

Meeting of the Council

April 14 & 15, 2005

Present:

President and District 5 Councillor Rita Thomson, District 1 Councillor Wayne Rubner, District 2 Councillor Amin Bardai, District 3 Councillor Howard Rose, District 4 Councillor Erica Gregory, District 6 Councillor John Hope, UBC Faculty of Pharmaceutical Sciences Dean Robert Sindelar (April 15), and Government Appointees Jo Ann Groves, Michael MacDougall and Peter Rubin.

Absent (with notice):

District 7 Councillor Carol Gee and Government Appointee Marina Ma.

Staff (at various times):

Registrar Linda Lytle and Quality Outcomes Specialist Margaret McLean.

Guests (at various times):

Rosey Brenan, President, Rodon Communications; Ken Foreman, Deputy CEO, BC Pharmacy Association.

CALL TO ORDER – April 14, 2005

President Thomson called the meeting to order at 10:30 a.m.

She stated the College mission statement:

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

AGENDA AND TIMETABLE

The following item was added to the agenda:

6.03 Council election update

REGISTRAR SEARCH

It was moved, seconded and carried:

Council recesses for an *in camera* session at 11:00 a.m. to discuss matters related to the Registrar search process.

The Council reconvened for lunch at 12:15 p.m., followed by a public session beginning at 1:30 p.m. *RAFT*

OUTCOME DEVELOPMENT ISSUES

Community Outreach Project

Councillors de-briefed on the community outreach presentations completed to date and discussed plans for future presentations and HealthGuide Program training.

Since January 1, Rita Thomson and Carol Gee have completed two presentations (total of 95 attendees), with one more presentation scheduled. Erica Gregory has completed five presentations (total of 62 attendees), and Peter Rubin has completed one presentation (with 10 attendees).

The Councillors reconfirmed their intention to reach a total of 1000 people around the province by the end of 2005.

Compounding Standards for Pharmacists

At its January 2005 meeting, Council considered correspondence from a BC pharmacist regarding the development of compounding standards for pharmacists. An additional letter on the topic has been received from another BC pharmacist and was reviewed by the Councillors. Both pharmacists urge the Council to consider prohibiting the sale of compounded preparations by one pharmacy to another pharmacy to enable the purchasing pharmacy to provide compounded preparations for its patients with whom there is an established pharmacist-patient-prescriber relationship.

As indicated at the January Council meeting, the National Association of Pharmacy Regulatory Authorities' (NAPRA) Compounding Guidelines Task Force has prepared draft Guidelines to Pharmacy Compounding, which were reviewed by the Councillors. The guidelines address compounding practices but not the issue of inter-pharmacy sales of compounded preparations.

After identifying several questions related to the wording of the draft guidelines, the Councillors decided to table the topic until April 15, 2005, at 10:30 a.m. to permit additional time for their review of the draft document.

Methamphetamine Precursors

Councillors received an update on the Meth Watch Program in British Columbia by correspondence from Robert White, Government Relations Director for the Nonprescription Drug Manufacturers Association of Canada, a partner in the Meth Watch Coalition. The Meth Watch Program is a community-based approach to identifying priority areas of concern by training retail store staff to recognize unusual purchase patterns for methamphetamine raw material ingredients.

The Registrar also reported that *The Province* newspaper has announced a series of articles about "crystal meth" and is sponsoring community forums in four cities to help stakeholders understand the various issues relating to the situation.

Pharmacy Loyalty Points Programs

A BC pharmacist requested that Council consider the issue of retail loyalty programs as they apply to prescription purchases.

