

Meeting of the Council

2 May 2003

Present:

President and District 4 Councillor Erica Gregory, District 1 Councillor Wayne Rubner, District 2 Councillor Amin Bardai, District 3 Councillor Caren Heughan, District 5 Councillor Janice Reynolds, District 6 Councillor John Hope, District 7 Councillor Carol Gee, and Government Appointees Gurmeet Gill, Marina Ma and Peter Rubin.

Regrets:

Faculty of Pharmaceutical Sciences Dean Robert Sindelar

Staff (at various times):

Registrar Linda Lytle, Deputy Registrar Brenda Osmond, Administrative Manager Susan Lo, Administrative Assistants Samantha Towler and Kelly Baker-Pabla.

Guests (at various times):

Dennis Brox, Ken Foreman, Janice Moshenko, Dr. Robin O'Brien and Shawn Sandhu.

CALL TO ORDER

President Gregory called the meeting to order at 9:20 a.m.

She stated the College mission statement:

Safe and effective pharmacy practice outcomes for the people of British Columbia.

and her personal mission statement:

To positively support the pharmacists of BC in achieving safe and effective pharmacy practice outcomes for the people of British Columbia.

Government Appointee Gurmeet Gill and Administrative Assistant Kelly Baker-Pabla were welcomed to the Council meeting.

The President reviewed the four communication quadrants, which were introduced at the April 2002 workshop: work/career, relationships, community and personal. Each Councillor was asked to update the group, providing brief information pertaining to each of the four quadrants.

AGENDA AND TIMETABLE

The following items were added to the agenda:

- 7.03 NAPRA Council update
- 7.05 Clozapine interchangeability
- 7.06 One-year expiration date on prescriptions
- 7.07 Generic labelling on prescriptions
- 7.08 Council meeting date

COLLEGE of PHARMACISTS
OF BRITISH COLUMBIA

MINUTES OF PREVIOUS MEETING

The minutes of the 31 January 2003 Council meetings were approved by consensus.

OUTCOME DEVELOPMENT ISSUES

TechWise: Enhancing the Role of Pharmacy Technicians

The final version of the TechWise: Enhancing the Role of the Pharmacy Technicians project document entitled "*TechWise: Hiring Smart*" will be distributed to pharmacists and pharmacy managers with the *May/June Bulletin*, and it will be posted on the website.

Product Endorsements and Testimonials by Pharmacists

The Ethics Advisory Committee was asked by a member of the public to consider the issue of product endorsements and testimonials by pharmacists. The situation involved product endorsements and testimonials by pharmacists that were posted on a website for a product for which drug claims were being made but which had not received a Notice of Compliance from Health Canada.

The Ethics Advisory Committee members were concerned that pharmacists' endorsements lend an "effective-by-association" perception for the product. This was of particular concern when there is no evidence-based safety or effectiveness information for the product.

Council requested that the Registrar review the College of Physicians and Surgeons of BC's policy on physician endorsements and defer to the Ethics Advisory Committee for revision and recommendation.

COUNCIL DEVELOPMENT

Medical Marijuana Issues

Dr. Robin O'Brien, a pharmacist at the BC Cancer Agency and a member of Health Canada's Stakeholder Advisory Committee for Medical Marijuana, presented to Council and answered questions on the topic of medical use of marijuana and related issues.

Council requested that Ms. Lytle obtain further information to present at the September Council meeting.

The Council developed the following preliminary position as a draft for discussion purposes only:

Proposed Medical Marijuana Statement

- The College of Pharmacists of British Columbia (CPBC) considers medical marijuana to be the herbal form of the cannabinoid class of drugs.
- Pharmacists currently dispense cannabinoids as the prescription synthetics, nabilone and dronabinol.
- Dronabinol is Δ^9 -tetrahydrocannabinol (THC), which is also the primary active constituent of medical marijuana.
- Patients have the right to use either a synthetic or herbal source of THC and other cannabinoids for legitimate uses.

