

FAQ: CPP Application and Protocol Review by the CPP Advisory Committee Member

Questions about the CPP Application and Protocol Review

1. Do the NCBOP CPP Advisory Committee Members determine if a physician is supervising excessive CPP FTEs? **No. The NC Medical Board makes this determination. The CPP Joint Subcommittee determined that the maximum would be 3 CPP FTEs per 1 supervising physician.**

2. What are the minimum requirements for a CPP Protocol?

The CPP protocol shall:

- a. List the diagnoses that the CPP can evaluate
 - b. List the medication classes that the CPP can prescribe and manage
 - c. List the tests that the CPP can order
 - d. Include a statement that patient must be evaluated by a physician prior to referral to the CPP
 - e. Prohibit the substitution of a chemically dissimilar drug product without the written consent of the physician
 - f. Outline a pre-determined plan for emergency services
 - g. Outline a plan for face-to-face meetings between the CPP and supervising physician at a frequency outlined in the rules governing CPP practice
 - h. Require timely countersignature of CPP orders by a supervising physician
 - i. Outline a plan for patient notification of the collaborative relationship between the CPP and supervising physician
 - j. Outline those scenarios in which physician consultation will be sought, with notation of such consultation made in the medical record
 - k. At the end of the protocol, include the signature of the CPP applicant and each supervising physician who may co-sign CPP notes or orders
 - l. On each page of the protocol, include the initials of each supervising physician
3. Are the CPP Advisory Committee Members reviewing the protocols for therapeutic appropriateness? **No. The Committee Member reviews the CPP Protocol with the application to ensure that the CPP designation is required for what the CPP Protocol is proposing to do and to ensure that all required components are included in the protocol.**
 4. Does the Supervising Physician initial EACH page of the protocol? **Yes. Each page of the protocol must be initialed by the supervising physician.**

5. How is “prior experience” of the CPP Applicant determined by the CPP Advisory Committee Members?
 - a. **International Candidates: “experience” begins at the time a license to practice pharmacy in the United States is obtained.**
 - b. **Clinical rotations during the fourth year of pharmacy school counts as one year of experience.**
 - c. **Each year of residency training counts as one year of experience.**

6. How do Committee Members determine if a “certificate program” satisfies the statutory requirement and is clinically applicable?
 - a. **Pharmacy Rule 21 NCAC 46.3101(b)(2) details the minimum core curriculum required for a certificate program**
 - b. **Pharmacy Rule 21 NCAC 46.3101(b)(1)(B)(ii) specifically mentions the North Carolina Center for Pharmaceutical Care (NCCPC) and the American Council on Pharmaceutical Education (ACPE) as approved providers of certificate programs in the area of practice covered by the CPP agreement.**
 - i. **ACPE-accredited courses followed by a “C” in the area of practice are acceptable.**
 - ii. **The NCCPC is no longer in existence.**
 - iii. **It is possible that there is not an ACPE-accredited certificate program in the area of practice covered by the protocol for a specific CPP applicant. In this instance, it is up to the professional judgement of the Advisory Committee member to determine if a given certificate program is appropriate to satisfy the intent of the rule.**
 - iv. **A committee member may request a table of contents or topic list to determine the clinical appropriateness of the certificate program.**

7. If a CPP applicant is employed by or has a relationship with a pharmacy, is it acceptable for the CPP to see patients, prescribe medication and perform Medication Therapy Management (MTM) at this pharmacy? **Yes. The original CPP legislation identified that a CPP would work in a community pharmacy in this manner. The CPP and supervising physician are responsible for ensuring that a conflict of interest does not exist.**

8. In a group practice setting, is it acceptable for a physician other than the supervising physician to refer patients to the CPP? **Yes. Referrals within the medical practice are acceptable as long as the referring physician makes the diagnosis and then refers the patient to the CPP. A supervising physician of record for the CPP is responsible for reviewing all decisions and plans of the CPP and for countersignature of CPP orders.**

9. Who will communicate with the CPP applicant if there are deficiencies in the application or protocol? **Debbie Stump, Director of Licensing, will communicate with the applicant about deficiencies or issues identified by the CPP Advisory Committee.**
10. If a CPP Advisory Committee Member or Board Staff require a modification of the original protocol or application, do the revised copies need to be signed again and sent to the Board of Pharmacy to be considered at the next Board of Pharmacy meeting? **No. The required signatures must be obtained with initials on each page acknowledging the revisions to the application or protocol and faxed to the Board of Pharmacy for review by the Full Board at the next meeting. The hard copy of the protocol or application with required revisions and signatures must be sent to the Board of Pharmacy.**
11. What supervising physician signatures are required on the CPP protocol and application?
- a. **Any physician who will co-sign notes must sign the protocol and application. This may require submission of multiple copies of page four of the application.**
 - b. **New supervising physicians must be added to the CPP's application and protocol via the standard forms and submitted to the North Carolina Medical Board.**
- ***Pages nine and ten of the CPP Application are a "Template for Clinical Pharmacist Practitioner Protocols." If an applicant chooses to create his/her own protocol separate from the template on pages nine and ten of the application, the applicant still must submit pages nine and ten of the application, with the notation "see attached" and all required signatures.**
- c. **Pages nine and ten must be included, page nine should be initialed by the supervising physician(s) and page ten should be signed by both the CPP applicant and supervising physician(s).**
12. May a CPP Protocol expand the vaccines that can be administered beyond those identified for immunizing pharmacists in 90-85.15B? **Yes. The CPP Joint Subcommittee determined that CPP Protocol could expand the vaccines that can be administered by a CPP beyond those allowed for all immunizing pharmacists.**