Registrar Lytle advised that other pharmacists have contacted the College office recently in response to media reports about the Ontario College of Pharmacists (OCP) successful defence of a court challenge to its policy directive banning bonus points for incentive programs associated with prescription sales. The OCP believes that incentives are inducements to take prescription drugs and are, therefore, unethical. Ms. Lytle noted that the OCP court challenge was focused on the OCP's legal authority to issue the policy directive (not on the content of the policy directive). The court decision determined that the OCP Council has the legal authority to issue the policy directive because there is a reference to the authority in OCP's legislation. The OCP legislation itself has not been challenged. British Columbia legislation does not provide the same authority to develop a policy directive like the one issued by the OCP that prohibits the issuance of bonus loyalty points for prescription purchases.

Following extensive discussion of all aspects of the issue, the Councillors decided that pharmacists and prescribers can be counted on as professionals who would not provide inappropriate pharmacy services or prescription authorizations based solely on a patient's desire to accumulate loyalty points. In the unlikely event that such a practice occurred, it would be addressed as a professional practice issue with the individual health professional(s) involved with the situation.

The Councillors agreed that it is unethical for a pharmacist to counsel or otherwise advise a patient to forego taking prescription medications in order to wait for a "bonus points" promotion date. It is also inappropriate for a pharmacist to provide an emergency supply of a prescription drug in order to allow the patient to delay obtaining their prescription until a "bonus points" day promotion was in effect.

NEW POLICY DEVELOPMENT

Advanced Practitioner Credentialing Program

Registrar Lytle informed Council that the Advanced Practitioner Credentialing (APC) program, which has been under development by the Advanced Practitioner Credentialing Committee, the four Specialty Councils and College staff for the last two years, is now ready for the final review by the Council.

Credentialing will be offered in four speciality practice areas, each represented by Specialty Council:

- Pharmacy Care Specialist – Anticoagulation
- Pharmacy Care Specialist – Asthma
- Pharmacy Care Specialist – Diabetes
- Pharmacy Care Specialist – Advanced Pharmacotherapy

The APC program requirements are based on the foundation of the College's Framework of Professional Practice, which identifies the roles and functions, along with the specific knowledge and skills, required to provide speciality pharmacy care.

The elements of the APC program are:

- Licensure and experience
- APC knowledge assessment
- APC learning and practice portfolio

All APC candidates must be registered as pharmacists in BC and have a minimum of three years of pharmacy practice experience. For anticoagulation, asthma and diabetes drug therapy certification, candidates must pass the relevant Disease State Management examination offered by the National Institute for Standards in Pharmacist Credentialing (NISPC). Candidates for advanced pharmacotherapy certification must pass the Board of Pharmaceutical Specialties (BPS) Pharmacotherapy exam.

The APC learning and practice portfolio requirements, although similar to provincial quality assurance program requirements, are not identical. The three portfolio parts are Self-Assessment, Professional Development Plan, and Documentation and Evaluation of Learning and Practice Achievements.

Further details will be developed during the program implementation phase.

It was moved, seconded and carried:

Council approves the Advanced Practitioner Credentialing program plan, subject to clarification of post-baccalaureate training requirements for the advanced pharmacotherapy speciality category.

MONITORING ACTIVITIES

Registrar's Executive Report

Registrar Lytle provided monitoring reports and updates on the following topics:

Stakeholder Relations

Activities and events relating to stakeholder relations were provided for the information of the Councillors.

Practice standards: General

Activities and events relating to practice standards: general were provided for the information of the Councillors.

Practice standards: Professional Development and Assessment Program

Activities and events relating to practice standards: professional development and assessment program were provided and discussed for the information of the Councillors.

Professionalism

No specific activities were targeted to this outcome during the reporting period.

Pharmacy Technicians

The Hospital Pharmacy Committee is continuing to review issues and develop proposals relating to the expanded scope of practice for hospital pharmacy technicians.

Pharmacist Empowerment and Autonomy

Various activities relating to the promotion of pharmacist empowerment and autonomy were reported.

Involving Pharmacists in Key Initiatives

A *Policy Input* was developed to seek pharmacists' opinions about suggestions that email and Internet access be made more available in licensed pharmacies. The response rate has been relatively low, and efforts are underway to encourage more participation.

