
2220 · Educational & Cultural Equip			
2224 · Reference Equipment	116.46	285.00	-168.54
2228 · Educational & Cultural Equip Im	69.95		
Total 2220 · Educational & Cultural Equip	<u>186.41</u>	<u>285.00</u>	<u>-98.59</u>
2230 · Electrnc & Photographic Equip			
2233 · Voice & Data Transmissn Equip	0.00	0.00	0.00
2238 · Electrnc & Phtgrphc Equip Imprv	0.00		
Total 2230 · Electrnc & Photographic Equip	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
2240 · Medical and Laboratory Equip			
2242 · Medical and Dental Equipment	53.48		
Total 2240 · Medical and Laboratory Equip	<u>53.48</u>		
2260 · Office Equipment			
2261 · Office Appurtenances	0.00	0.00	0.00
2262 · Office Furniture	0.00	508.00	-508.00
2263 · Office Incidentals	92.43	12.00	80.43
2264 · Office Machines	0.00	0.00	0.00
2268 · Office Equipment Improvements	0.00	6.00	-6.00
Total 2260 · Office Equipment	<u>92.43</u>	<u>526.00</u>	<u>-433.57</u>
2270 · Specific Use Equipment			
2271 · Household Equipment	0.00	46.00	-46.00
Total 2270 · Specific Use Equipment	<u>0.00</u>	<u>46.00</u>	<u>-46.00</u>
Total 2200 · Equipment Expenditures	<u>367.13</u>	<u>857.00</u>	<u>-489.87</u>
Total Direct Expenditures	<u>996,538.87</u>	<u>1,014,147.00</u>	<u>-17,608.13</u>
9001 · Allocated Expenditures			
9201 · Behavioral Science Exec	0.00		
9202 · OptVMASLP Exec Dir	0.00		
9204 · Nursing / Nurse Aid	0.00		
9206 · Funera\LTCA\PT	0.00		
9301 · DP Operations & Equipment	395,455.04	487,765.80	-92,310.76

Virginia Dept. of Health Professions
Revenue and Expenditures Summary

July 1, 2012 through June 30, 2013

	107- Pharmacy		
	<u>Jul '12 - Jun 13</u>	<u>Budget</u>	<u>\$ Over Budget</u>
9302 · Human Resources	43,961.81	44,108.99	-147.18
9303 · Finance	127,001.86	125,566.56	1,435.30
9304 · Director's Office	71,848.51	72,479.40	-630.89
9305 · Enforcement	734,397.51	562,039.32	172,358.19
9306 · Administrative Proceedings	106,032.44	87,002.40	19,030.04
9307 · Impaired Practitioners	6,317.39	7,211.64	-894.25
9308 · Attorney General	61,578.24	32,246.76	29,331.48
9309 · Board of Health Professions	47,938.74	49,235.04	-1,296.30
9310 · SRTA	0.00		
9311 · Maintenance and Repairs	0.00	1,306.07	-1,306.07
9313 · Emp. Recognition Program	237.87	1,281.00	-1,043.13
9314 · Conference Center	498.35	845.76	-347.41
9315 · Pgm Devlpmnt & Implmentn	34,288.64	32,803.56	1,485.08
Total 9001 · Allocated Expenditures	<u>1,629,556.40</u>	<u>1,503,892.30</u>	<u>125,664.10</u>
987900 · Cash Trsfr Out- Appr Act Pt. 3	433.73	5,400.24	-4,966.51
Total Direct and Allocated Expenditures	<u>2,626,529.00</u>	<u>2,523,439.54</u>	<u>103,089.46</u>
Net Cash Surplus\Shortfall	<u><u>284,265.51</u></u>	<u><u>161,610.46</u></u>	<u><u>122,655.05</u></u>