- The College discourages the smoked route and encourages research that includes alternative delivery systems.
- CPBC supports patient access to standardized medical marijuana through pharmacies, preferably at the same level of control as the synthetic cannabinoids.

Council requested that the Registrar initiate a consultation process to obtain the views and opinions of College stakeholders.

MONITORING ACTIVITIES

Registrar Lytle introduced Susan Lo, the College's new Administrative Manager.

Registrar's Executive Report

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

Practice Standards: Professional Development and Assessment Program

The Board of Examiners has approved assessment principles, criteria and policies for the Professional Development and Assessment Program.

Pharmacy Technicians

A cooperative project with the BC Pharmacy Association is being discussed to begin the development of a technician competency document. As well, the Canadian Pharmacy Association is targeting this area and Human Resources Development Canada is addressing this through a sectoral study involving pharmacists and pharmacy technicians.

The Councillors' *TechWise: Hiring Smart*, being distributed with the *May/June Bulletin*, is a resource for pharmacy managers, staff pharmacists and employers. It includes general information about pharmacy technician educational programs, suggested employment interview questions and sample knowledge appraisal questions that could form the basis on an employer-administered qualifying assessment.

Pharmacist Empowerment and Autonomy

College staff have intervened with the City of Surrey's efforts to implement a bylaw that would require pharmacists who provide methadone services in Surrey to maintain special records for submission to Surrey city officials or law enforcement officers, contravening patient confidentiality rights.

Involving Pharmacists in Key Initiatives

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

Financial Health: College

One current investment does not meet the strict intent of the College guideline to define acceptable credit quality. In particular, the present policy allows for unlimited investment in "government bonds," yet fails to define which governments are acceptable. Ongoing credit standards should be defined.

It was moved, seconded and carried.

Council approves the proposed amendment to point three of COC-3 (attached as Appendix 1).

Charitable Donations

The requirements of the Council policy on charitable donations have been met.

Authority Delegated to the Registrar

The requirements of the Council policy on authority delegated to the Registrar have been met.

External Committee Appointments

The Registrar advised that the Registered Nurses Association of BC (RNABC) has invited the appointment of a College representative to its Education Approval Committee.

It was moved, seconded and carried.

Council approves the appointment of Erica Gregory to RNABC's Education Approval Committee.

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.

Sale of Tobacco Products by Pharmacies

The College finalized the economic impact report entitled "The Case for Implementing a Ban of Tobacco product in British Columbia Pharmacies." Further meetings with Ministry of Health staff have been arranged to map out next steps in the effort to remove tobacco products from premises in which pharmacies are located.

Task Group Monitoring Reports

The task group noted compliance with the following policy:

COC-10 Communication Reporting: Registrar to the Council

Council Monitoring Reports

Council noted compliance with the following policies:

CSR-1 Registrar's Job Description
GP-2 Governance Style

NONPOLICY DECISIONS

Bylaw 5(38)(2)

Dennis Brox, representing Regent Healthcare Systems Inc. and Applied Robotics Inc., attended the Council meeting to offer further information and to respond to questions regarding the transmission of prescription data from physicians' offices to pharmacies.

It was moved, seconded and carried.

Council supports electronic communication initiatives which conform to NAPRA's Principles for Transmission of Prescriptions (attached as Appendix 2) and federal and provincial legislation.

Bylaw 6(49)(2)

Registrar Lytle advised Council that the College staff conducted an analysis of the current patient identification guidelines, as requested, and proposed that the current wording of Bylaw 6(49)(2) be retained. She further recommended that the guidance document be revised to emphasize the individual pharmacist's and pharmacy manager's responsibility to ensure the positive identification of patients, expanding the list of primary and secondary identification document options.

It was moved, seconded and carried.

Council approves the revised patient identification guidelines document entitled "Identifying Patients for PharmaNet Purposes" (attached as Appendix 3).