Financial Health: College

The Registrar reported full compliance with this policy's requirements.

Communication Reporting: Registrar to Council

The Registrar reported full compliance with this policy's requirements.

Charitable Donations

The Registrar reported full compliance with this policy's requirements.

Authority Delegated to the Registrar

The Registrar reported full compliance with this policy's requirements.

Role of the President

The requirements of the Council policy on the role of the President have been met.

Relationship with the Public and other Key Stakeholders

Activities and events relating to relations with the public and other key stakeholders were provided to demonstrate compliance with the policy.

Tobacco-Free Pharmacies

Activities and events relating to the tobacco-free pharmacies initiative were provided to demonstrate compliance with the policy.

Council Monitoring Reports

Registrar's Job Description

The requirements of the Council policy on the Registrar's job description have been met.

Governance Style

It was moved, seconded and carried:

Council approves the reappointments of Derek Daws, Melva Peters and Peter Rubin to the PharmaNet Committee for one-year terms.

It was moved, seconded and carried:

Council approves the appointment of Marney McKay to the Inquiry Committee for a three-year term.

REGISTRAR SEARCH (continued)

It was moved, seconded and carried:

Council recesses for an *in camera* session at 4 p.m. to discuss matters related to the Registrar search process.

The Council reconvened at 5 p.m. and recessed until 10:30 a.m. on Friday, April 15, 2005.

CALL TO ORDER - April 15, 2005

President Thomson called the session to order at 10:30 a.m.

OUTCOME DEVELOPMENT ISSUES (continued)

Compounding Standards for Pharmacists (continued)

Having considered the points from the views of the two concerned compounding pharmacists as well as the previous day's discussion, the Councillors decided that the inter-pharmacy sale of compounded prescriptions would continue to be acceptable, provided that the requirements of the federal Manufacturing and Compounding Drug Products in Canada Policy Framework (June 2000) are fulfilled.

Further review of the draft NAPRA Guidelines to Pharmacy Compounding resulted in the need for a number of clarifications, particularly regarding the anticipated scope of the document insofar as traditional community and hospital pharmacy compounding practices are concerned. Council requested that the Registrar raise the concerns at the upcoming NAPRA Council of Pharmacy Registrars' and Board of Directors' meetings in Ottawa. Further consideration will be given to the document at the June Council meeting.

MONITORING ACTIVITIES (continued)

Registrar's Executive Report (continued)

Medication Packaging for Facilities

Quality Outcomes Specialist Margaret McLean was in attendance to present a report to Council regarding requests from two facility pharmacy service providers to adjust the requirements of the Council policy relating to labelling multi-dose pouch packaging directions for use, reminder pouches for non-pouch-packaged medications and written contingency plans. Council considered various options for addressing the pharmacists' requests.

It was moved, seconded and carried:

Council approves the amendment of Professional Practice Policy 52 by the addition of the following after the section entitled "Discontinued and returned medications":

Variances

- A facility's Medication Safety and Advisory Committee may authorize the deletion of directions for use on each multi-medication package pouch and the omission of reminder pouches for non-pouch-packaged medications, provided that the pharmacist presents the committee members with the "pros" and "cons" of each option and the decisions are documented in the committee's meeting minutes.

The revised Professional Practice Policy 52 is attached as Appendix 1.

REGISTRAR SEARCH (continued)

It was moved, seconded and carried:

Council recesses for an *in camera* session at 11:00 a.m. to discuss matters related to the Registrar search process.

The Council reconvened at 12:00 p.m. for a public session.

NONPOLICY DECISIONS

Council Election Update

President Thomson reminded Councillors of the upcoming elections in Districts 1, 3, 5 and 7. She reviewed the deadlines and noted the election date of May 19, 2005.