Virginia Dept. of Health Professions
Revenue and Expenditures Summary

July 1, 2012 through June 30, 2013

	<u>% of Budget</u>
Revenue	
2400 · Fee Revenue	
2401 · Application Fee	133.86%
2402 · Examination Fee	
2406 · License & Renewal Fee	102.77%
2407 · Dup. License Certificate Fee	10.0%
2408 · Board Endorsement - In	
2409 · Board Endorsement - Out	
2421 · Monetary Penalty & Late Fees	506.03%
2430 · Board Changes Fee	150.24%
2432 · Misc. Fee (Bad Check Fee)	120.0%
Total 2400 · Fee Revenue	107.92%
2600 · Fees for Miscellaneous Services	
2660 · Administrative Fees	
Total 2600 · Fees for Miscellaneous Services	
3000 · Sales of Prop. & Commodities	
3002 · Overpayments	
3007 · Sales of Goods/Svces to State	
3020 · Misc. Sales-Dishonored Payments	
Total 3000 · Sales of Prop. & Commodities	
9000 · Other Revenue	
9060 · Miscellaneous Revenue	1,724.54%
9084 · Refund- Prior Yr Disb	
Total 9000 · Other Revenue	1,905.94%
Total Revenue	108.41%
Expenditures	
1100 · Personal Services	
1110 · Employee Benefits	
1111 · Employer Retirement Contrib.	98.96%
1112 · Fed Old-Age Ins- Sal St Emp	96.53%
1113 · Fed Old-Age Ins- Wage Earners	74.66%
1114 · Group Insurance	99.4%
1115 · Medical/Hospitalization Ins.	104.37%
1116 · Retiree Medical/Hospitalizatn	99.95%
1117 · Long term Disability Ins	101.64%
Total 1110 · Employee Benefits	99.75%
1120 · Salaries	
1123 · Salaries, Classified	98.04%
1125 · Salaries, Overtime	
Total 1120 · Salaries	98.04%

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Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	<u><u>% of Budget</u></u>
1130 · Special Payments	
1131 · Bonuses and Incentives	99.99%
1138 · Deferred Compnstn Match Pmts	78.57%
Total 1130 · Special Payments	<u>95.76%</u>
1140 · Wages	
1141 · Wages, General	74.62%
1143 · Wages, Overtime	
Total 1140 · Wages	<u>74.67%</u>
1150 · Disability Benefits	
1153 · Short-trm Disability Benefits	
Total 1150 · Disability Benefits	
1160 · Terminatn Personal Svce Costs	
1162 · Salaries, Annual Leave Balanc	
1165 · Employee Retirement Contributio	0.0%
Total 1160 · Terminatn Personal Svce Costs	<u>0.0%</u>
Total 1100 · Personal Services	97.08%
1200 · Contractual Services	
1210 · Communication Services	
1211 · Express Services	158.35%
1212 · Outbound Freight Services	0.0%
1213 · Messenger Services	
1214 · Postal Services	113.1%
1215 · Printing Services	191.46%
1216 · Telecommunications Svcs (DIT)	96.22%
1219 · Inbound Freight Services	
Total 1210 · Communication Services	<u>110.98%</u>
1220 · Employee Development Services	
1221 · Organization Memberships	43.48%
1222 · Publication Subscriptions	49.25%
1224 · Emp Trning Courses, Wkshp & Cnf	100.0%
1225 · Employee Tuition Reimbursement	
1227 · Emp Trning- Trns, Ldgng & Meals	
Total 1220 · Employee Development Services	<u>695.79%</u>
1230 · Health Services	
1236 · X-ray and Laboratory Services	153.64%
Total 1230 · Health Services	<u>153.64%</u>
1240 · Mgmnt and Informational Svcs	
1242 · Fiscal Services	96.48%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary

July 1, 2012 through June 30, 2013

	<u>% of Budget</u>
1243 · Attorney Services	
1244 · Management Services	708.33%
1246 · Public Infrmtl & Relation Svcs	166.67%
1247 · Legal Services	324.27%
1248 · Media Services	100.0%
1249 · Recruitment Services	
Total 1240 · Mgmt and Informational Svcs	101.01%
1250 · Repair and Maintenance Svcs	
1252 · Electrical Rep & Maintenance	
1253 · Equip Repair & Maintenance	0.0%
1256 · Mechanical Rep & Maint Svcs	
1257 · Plant Rep & Maintenance Svcs	0.0%
Total 1250 · Repair and Maintenance Svcs	0.0%
1260 · Support Services	
1263 · Clerical Services	
1264 · Food & Dietary Services	111.76%
1266 · Manual Labor Services	82.82%
1267 · Production Services	117.71%
1268 · Skilled Services	79.48%
Total 1260 · Support Services	85.39%
1280 · Transportation Services	
1282 · Travel, Personal Vehicle	260.8%
1283 · Travel, Public Carriers	100.0%
1284 · Travel, State Vehicles	
1285 · Travel, Subsistence & Lodging	277.03%
1288 · Trvl, Meal Reimb- Not Rprtble	309.82%
Total 1280 · Transportation Services	280.63%
1297 · Late Payment Penalties	
Total 1200 · Contractual Services	101.95%
1300 · Supplies And Materials	
Personal Care Supplies	0.0%
1310 · Administrative Supplies	
1311 · Apparel Supplies	103.24%
1312 · Office Supplies	48.83%
1313 · Stationery and Forms	5.77%
Total 1310 · Administrative Supplies	35.17%
1320 · Energy Supplies	
1323 · Gasoline	
Total 1320 · Energy Supplies	
1330 · Manufctrng and Merch Supplies	

Virginia Dept. of Health Professions
Revenue and Expenditures Summary

July 1, 2012 through June 30, 2013

	<u>% of Budget</u>
1335 · Packaging and Shipping Suppl	
Total 1330 · Manufctrng and Merch Supplies	
1340 · Medical and Laboratory Supp.	
1342 · Medical and Dental Supplies	
Total 1340 · Medical and Laboratory Supp.	
1350 · Repair and Maint. Supplies	
1352 · Custodial Rep & Maint Mat'ls	
1353 · Electrical Repair and Maint	
Total 1350 · Repair and Maint. Supplies	
1360 · Residential Supplies	
1362 · Food and Dietary Supplies	10.13%
1363 · Food Service Supplies	2.04%
1364 · Laundry and Linen Supplies	0.0%
Total 1360 · Residential Supplies	3.93%
1370 · Specific Use Supplies	
1373 · Computer Operating Supplies	19.98%
Total 1370 · Specific Use Supplies	19.98%
Total 1300 · Supplies And Materials	34.43%
1400 · Transfer Payments	
1410 · Awards, Contrib., and Claims	
1413 · Premiums	100.0%
1415 · Unemployment Compnsatn Reimb	0.0%
Total 1410 · Awards, Contrib., and Claims	100.0%
Total 1400 · Transfer Payments	100.0%
1500 · Continuous Charges	
S Purch Ch. Card Check Fee	
1510 · Insurance-Fixed Assets	
1512 · Automobile Liability	
1516 · Property Insurance	100.0%
Total 1510 · Insurance-Fixed Assets	100.0%
1530 · Operating Lease Payments	
1534 · Equipment Rentals	100.21%
1535 · Building Rentals	
1539 · Building Rentals - Non State	102.52%
Total 1530 · Operating Lease Payments	102.36%
1550 · Insurance-Operations	
1551 · General Liability Insurance	100.0%

**Virginia Dept. of Health Professions
Revenue and Expenditures Summary**

July 1, 2012 through June 30, 2013

	% of Budget
1554 · Surety Bonds	100.0%
Total 1550 · Insurance-Operations	100.0%
 Total 1500 · Continuous Charges	104.12%
 2200 · Equipment Expenditures	
Electronic & Photo Equip Impr	
2210 · Computer Equipment	
2217 · Other Computer Equipment	
2218 · Computer Software Purchases	
Total 2210 · Computer Equipment	
 2220 · Educational & Cultural Equip	
2224 · Reference Equipment	40.86%
2228 · Educational & Cultural Equip Im	
Total 2220 · Educational & Cultural Equip	65.41%
 2230 · Electrnc & Photographic Equip	
2233 · Voice & Data Transmissn Equip	0.0%
2238 · Electrnc & Phtgrphc Equip Imprv	
Total 2230 · Electrnc & Photographic Equip	0.0%
 2240 · Medical and Laboratory Equip	
2242 · Medical and Dental Equipment	
Total 2240 · Medical and Laboratory Equip	
 2260 · Office Equipment	
2261 · Office Appurtenances	0.0%
2262 · Office Furniture	0.0%
2263 · Office Incidentals	770.25%
2264 · Office Machines	0.0%
2268 · Office Equipment Improvements	0.0%
Total 2260 · Office Equipment	17.57%
 2270 · Specific Use Equipment	
2271 · Household Equipment	0.0%
Total 2270 · Specific Use Equipment	0.0%
 Total 2200 · Equipment Expenditures	42.84%
 Total Direct Expenditures	98.26%
9001 · Allocated Expenditures	
9201 · Behavioral Science Exec	
9202 · OptlVMASLP Exec Dir	
9204 · Nursing / Nurse Aid	
9206 · FunerallTCAIPT	
9301 · DP Operations & Equipment	81.08%

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Virginia Dept. of Health Professions
Revenue and Expenditures Summary
 July 1, 2012 through June 30, 2013

	<u>% of Budget</u>
9302 · Human Resources	99.67%
9303 · Finance	101.14%
9304 · Director's Office	99.13%
9305 · Enforcement	130.67%
9306 · Administrative Proceedings	121.87%
9307 · Impaired Practitioners	87.6%
9308 · Attorney General	190.96%
9309 · Board of Health Professions	97.37%
9310 · SRTA	
9311 · Maintenance and Repairs	0.0%
9313 · Emp. Recognition Program	18.57%
9314 · Conference Center	58.92%
9315 · Pgm Devlpmnt & Implmentn	<u>104.53%</u>
Total 9001 · Allocated Expenditures	108.36%
987900 · Cash Trsfr Out- Appr Act Pt. 3	8.03%
Total Direct and Allocated Expenditures	<u>104.09%</u>
Net Cash Surplus\Shortfall	<u><u>175.9%</u></u>

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VIRGINIA:

BEFORE THE BOARD OF PHARMACY

IN RE: DAVID A. SHIMP, PHARMACIST REINSTATEMENT APPLICANT
License No. 0202-209023

NOTICE OF HEARING

Pursuant to § 2.2-4020, § 2.2-4021, § 54.1-110 and § 54.1-2400(11) of the Code of Virginia (1950), as amended ("Code"), David A. Shimp is hereby given notice that in accordance with § 2.2-4024 of the Code, a formal administrative hearing will be held before the Board of Pharmacy ("Board"). The hearing will be held on September 10, 2013, at 2:00 p.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia, at which time Mr. Shimp will be afforded the opportunity to be heard in person or by counsel.

At the hearing, Mr. Shimp has the following rights among others: the right to representation by counsel, the right to have witnesses subpoenaed and to present witnesses on his behalf, the right to present documentary evidence, and the right to cross-examine adverse witnesses. If Mr. Shimp needs any witnesses to appear on his behalf, he shall notify the Director of Administrative Proceedings, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, giving the names and addresses of the witnesses, at least fifteen (15) days prior to the date of the hearing in order that subpoenas may be issued.

The purpose of the hearing is to act upon the application of Mr. Shimp for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia, which was mandatorily suspended by Order of the Department of Health Professions entered November 16, 2012, and to inquire into allegations that Mr. Shimp may have violated certain laws governing the practice of pharmacy.

As the applicant, the burden of proof shall be upon Mr. Shimp to provide evidence satisfactory to the Board that he is prepared to resume the competent practice of pharmacy. Pursuant to § 54.1-

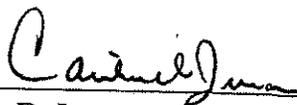
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2409(D) of the Code, reinstatement of Mr. Shimp's license requires the affirmative vote of three-fourths of the members of the Board in attendance at the hearing.

STATEMENT OF PARTICULARS

The Board alleges that Mr. Shimp may have violated § 54.1-3316(11) of the Code in that on August 8, 2012, Mr. Shimp was convicted in the District Court of Clark County, Nevada, of one count of reckless driving in a manner that proximately caused the death of, or substantial bodily harm to, another person, a felony.

FOR THE BOARD



Caroline D. Juran
Executive Director

Entered: August 21, 2013