

BOARD OF PHARMACY

DIVISION 19

LICENSING OF PHARMACISTS

855-019-0100

Application

- (1) These rules apply to any pharmacist who is licensed to practice pharmacy in Oregon including any pharmacist located in another state who is consulting, or providing any other pharmacist service, for a patient, pharmacy or healthcare facility in Oregon.
- (2) Where so indicated, these rules also apply to an intern who is licensed in Oregon.
- (3) Any pharmacist who engages in the practice of pharmacy in Oregon must be licensed by the Board in accordance with the following rules.
- (4) A pharmacist who is located in another state and who engages in the practice of pharmacy for a patient, drug outlet or healthcare facility in Oregon, must be licensed by the Board in accordance with the following rules, except that a pharmacist working in an out-of-state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with their dispensing of a drug to a patient in Oregon, is not required to be licensed by the Board unless they are the pharmacist-in-charge (PIC).
- (5) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further public health or safety. A waiver granted under this section shall only be effective when issued in writing.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.151, 689.155, 689.255

Pharmacist Practice

855-019-0200

General Responsibilities of a Pharmacist

ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of appropriate drug use, drug-related therapy, and communication for clinical and consultative purposes. A pharmacist licensed to practice pharmacy by the Board has the duty to use that degree of care, skill, diligence and professional judgment that is exercised by an ordinarily careful pharmacist in the same or similar circumstances.

(1) A pharmacist while on duty must ensure that the pharmacy complies with all state and federal laws and rules governing the practice of pharmacy.

(2) A pharmacist shall perform the duties of a pharmacist that include, but are not limited to, DUR, counseling, and final verification of the work performed by those under their supervision.

(3) A pharmacist may not delegate any task that requires the professional judgment of a pharmacist. Such tasks include but are not limited to:

(a) Counseling to a patient or patient's agent, or other healthcare provider;

(b) Verification;

(c) Performing DUR;

(d) Providing a CDTM, DRR, or MTM service;

(e) Ordering, interpreting and monitoring of a laboratory test; and

(f) Oral receipt or transfer of a prescription; except that

(g) An intern under the supervision of a pharmacist may perform all the duties of a technician and the following:

(A) Counseling;

(B) Performing DUR;

(C) Oral receipt or transfer of a prescription,

(D) Immunizations if appropriately trained, and supervised by an immunization qualified pharmacist;

(E) Other activities approved in writing by the Board.

(4) A pharmacist who is supervising an intern is responsible for the actions of that intern, however, this does not absolve the intern from responsibility for their own actions.

(5) A pharmacist on duty is responsible for supervising all pharmacy personnel, and ensuring that pharmacy personnel only work within the scope of duties allowed by the Board.

(6) A pharmacist may not permit non-pharmacist personnel to perform any duty they are not licensed and trained to perform.

(7) A pharmacist while on duty is responsible for the security of the pharmacy area including:

(a) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such drugs;

(b) Ensuring that all records and inventories are maintained in accordance with state and federal laws and rules;

(c) Ensuring that only a pharmacist has access to the pharmacy when the pharmacy is closed.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.025, 689.151, 689.155

855-019-0205

Duty to Report

(1) Failure to answer completely, accurately and honestly, all questions on the application form for licensure or renewal of licensure is grounds for discipline.

(2) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result in denial of the application.

(3) A pharmacist must report to the Board within 10 days if they:

(a) Are convicted of a misdemeanor or a felony; or

(b) If they are arrested for a felony.

(4) A pharmacist who has reasonable cause to believe that another licensee (of the Board or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for the licensee who is believed to have engaged in

the conduct. The reporting pharmacist shall report the conduct without undue delay, but in no event later than 10 working days after the pharmacist learns of the conduct unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.

(5) A pharmacist who reports to a board in good faith as required by section (4) of this rule is immune from civil liability for making the report.

(6) A pharmacist who has reasonable grounds to believe that prescription drugs or records have been lost or stolen, or any violation of these rules has occurred, must notify the Board within 10 days.

(7) A pharmacist must notify the Board in writing, within 15 days, of any change in employment location or residence address.

Stat. Auth.: ORS 689.205

Stats. Implemented: 689.151, 689.155, OL 2009, Ch. 536

855-019-0240

Consulting Pharmacist Practice

(1) Subject to the provisions of OAR 855-019-0100(4), a consulting pharmacist who provides services to any person or facility located in Oregon, must be an Oregon licensed pharmacist.

(2) A consulting pharmacist for an Oregon licensed healthcare facility must perform all duties and functions required by the healthcare facility's licensure as well as by any relevant federal and state laws and rules.

(3) A consulting pharmacist must maintain appropriate records of their consulting activities for three years, and make them available to the Board for inspection.

(4) A consulting pharmacist is responsible for the safe custody and security of all their records and must comply with all relevant federal and state laws and regulations concerning the security and privacy of patient information.

(5) A consulting pharmacist for a facility that is required by the Board to have a consultant pharmacist but which does not have additional consulting requirements under the terms of its licensure with any other state agency, shall provide services that include but are not limited to the following:

(a) Provide the facility with policies and procedure relating to security, storage and distribution of drugs within the facility;

- (b) Provide guidance on the proper documentation of drug administration or dispensing;
- (c) Provide educational materials or programs as requested.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.151, 689.155

855-019-0250

Medication Therapy Management

(1) Medication Therapy Management (MTM) is a distinct service or group of services that is intended to optimize the therapeutic outcomes of a patient. Medication Therapy Management can be an independent service provide by a pharmacist or can be in conjunction with the provision of a medication product with the objectives of:

- (a) Enhancing appropriate medication use;
- (b) Improving medication adherence;
- (c) Increasing detection of adverse drug events;
- (d) Improving collaboration between practitioner and pharmacist; and
- (e) Improving outcomes.