NAPRA Update

Council's appointee to the National Association of Pharmacy Regulatory Authorities' (NAPRA) Council, Shawn Sandhu, presented Council with an update of Recent NAPRA events. He informed Council that the Inter-Provincial Regulatory Committee (IPRC) will now be known as the Council of Pharmacy Registrars of Canada (CPRC), and the NAPRA Council will be known as the Board of Directors.

Fee Schedule

Registrar Lytle informed Council that to more accurately reflect the administration costs involved with offering two options for the Jurisprudence Examination, it is necessary to consider increasing the fee paid by candidates for registration with the College.

It was moved, seconded and carried.

Council approves the recommended two-level fee as follows:

Jurisprudence examination (in-province administration)	\$100
Jurisprudence examination (out-of-province administration)	\$175

Clozapine Interchangeability

The Registrar advised the Council that the Drug Advisory Committee's review of two clozapine products (Novartis and Genpharm) has resulted in interchangeable status for the two products.

One-Year Expiration Date on Prescriptions

A pharmacist requested that the issue of usefulness of prescriptions expiring one year from the original date that the prescription is written be brought forward for discussion.

Council requested that the Registrar forward the topic to the Community Practice Advisory Committee for review. She was also asked to include a reminder that a pharmacist can issue an emergency supply until the patient can see their physician and that oral contraceptive refills can be valid for two years if so authorized by the prescriber.

Generic Labelling on Prescriptions

A member asked that Council consider revising Bylaw 5(40)(1) to allow only generic drug names (and the manufacturer's name) to be used on prescription labels for single-entity products.

Council requested that the Registrar forward this item to the Community Practice Advisory Committee for consideration.

Meeting date

A Councillor requested that the 20 June 2003 Council meeting date be changed to either 27 June or 4 July. The Council decided to retain the originally scheduled date.

OPERATIONAL CONSTRAINTS DEVELOPMENT

No new operational constraints were proposed.

CONSENT ITEMS

Drug Scheduling Recommendations (housekeeping)

Registrar Lytle advised that there are a number of drugs listed in the BC Drug Schedules as Schedule III that are not listed in the NAPRA model schedules.

It was moved, seconded and carried.

Council approves that the Drug Schedules Regulation be amended by the deletion of:

- 3 Aluminum oxide
- 3 Anetholtrithione
- 1 Cetirizine and its salts (when sold in concentrations of 10 mg equivalent to greater than 8.5 mg cetirizine base per dosage unit)
- 3 Chlophedianol and its salts
- 3 Mepyramine (pyrilamine)
- 1 Nicotine and its salts^v (except in natural substances, or except when sold as a chewing gum containing not more than the equivalent of 4 mg of nicotine per dosage unit, or except when sold as a transdermal patch with a delivery rate of not more than the equivalent of 22 mg of nicotine per day)
- 3 Phenylephrine hydrochloride for ophthalmic use in concentrations of 2.5% or less
- 3 Ppyrilamine (see mepyramine)

and by the addition of:

- 1 Cetirizine and its salts (when sold in concentrations greater than 8.5 mg cetirizine base per dosage unit)
- 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)

ADJOURNMENT

The meeting was adjourned at 3:50 p.m.

With respect to the actual, ongoing condition of the organization's financial health, the Registrar shall protect the organization from risk.

Accordingly, s/he may not:

1. Expend more funds than established by the Council's debt guideline as outlined below.
 - a. Indebt the organization in an amount greater than can be repaid within the conditions set by the Council.
 - b. Reduce the current assets at any time to less than that set by Council policy.
 - c. Allow legal, statutory and other operational financial requirements to become delinquent.
 - d. Allow actual allocations to vary essentially from Council priorities in outcomes policies.
2. Invest funds in other than insured national bank savings accounts, guaranteed investment certificates, treasury bills and government bonds.
3. The Council's investment objectives are:
 - Preservation of capital
 - Maximization annual income
 - Liquidity

The investment portfolio limitations are:

- a. Any fixed-income investment must meet at least one of the following criteria:
 - Government of Canada direct and/or guaranteed debt.
 - Provincial government direct and/or guaranteed debt not rated lower than "A" or equivalent by a major rating agency.
 - Municipal government direct and/or guaranteed debt not rated lower than "AA" or equivalent by a major rating agency.
 - Debt issued or guaranteed by the "Big 5" Canadian chartered banks, subject to the bank being rated not less than "A" or equivalent by a major rating agency.
 - Corporate direct and/or guaranteed debt not rated lower than "AA" or equivalent by a major rating agency.