Future Council Meeting Dates

The following list of Council dates for the 2005–2006 year were approved by consensus:

September 23, 2005

November 25, 2005 (with the annual general meeting on November 26, 2005)

January 20, 2006

April 21, 2006

June 16, 2006

REGISTRAR SEARCH (continued)

It was moved, seconded and carried:

Council recesses for an *in camera* session at 12:05 p.m. to discuss matters related to the Registrar search process.

The Council reconvened at 3 p.m. and, having no further business, adjourned the meeting.

ADJOURNMENT

The meeting was adjourned at 3:00 p.m.

Packaging

“Monitored dose system” (as it applies to Bylaw 7) means a system of drug distribution in which prescriptions are dispensed for an individual patient and blister-packaged in accordance with scheduled administration times.

“Blister packaging” is interpreted as packaging that protects a dose or doses from contamination until a designated medication time.

- Packaging must be in compliance with applicable regulations and standards of practice.
- Packaging shall be selected to preserve the integrity, cleanliness and potency of the products.
- The form of packaging chosen shall be consistent throughout the facility or home for each type of order, except where the form of the medication does not permit such packaging.

The packaging for all routinely administered solid oral medications must be consistent throughout the facility or home.

The packaging for “prn” solid oral dose medications must be consistent throughout the facility or home, although the type of monitored dose packaging used may be different from that used for the routinely administered medications.

The packaging for contingency supply solid oral dose medications must be consistent throughout the facility or home, although the type of monitored dose system may be different from the other types in use at the facility.

- In multi-drug packaging supplied for more than one day at a time, medications that may be subject to change or to being withheld or which may need to be immediately stopped must be separately packaged.
- Solid oral dose medications must be dispensed in the ready-to-administer form (eg. half-tablet doses must be packaged as half tablets).

Labelling

- Each blister card or each pouch or packet of single or multi-medication packaging must be clearly labelled for each drug in accordance with Bylaw 7(60)(2).
- Packages that include more than one drug must be labelled with the physical description of each drug.
- In multi-drug packaging, medications requiring auxiliary labelling (such as “do not crush”) must be packaged separately. The labelling must include and emphasize any auxiliary information.
- Directions must be included in full, without Latin or other abbreviations.

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First approved: 19 Sep 03
Revised:
Reaffirmed:

PPP-52

Dispensing

- All prescriptions must be dispensed in a monitored dose system.
- All prescriptions must comply with the labelling policies and regulations of the College.
- There shall be a policy and procedure manual in the pharmacy, outlining the components of the system and how the system is used.
- There shall be a written contingency plan to be used during system interruptions.

Checking and accountability

- Any system must provide a complete audit trail of each phase of the dispensing.
- There must be a procedure for documenting pharmacist accountability for each phase of the dispensing process.
- There must be a process of random monitoring for validation of the system for accuracy.

Facilitating the safe administration of medications in the facility or home.

- The system must permit the facility staff to confirm the completeness of medication orders on arrival at the facility, either by checking the medication packaging or by checking a “shipping list.”
- There must be a system whereby reminders of non-blistered medications that are to be administered for a medication time are inserted in the appropriate location with the resident’s other medications for that medication time.

Discontinued and returned medications

- Medications that have been discontinued or have had changes made in directions must not be removed from multi-drug packets, blisters or pouches by facility staff.
- A written policy may be established to allow, in an urgent situation, for withholding a medication in a multi-drug packet until such time as the pharmacy can redispense the medications. Such deviations from the requirement are to be documented in an incident report, and the withheld medication is to be returned to the pharmacy for disposal.
- No medication can be reissued by the pharmacy or returned to stock unless it has been individually packaged.

Variances

- A facility’s Medication Safety and Advisory Committee may authorize the deletion of directions for use on each multi-medication package pouch and the omission of reminder pouches for non-pouch-packaged medications, provided that the pharmacist presents the committee members with the “pros” and “cons” of each option and the decisions are documented in the committee’s meeting minutes.

First approved: 19 Sep 03
Revised: 5 Dec 03 / 15 Apr 05
Reaffirmed: