

Meeting of the Council

April 21, 2006

Present:

President and District 6 Councillor John Hope, District 1 Councillor Randy Konrad, District 3 Councillor Barry Wilson, District 4 Councillor Erica Gregory, District 5 Councillor Rita Thomson, District 7 Councillor Carol Gee, Government Appointees Marina Ma, Margaret Cleaveley, Michael MacDougall and Jo Ann Groves.

Absent (with notice):

District 2 Councillor Amin Bardai; Faculty of Pharmaceutical Sciences Dean Robert Sindelar

Staff (at various times):

Registrar Marshall Moleschi; Susan Lo, General Manager; April Lightbown, Administrative Assistant – Registrar; Doreen Leong, Assessment Programs Director; Ashifa Keshavji, Assessment Programs Administrator

Guests (at various times):

Marnie Mitchell, BCPhA Chief Executive Officer

CALL TO ORDER

President Hope called the meeting to order at 2:00 p.m.

He 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 agenda and timetable were approved as circulated.

MINUTES OF PREVIOUS MEETING

The minutes of the January 20, 2006 Council meeting were approved by consensus.

PROFESSIONAL DEVELOPMENT AND ASSESSMENT PROGRAMS - UPDATE

Doreen Leong, PDAP Director presented an update and overview of the program and covered "What's it all about" and "How does it work?" (Appendix 1) along with PDAP Executive Summary (to be posted at a later date)

Due to time constraints, a request was put forward to have Doreen Leong attend a future council meeting to answer further questions regarding the Knowledge Assessment exam.

PHARMACY TECHNICIAN WHITE PAPER

(http://www.bcpharmacists.org/resources/pdf/White_Paper_Pharmacy_Technicians_%20Apr_2006.pdf)

- The Registrar presented the Pharmacy Technician White Paper and acknowledged Alan Samuelson, QOS CPBC for spearheading the taskforce and development of the white paper.
- The pharmacy technician task force was comprised of community pharmacists, hospital pharmacists, pharmacy technicians, and pharmacy technician educators who reviewed the issues regarding the regulation of pharmacy technicians and support personnel in other provinces and countries.
- The White Paper identified current trends, potential advances in pharmacy practice, pharmacists' needs in British Columbia and considered the expanded roles for pharmacy technicians and the pros and cons for the regulation of pharmacy technicians.
- Currently, the Pharmacists, Pharmacy Operations And Drug Scheduling Act does not permit the regulation of pharmacy technicians in British Columbia. However this may be allowed in the Health Professions Act.
- Five options were put forward for consideration:

1. **Pharmacy Technicians should not be a regulated health professional.**

This is the current situation. It does not allow pharmacy technicians to take on a more independent role in the dispensing process, compromising pharmacists' ability to work with patients to achieve better medication management and optimal drug use.

Impact to the College of Pharmacists of British Columbia:

- No governance structure to oversee the conduct of pharmacy technicians.
- Failure to regulate pharmacy technician's compromises pharmacists' ability to consult with practitioners and patients, monitor patients' use of drugs, and provide better information on prescription drugs.

2. **Registration by the College of Pharmacists of British Columbia**

This would permit a register of pharmacy technicians but would not regulate them.

Impact to the College of Pharmacists of British Columbia:

- Would permit the tracking of pharmacy technicians.
- Minimal cost to the college to provide registration.

3. **Self-regulation by pharmacy technicians.**

Self-regulation would provide entry to practice guidelines, standards of practice, code of ethics, investigation, and discipline and pharmacy technicians would be accountable and managed by their own membership. This is a self-governance model.

Impact to the College of Pharmacists of British Columbia:

- Potential for conflict between the "College of Pharmacy Technicians of British Columbia" and the College of Pharmacists of British Columbia.
- Permitted tasks may be very restrictive.

4. Voluntary regulation by the College of Pharmacists of British Columbia

This would demonstrate knowledge and a standardized skill set that is recognized by the college.

Impact to the College of Pharmacists of British Columbia:

- May result in a two-tier system: one level will be regulated technicians who have met all of the competency criteria to perform at a more advanced level, and the other level will be pharmacy technicians which have not met the criteria.

5. Regulation by the College of Pharmacists of British Columbia.

Regulation by the College of Pharmacists of British Columbia would integrate the practice of pharmacy technicians and pharmacists under one governance structure.

Impact to the College of Pharmacists of British Columbia:

- The medication-use process would be best served by a single regulatory body.
- It would provide a foundation to support pharmacists in the provision of pharmaceutical care.
- It is a costly process and will take time.

It was moved, seconded and carried:

Council approves the following recommendation:

5. Regulation by the College of Pharmacists of British Columbia.

Regulation by the College of Pharmacists of British Columbia would integrate the practice of pharmacy technicians and pharmacists under one governance structure.

Impact to the College of Pharmacists of British Columbia:

- The medication-use process would be best served by a single regulatory body.
- It would provide a foundation to support pharmacists in the provision of pharmaceutical care.
- It is a costly process and will take time.

The Registrar was directed to report back on the financial and human resources impact on the college.

STRATEGIC PLANNING SESSIONS

Actions from Strategic Planning Sessions of April 20 and 21

Strategic Planning Sessions were conducted with councillors, college staff and stakeholders on April 20 and 21. The sessions were facilitated by Marina Ma, Councillor.

The purpose of the sessions was as follows:

- *Develop a clear direction for the College of Pharmacists of BC for the next five years*
- *Develop a focus for the College of Pharmacists of BC for the next year*

After completing the sessions, the next steps are:

1. Marshall revisit and revise wording of all Strategic Goals and corresponding Rationales and Support Goals (especially Strategic Goal #5).
2. Marshall to provide dates and specific deliverables for each tactic.
3. Marshall to develop a one year business plan as a result of input from this planning session. The first draft will be available for council and workshop participants in June 2006.
4. James to communicate strategic planning process status to registrants (should include survey summary).

MONITORING ACTIVITIES

Registrar's Executive Report

Registrar Moleschi 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

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

FINANCIAL HEALTH: COLLEGE

Susan Lo presented the 2006–07 Interim Financial Statements. The statements are still to be consolidated with results of the Building Joint Venture. The statements will be audited in May 2006 and will be available for approval June/July 2006. Budget variances were also discussed. Susan and Marshall met with the auditors on April 13, 2006 to plan for time lines, unusual business and planning

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.

Committees

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.

In April 2006 a Private Members Bill was introduced which essentially supports the college's position. As well the Ministry of Health has supported the college's position by taking this issue to Cabinet. However, there has been no outcome from this action.

Medication Packaging for Facilities

Activities and events relating to the medication packaging facilities 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

The requirements of the Council policy on Governance Style have been met.

NON POLICY DECISIONS

Council Election Update

President Hope reminded Councillors of the upcoming elections in Districts 2, 4 and 6. He reviewed the deadlines and noted the election date of May 26, 2006.

Future Council Meeting Dates

It was moved, seconded and carried:

The following list of Council dates for the 2005-2006 year was approved by consensus:

September 22, 2006
November 25, 2006
November 26, 2006 (AGM)

After discussion the next steps are:

- Marshall and April will look into the logistics and dates for the Annual General Meeting
- Marshall suggested working together with BCPhA; Marnie Mitchell agreed with this suggestion.

CONSENT ITEMS

Drug Scheduling Recommendations

It was moved, seconded and carried:

Council approves that the following revision to the B.C. Drug Schedule be amended as follows:

Resolution:

Delete:

- 3 Nicotine and its salts (when sold in a form to be administered orally by means of an inhalation device delivering 4 mg or less of nicotine per dosage unit)

Telepharmacy Practice Policy (Appendix 2)

It was moved, seconded and carried:

Council approves that the following revision to the Telepharmacy Practice Policy be amended as follows:

This recommendation is necessary to correspond with statement number 4.

The pharmacy technician at the remote site is responsible for receiving and processing the prescription. All patient questions regarding drug therapy or questions regarding over-the-counter products shall be answered by a pharmacist at the central site.

Delete:

1. Telepharmacy prescription processing can only occur in licensed pharmacies.

Add:

1. Telepharmacy prescription processing can only occur in conjunction with a licensed central pharmacy.

Assessment Principles and Criteria for the PDAP Program (Appendix 3)

It was moved, seconded and carried:

Council approves that the following revision to the Assessment Principles and Criteria for the PDAP Program:

Delete:

1. Ensure safe and effective pharmacy practice outcomes and

Add:

1. Support the college's mission to ensure pharmacists provide safe and effective pharmacy care to help people achieve better health and

Continuing Competency Program for Board of Examiners (Appendix 4)

It was moved, seconded and carried:

Council approves that the following revision to the Continuing Competency Program for Board of Examiners.

Delete:

1. Program costs will be covered by annual registration fees and will be subject to financial limits set by Council.

Add:

1. Program costs will be subject to financial limits set by Council.

ADDITIONAL SIGNING OFFICER

It was moved, seconded and carried:

Council approves the addition of Susan Lo, General Manager as a signing officer, in the absence of either Registrar or Deputy Registrar, for cheques over \$2000.

COMMITTEES

Audit Committee

Registrar Moleschi informed council that the Audit Committee requires two new appointments.

It was moved, seconded and carried:

Council appoints Amin Bardai and John Hope to the Audit Committee.

Executive Committee

Registrar Moleschi informed council that the Executive Committee is inactive.

Board of Examiners

Registrar Moleschi informed council that the Board of Examiners has appointed a new member.

It was moved, seconded and carried:

Council approves the appointment of Melanie Johnson to the Board of Examiners, replacing Caroline Chin.

Councillors

Registrar Moleschi informed council that the effective June 15, 2006 Jo Ann Groves' term as councillor will end. He thanked Jo Ann for the great work she has done over the past year. A new government appointee will be selected and the name of the successful candidate will be circulated as soon as it is available.

ADJOURNMENT

The meeting was adjourned at 3:40 pm.

**AGENDA ITEM 4.01
APPENDIX 1**

PROFESSIONAL DEVELOPMENT AND ASSESSMENT PROGRAMS - UPDATE

What's it all about

- Program philosophy
- Program purpose
- Program principles
- Professional and Legal Mandates

How does it work?

- One-half the membership participates every 3 years*
 - The entire membership participates over a 6-year period
- * Does not include non-practicing and affidavit registrants

What are the structures and timelines?

Three Phases:

- Phase 1: Professional development and preliminary assessment (18 months)
- Phase 2: Professional development and secondary assessment (12 months)
- Phase 3: Individualized remediation and reassessment

Where we are:

- First cycle started September 2003
- Phase 1
- Total 1257 participants
 - 1059 Knowledge Assessment
 - 198 Learning and Practice Portfolio
 - 91 percent of participants met the standard
- Phase 2
 - 104 participants
 - 62 KA, 28 LPP, 1 OSCE, 7 PA, 1 Inquiry, 4 NP, 1 Medical deferral
- Program Evaluation
- Program meets technical, professional and administrative requirements:
 - Validity and reliability of assessment instruments
 - Usefulness and acceptability of assessment options
 - Administrative processes

Where we are going

- Overall Program recommendations
- Assessment tool recommendations

AGENDA ITEM 5.01

Appendix 2

POLICY CATEGORY:

Professional Practice Policy

POLICY FOCUS:

Telepharmacy

"Telepharmacy" is the provision of pharmacy services to underserved populations at a remote site that is staffed by a pharmacy technician with access to the central pharmacy and registered pharmacists by computer, broadband video, and audio link. If broadband video access is not available then the use of digital images and telecommunication links are an acceptable alternative.

1. Telepharmacy prescription processing can only occur in licensed pharmacies.
2. An application for establishing a telepharmacy operation shall be made in writing to the Registrar no less than 60 days prior to opening the telepharmacy. Prior to opening a telepharmacy site there shall be a site visit by the College to both the remote site and the central site to ensure that minimum standards are met including security, space, fixtures, sanitation and technical equipment, including the audio, video and data link to the central pharmacy. (Community Practice sites: see Bylaw 28, 30. Hospital Practice sites: see Bylaw 72, 73).
3. The remote site is considered to be under the supervision of the pharmacist at the central pharmacy. A pharmacist at the central pharmacy must approve each prescription before it leaves the remote site.
4. The pharmacy technician at the remote site is responsible for receiving and processing the prescription. All patient questions regarding drug therapy or questions regarding over-the-counter products shall be answered by a pharmacist at the central site.
5. The pharmacist at the central site must assess the appropriateness of the prescription. Using video and audio link, the pharmacist is responsible for the final check of the prescription this includes review of the label, compare the stock bottle, drug dispensed and strength.
6. Counselling must be done by the pharmacist via video and audio link. The pharmacist must counsel the patient or the patient's agent on all new prescriptions and refill prescriptions. (Pharmacist/Patient Dialogue, see Bylaw 44). If broadband video and audio link is not available, patient counselling may be done by telephone. Written information may be provided to reinforce oral communication but is not sufficient alone. A contingency contact telephone number must be provided in the event the patient needs to contact the pharmacist at a later time.
7. There must be policies and procedures in place to ensure the safe and effective distribution of pharmaceutical products and delivery of the required pharmaceutical care including:
 - the process for discussing drug related problems with the prescriber.
 - the management of prescription transfers, both into the remote site and out to another pharmacy.
 - the management of over-the-counter drugs.
 - the procedure for extemporaneous compounding of prescriptions.
 - the procedure for supplying compliance packaging.
 - the contingency plan in the event of an interruption in data, video, or audio link to the central pharmacy.
 - the contingency plan to ensure continuous pharmacy service is available in the event that either or both the pharmacy technician/pharmacist are unavailable for work on short notice.
 - the maintenance of patient privacy and confidentiality during all communication with the patient.
8. There must be an ongoing review of incident reports and outcomes, with appropriate corrective action taken when necessary, to ensure there is no change in frequency of errors in dispensing drugs or devices.
9. A telepharmacy site may not remain open for business and no prescriptions shall be dispensed if an interruption in data, video or audio link occurs or if the pharmacy technician is not on duty at the remote site or the pharmacist is not on duty at the central site.
10. A patient record must be prepared and maintained for each patient for whom a drug is dispensed. Prescriptions dispensed at the remote site must be distinguishable from those dispensed at the central site including a unique label with a unique identifier in the prescription data base.
11. Each person involved in dispensing a drug must sign, initial or otherwise identify him-or herself on the prescription.

First approved: 2 May 03

Revised:

Reaffirmed:

Printed – 3 October 2003

PPP-54

POLICY CATEGORY:
POLICY FOCUS:

Executive Constraints
Office Operations: Assessment Instruments

Assessment Principles and Criteria for the Professional Development and Assessment Program

The assessment tools used in the Professional Development and Assessment Program must meet all professional and technical criteria to ensure good assessment practice and must reflect the intended purpose of the Program, namely to:

- Ensure safe and effective pharmacy practice outcomes and
- Promote continuous learning and professional development

The following principles reflect the College's commitment to these ends:

1. The Program must offer pharmacists a choice of assessment tools to respond to the different needs and preferences of individual pharmacists.
2. The assessment tools should assess what is relevant and critical to *practice* as reflected in the 2003 Framework of Professional Practice (FPP), including the Knowledge Specifications.
3. In all cases, the assessment tools should seek to assess the *application* of skills, knowledge and abilities to practice, rather than focus on the assessment of skills in a hypothetical setting or the recall of information.
4. Each assessment tool must
 - a. Be *valid*, that is, fit for the purpose for which it is intended and support the judgments that are made,
 - b. Be *reliable*, that is, the tool provides consistent results,
 - c. Reflect pharmacists' *current* skills, knowledge and abilities, and
 - d. Reflect the scope and breadth of skill and knowledge in contemporary pharmacy practice.
5. All examiners, assessors and auditors must be trained to consistently score and assess the results of individual pharmacists' performance on each assessment option.
6. Appropriate standard setting methods must be used to determine the required standard to be met on each assessment.
7. One standard must apply to all pharmacists.
8. Individual pharmacists must receive feedback on their performance, regardless of the assessment tool selected, within a reasonable time frame. This feedback should be provided in a manner that enhances personal understanding of their own skills, knowledge and abilities in relationship to current standards and support their professional development.
9. The Professional development and Assessment Program and assessment tools will be regularly evaluated and developed to reflect evolving practice scope and standards.
10. All assessment options and procedures should meet the professional standards for testing agencies, such as the Standards for Educational and Psychological Testing (APA/NCME).

First approved: 18 Apr 96
Revised: 16 Jun 00 / 31 Jan 03 / 20 Jun 03
Reaffirmed: 16 Jun 00

Monitoring frequency: Meeting 4 (Annually)
Monitoring method: Report to Council
Responsibility of: Board of Examiners

**AGENDA ITEM 10.05
APPENDIX 4**

POLICY CATEGORY:

Desired Outcomes

POLICY FOCUS:

Practice Standards: Professional Development and
Assessment Program

The Board of Examiners shall oversee the development of the College's individual pharmacist continuing competency program as defined by these policies:

1. Within limits of logistics and budget the program will incorporate the principles of choice of tools, accessibility, equitability and minimal administrative cost to participants.
2. The program will provide feedback advice and guidance to participants to enable them to follow-up with continuing professional development.
3. Participation by individual pharmacists is mandatory.
4. The program will be based on the Framework of Professional Practice.
5. The Board of Examiners will set the standard, with the emphasis on public safety and accountability.
6. A pharmacist must meet the standard.
7. One standard applies to all pharmacists.
8. Pharmacists who do not meet the standard may be referred to the Inquiry Committee.
9. Program costs will be covered by annual registration fees and will be subject to financial limits set by Council.

First approved: 5 December 98
Revised: 20 Sep 02 / 31 Jan 03 / 20 Jun 03
Reaffirmed: 14 September 2001

Monitoring frequency: Each Council
Monitoring method: Executive Report
Responsibility of: Registrar

Printed – 25 September 2003