A "major rating agency" is defined as one of: Standard & Poors, Moody's, Dominion Bond Rating Service, or Fitch Rating Agency.

continued...

First approved: 02 May 97	Monitoring frequency: Meeting 4 (Annually) / Meeting 1, 2, 3, 4, 5 (Each Council)
Revised: 29 Sep 99 / 08 Aug 00 / 22 Jun 01 2 May 03	Monitoring method: External Audit / Executive Report
Reaffirmed: 16 Jun 00	Responsibility of: Auditor / Registrar

IP:COC-3

b. The overall portfolio allocations must adhere to the following sector guidelines:

Component	Minimum	Maximum
Government of Canada direct and/or guaranteed debt	0%	100%
Provincial government direct and/or guaranteed debt	0%	100%
Municipal government direct and/or guaranteed debt	0%	100%
Debt issued by a "Big 5" Canadian chartered bank	0%	100%
Corporate direct and/or guaranteed debt	0%	100%

4. Council designates the Registrar, Deputy Registrar, President and President-elect as signatories. Council directs that one signature be required on cheques in the amount of \$2000 or less, and that two signatures be required for cheques in amounts greater than \$2000.

NAPRA's Principles for Transmission of Prescriptions:

Principle #1

The process must maintain patient confidentiality.

Principle #2

The process must be able to verify the authenticity of the prescription; that is, the prescriber initiating the document.

Principle #3

The accuracy of the prescription must be able to be validated, including a mechanism to prevent forgeries.

Principle #4

The process must incorporate a mechanism to prevent diversion, so that the prescription authorization cannot be transmitted to more than one pharmacy.

Principle #5

Patient choice must be protected; that is the patient must determine the practitioner to receive the prescription authority.

Identifying Patients for PharmaNet Purposes

Pharmacists are responsible for ensuring that only one PharmaNet patient record is created and maintained for each person and that only one Personal Health Number (PHN) is assigned to each person. By viewing and confirming appropriate identification documents, duplicate PHNs and patient records can be avoided.

Bylaw 6(49)(2) requires that pharmacists take reasonable steps to positively identify patients or authorized personal representatives of patients with the following requests:

- Obtaining prescription services for the first time in each pharmacy.
- Transmitting requests to the College office for a printed PharmaNet patient record.
- Updating clinical information on a patient record.
- Adding, deleting or changing a keyword.

Where a patient is personally known to the pharmacist for a period of two years or longer, the pharmacist may positively identify the patient. In cases where the patient is not known to the pharmacist, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification.

A **primary identification** document is a trusted document that is the first document that an individual receives either through registration of birth or at the time of entry into Canada. Examples:

- Birth certificate
- Citizenship card
- Canadian record of landing
- Canadian-issued student, employment or visitor authorization
- Diplomatic passport
- Federal Minister's permit, approved by the BC Minister of Health
- Credit card with embedded photo of the cardholder

A **secondary identification** document is a trusted document containing either a photograph or signature (or both) that identifies an individual as being who he or she claims to be and supports the personal information supplied by the individual. Examples:

- Driver's license
- Passport
- Native status card
- Canadian Forces ID card
- Canadian police identification card
- Provincial or territorial identification card

Other documents which are neither primary or secondary may be used to substantiate the identity of individuals. There are defined as **tertiary or supporting documents**: Examples:

- Marriage certificate
- Change-of-name document
- Provincial health insurance card
- Social Insurance card
- Baptismal certificate
- Credit card or debit card
- Utility bill for electricity, gas, water, telephone or cable service