(2) A pharmacist that provides MTM services shall ensure that they are provided according to the individual needs of the patient and may include but are not limited to the following:

- (a) Performing or otherwise obtaining the patient's health status assessment;
- (b) Developing a medication treatment plan for monitoring and evaluating the patient's response to therapy;
- (c) Monitoring the safety and effectiveness of the medication therapy;
- (d) Selecting, initiating, modifying or administering medication therapy in consultation with the practitioner where appropriate;
- (e) Performing a medication review to identify, prevent or resolve medication related problems;
- (f) Monitoring the patient for adverse drug events;

(g) Providing education and training to the patient or the patient's agent on the use or administration of the medication;

(h) Documenting the delivery of care, communications with other involved healthcare providers and other appropriate documentation and records as required. Such records shall:

(A) Provide accountability and an audit trail; and

(B) Be preserved for at least three years and be made available to the Board upon request except that when records are maintained by an outside contractor, the contract must specify that the records be retained by the contractor and made available to the Board for at least three years.

(i) Providing necessary services to enhance the patient's adherence with the therapeutic regimen;

(j) Integrating the medication therapy management services within the overall health management plan for the patient; and

(k) Providing for the safe custody and security of all records and compliance with all relevant federal and state laws and regulations concerning the security and privacy of patient information.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.151, 689.155

Pharmacist-in-Charge

855-019-0300

Duties of a Pharmacist-in-Charge

(1) In accordance with Division 41 of this chapter of rules, a pharmacy must, at all times have one Pharmacist-in-Charge (PIC) employed on a regular basis.

(2) In order to be a PIC, a pharmacist must have:

(a) Completed at least one year of pharmacy practice; or

(b) Completed a Board approved PIC training course either before the appointment or within 30 days after the appointment. With the approval of the Board, this course may be employer provided and may qualify for continuing education credit.

(3) A pharmacist may not be designated PIC of more than two pharmacies without prior written approval by the Board. If such approval is given, the pharmacist must comply with the requirements in sub-section (4)(e) of this rule.

(4) The PIC must perform the following the duties and responsibilities:

(a) When a change of PIC occurs, both outgoing and incoming PICs must report the change to the Board within 15 days of the occurrence, on a form provided by the Board;

(b) The new PIC must complete an inspection on the PIC Annual Self-Inspection Form, within 15 days of becoming PIC;

(c) The PIC may not authorize non-pharmacist employees to have unsupervised access to the pharmacy, except in the case of hospitals that do not have a 24-hour pharmacy where access may be granted as specified in OAR 855-041-0120;

(d) In a hospital only, the PIC is responsible for providing education and training to the nurse supervisor who has been designated to have access to the pharmacy department in the absence of a pharmacist;

(e) A pharmacist designated as PIC for more than one pharmacy shall personally conduct and document a quarterly compliance audit at each location. This audit shall be on the Quarterly PIC Compliance Audit Form provided by the Board;

(f) If a discrepancy is noted on a Board inspection, the PIC must submit a plan of correction within 30 days of receiving notice.

(g) The records and forms required by this section must be filed in the pharmacy, made available to the Board for inspection upon request, and must be retained for three years.

(5) The PIC is responsible for ensuring that the following activities are correctly completed:

(a) An inventory of all controlled substances must be taken within 15 days before or after the effective date of change of PIC, and must be dated and signed by the new PIC. This inventory must be maintained in the pharmacy for three years and in accordance with all federal laws and regulations;

(b) Verifying, on employment and as appropriate, but not less than annually, the licensure of all pharmacy personnel who are required to be licensed by the Board;

(c) Conducting an annual inspection of the pharmacy using the PIC Annual Self-Inspection Form provided by the Board, by February 1 each year. The completed self-inspection forms must be signed and dated by the PIC and maintained for three years from the date of completion;

- (d) Conducting an annual inventory of all controlled drugs as required by OAR 855-080;
 - (e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.
 - (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training should include an annual review of the PIC Self-Inspection Report;
 - (g) Implementing a quality assurance plan for the pharmacy.
 - (h) The records and forms required by this section must be filed in the pharmacy, made available to the Board for inspection upon request, and must be retained for three years.
- (6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in accordance with all state and federal laws and rules.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.151, 689.155

Discipline

855-019-0310

Grounds for Discipline

The State Board of Pharmacy may suspend, revoke, or restrict the license of a pharmacist or intern or may impose a civil penalty upon the pharmacist or intern upon the following grounds:

- (1) Unprofessional conduct as defined in OAR 855-006-0005;
- (2) Repeated or gross negligence;
- (3) Impairment, which means an inability to practice with reasonable competence and safety due to the habitual or excessive use of drugs or alcohol, other chemical dependency or a mental health condition;
- (4) Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;
- (5) Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this state;

(6) Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;

(7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal of a license to practice pharmacy or a drug outlet registration;

(8) Permitting an individual to engage in the practice of pharmacy without a license or falsely using the title of pharmacist;

(9) Aiding and abetting an individual to engage in the practice of pharmacy without a license or falsely using the title of pharmacist;

(10) Being found by the Board to be in violation of any violation of any of the provisions of ORS 435.010 to 435.130, 453.025, 453.045, 475.035 to 475.190, 475.805 to 475.995 or 689.005 to 689.995 or the rules adopted pursuant thereto; or

(11) Failure to perform appropriately the duties of a pharmacist while engaging in the practice of pharmacy as defined in ORS 689.005.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.151, 689.155, 689.405, OL 2009, Ch. 756