

FREQUENTLY ASKED QUESTIONS CONCERNING 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 a patient must be evaluated by a supervising physician (primary or back-up) 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. Outline a plan for face-to-face meetings between the CPP and supervising physician at a frequency outlined in the rules governing CPP practice: for the first six months of the CPP Agreement, at least monthly; at least every six months thereafter.**
- g. Outline those scenarios in which physician consultation will be sought, with notation of such consultation made in the medical record**
- h. At the end of the protocol, include the signature of the CPP applicant and each supervising physician (primary and back up).**

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. Do the Supervising Physicians (primary and back-up) initial EACH page of the protocol? **No. Only the last page of the protocol must be signed by all the Supervising Physicians (primary and back-up).**

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 count 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 no longer exists.

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 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? **No. All patients that a CPP sees must be patients of a supervising physician (primary or back-up). (See also question 2(d) above). A CPP may not take general referrals from other physicians. Rule 21 NCAC 46.3101(i) specifies that a CPP may be disciplined for having “engaged . . . in the provision of drug therapy management other than at the direction of, or under the supervision of, a physician licensed and approved by the Medical Board to be that CPP’s supervising physician.”**

9. Who will communicate with the CPP applicant if there are deficiencies in the application or protocol? **Debbie Stump, NCBOP Licensing Specialist, will communicate with the applicant about deficiencies or issues identified by the CPP Advisory Committee in the application or protocol.**

10. If a CPP Advisory Committee Member or Board Staff require a modification of the original protocol, do the protocol revisions need to be signed? **No.**

11. Are the CPP protocols and applications reviewed by the Full Board? **No. A Board Member liaison reviews all the original applications and protocols. Board staff register the CPP upon approval of the Board liaison. The Full Board approves the CPP registrations at the monthly meeting.**

12. What supervising physician signatures are required on the CPP protocol?

a. The CPP’s Supervising Physicians (primary and back-up) must sign the last page of the protocol.

b. New supervising physicians (primary and back-up) must be added to the CPP’s protocol via the standard forms located on the North Carolina Board of Pharmacy’s website.

13. May a CPP Protocol expand the vaccines that can be administered beyond those identified for immunizing pharmacists in 90-85.15B? **Yes. A CPP Agreement may include the CPP's administration of vaccines beyond those specified in the immunizing pharmacist provisions of the Pharmacy Practice Act.**

14. Can a resident physician or chief resident physician serve as the Supervising Physician or Back up Supervising Physician on a CPP Protocol? **No. Rule 21 NCAC 46.3101(g) (2) specifies that a Supervising Physician (primary or back-up) shall not be serving in a postgraduate medical training program.**

15. How can a Clinical Pharmacist Practitioner reinstate or reactivate his/her approval to practice as a CPP? **When a CPP discontinues working under an approved CPP Agreement, the CPP must notify the Board of Pharmacy within 10 days. Upon Board notification, the CPP approval terminates and is placed on inactive status until a new CPP application and protocol are approved. 21 NCAC 46.3101(b)(1).**

16. What are the Continuing Education (CE) requirements for a CPP? **21 NCAC 46.3101(d) requires each CPP to earn 35 hours of practice-relevant CE each year.**

All CPPs must, of course, earn 15 hours of qualifying continuing education to renew their license to practice pharmacy each year. Rule 21 NCAC 46.2201 states that any (or all) of those hours may count toward the CPP-specific continuing education requirement as long as they are practice-relevant.

The remaining 20 hours of CPP-specific, practice-relevant continuing education are satisfied by ACPE-accredited continuing education coursework per 21 NCAC 46.3101(a)(8). Though the CPP rule defines "continuing education" as "courses . . . approved for credit by [ACPE]," it has long been the practice to accept ACCME-accredited, practice-relevant continuing education credits for CPP credential renewal.