

President Gene Minton called the meeting to order at 10:30 am with Board Members Gene Minton, Lazelle Marks, Parker Chesson, Joey McLaughlin, and Bill Mixon present. Also present were Executive Director Jay Campbell and Board Counsel Clint Pinyan. Present as visitors were: Barney Barnhardt, Barnhardt & Associates; David Henderson, Executive Director, North Carolina Medical Board.

Ethics Statement & Welcome

Executive Director Campbell read the Ethics Statement regarding any conflicts of interest and/or appearances of conflicts of interest of any Board member. No conflicts were noted by any Board member.

Use of the Pharmacist Assessment for Remediation Evaluation (“PARE”) As a Continuing Education Tool for Pharmacists Seeking Licensure Without Examination

21 NCAC 46.1602(c) provides that “[t]he Board shall require an applicant for licensure without examination who has not practiced pharmacy within two years prior to application to obtain additional continuing education, practical pharmacy experience, successfully complete one or more parts of the Board’s licensure examination, or a combination of the foregoing, as the Board deems necessary to ensure that the applicant can safely and properly practice pharmacy.”

Board members discussed the Pharmacist Assessment for Remediation Evaluation (“PARE”) tool developed by the National Association of Boards of Pharmacy. Maria Boyle, NABP’s Competency Assessment Senior Manager, presented an overview of the PARE tool to the Board at its June 2012 meeting. PARE can provide multidimensional assessments that boards of pharmacy may use when a pharmacist is returning to practice. PARE evaluates a pharmacist’s skills in medication safety, ethics, and clinical pharmacy practice.

After discussion, it was the consensus of the Board that PARE is a tool that the Board may use, in an appropriate case, to assess the candidacy of a pharmacist seeking licensure without examination who has been out of practice for more than two years. If Board staff feels that PARE is an appropriate continuing education requirement for a given candidate, it shall so advocate at a Board hearing concerning the application. Furthermore, it was the consensus of the Board that any application for licensure without examination submitted by a candidate who has been out of practice for more than five years shall come before the full Board for review and consideration.

Review of the Report and Recommendations of Hospital/Long Term Care Rule Review Working Group

At the Board’s July 2012 meeting, it received the Report and Recommendations of the Hospital/Long Term Care Rule Review Working Group. That group recommended a number of recommended clarification and simplification changes.

The Board convened to review the recommendations in detail. As a result of that rule, the Board members voted unanimously to take the following actions:

1. Move forward with publishing a proposed new rule that would allow any pharmacy record to be created and maintained electronically, subject to certain conditions, provided that no other rule or statute specifically requires the record to be in non-electronic form.
2. 21 NCAC 46.1317 Definitions. Amend the definition of health care facility pharmacy as proposed in the report.
3. 21 NCAC 46.1411 Responsibilities of the Pharmacist-Manager. Amend the responsibilities of the pharmacist-manager as proposed in the report.
4. 21 NCAC 46.1413 Absence of Pharmacist. Make technical conforming changes, if necessary, as proposed in the report.
5. 21 NCAC 46.1414 Drug Distribution and Control. Make substantive simplifying amendments to rules governing auxiliary medication inventories as proposed in the report.
6. 21 NCAC 46.1415 Medication in Health Care Facility Emergency Departments. Make technical conforming changes, if necessary, as proposed in the report.
7. 21 NCAC 46.1417 Remote Medication Order Processing Services. Amend the rule as specified in the report and with technical changes noted during discussion.
8. 21 NCAC 46.1418 Supervision of Unit Dose Medication Systems. The Board is satisfied with the rule as written and will take no action to amend or repeal.
9. 21 NCAC 46.1814 Automated Dispensing or Drug Supply Devices. Amend the rule as specified in the report.
10. 21 NCAC 46.2302 Records of Dispensing. Amend the rule as specified in the report.
11. 21 NCAC 46.2304 Automated Data Processing Systems. Amend the rule as specified in the report.
12. 21 NCAC 46.2807 Anti-Neoplastic Agents. Amend the rule as specified in the report.
13. 21 NCAC 46.3401, .3402, .3403, .3404, .3405, .3406, .3407, .3408. The Board refers proposed amendments to the Automated Dispensing Device rules back to the Working Group for further study. The Board is concerned about the breadth of personnel that the proposed amendment would authorize to restock automated dispensing devices. The Board also wishes the Working Group to consider whether additional or different amendments are needed in light of new automated dispensing device technologies.

The Board authorized Executive Director Campbell and Board Counsel Pinyan to take all actions needed to publish the proposed amendments for notice and comment, including making additional technical, conforming changes where necessary.

The Board adjourned for a break at 12:30 pm and reconvened at 1 pm.

Effective, Ethical, and Legal Board Service

Barney Barnhardt of Barnhardt & Associates conducted a training session on effective, ethical, and legal board service. The presentation focused on specific requirements imposed on Board members by North Carolina law; best practices that Board members should employ to avoid inadvertent violations of North Carolina law, ethical violations, and exposure to personal liability.

Discussion of Issues with David Henderson, Executive Director, North Carolina Medical Board.

The Board members discussed various issues of mutual interest, such as pharmacist administration of vaccines, with David Henderson.

Public Records Act Issues

Board members discussed with the Board's Executive Director and Board Counsel the requirements of the North Carolina Public Records Act, particularly as those requirements relate to the use of personal electronic mail accounts and personal phones to conduct Board business. Board members were reminded that any communications concerning Board business are public records, even if those communications are received by, or transmitted from, a personal phone or electronic mail account. Board members may, if they choose, obtain a phone for conducting Board business. Board members were strongly encouraged to use their Board-specific electronic mail account for any messaging concerning Board business.

Dispensing PA/NP/MD/Veterinarian Reporting to the North Carolina Controlled Substance Reporting System

Board members discussed a concern that dispensing PAs, NPs, MDs, and Veterinarians are not reporting their dispensing of the controlled substances to the NC CSRS. The Board directed Executive Director Campbell to contact appropriate personnel at the North Carolina Drug Control Unit to determine whether these entities are required under existing law to report to the CSRS and report his findings to the Board.

There being no further business, the meeting adjourned at 4:30pm.

Gene Minton, President

E. Lazelle Marks, Vice-President

J. Parker Chesson, Jr.

Robert J. McLaughlin, Jr

Carol Yates Day

William A. Mixon