

# Meeting of the Council

November 25, 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, District 7 Councillor Carol Gee, Faculty of Pharmaceutical Sciences Dean Robert Sindelar, Government Appointees Marina Ma, Michael MacDougall, and Margaret Cleaveley.

**Absent (with notice):**

Government Appointee: Jo Ann Groves

**Staff (at various times):**

Registrar Marshall Moleschi and Communications Director James Nesbitt.

**Guests (at various times):**

Eli Mina, Registered Parliamentarian, Eli Mina Consulting; Janice Moshenko, Director, Division of Continuing Pharmacy Professional Development, UBC ;Randy Konrad, incoming District 1 Councillor and Barry Wilson, incoming District 3 Councillor.

**CALL TO ORDER**

President Thomson called the meeting to order at 9:10 a.m.

She noted 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 agenda items were added:

- 7.01 NAPRA Update
- 7.02 AGM review

**MINUTES OF PREVIOUS MEETING**

The minutes of the September 23, 2005 Council meeting were approved by consensus.

## OUTCOME DEVELOPMENT ISSUES

### Community Outreach Project

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

### Compounding Standards for Pharmacists

Registrar Marshall Moleschi briefed Council on NAPRA's Board of Director's position regarding the draft Guidelines to Pharmacy Compounding. He informed Council that NAPRA is in discussion with Health Canada to ensure the draft guidelines meet with federal compliance. The registrar will follow-up on this item once the NAPRA/Health Canada discussions have reached a conclusion.

### Regulation of Pharmacy Technicians

At its September 2005 meeting, Council supported the concept of certification of pharmacy technicians. Registrar Moleschi reviewed activities occurring across Canada and found that only two provinces in Canada are actively considering the regulation of pharmacy technicians: Alberta and Ontario.

Council directed the Registrar to meet with a representative of the B.C. branch of CAPT for that organization's input. Council also asked the Registrar to contact the Ministry of Health as a first step in determining what form the regulation of pharmacy technicians might take when pharmacy is included in the *Health Professions Act*.

Discussion of this issue among Councils raised a number of points: a current CPBC statement supporting the regulation/accreditation of pharmacy technicians is at odds with national CAPT body, which is not pursuing a similar model; College registrants and other pharmacy stakeholders should be surveyed for opinion; Current CAPT BC participants, primarily from hospital pharmacies, may see a stronger B.C. chapter as a new professional association with wages and benefits bargaining status. Discussion ended with Council directing the Registrar to contact the Ontario College of Pharmacists for information on how that organization is dealing with pharmacy technician regulation.

## 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 for the information of the Councillors.

### ***Professionalism***

Various activities relating to the promotion of professionalism were reported.

### ***Access to Pharmacy Care***

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

### ***Pharmacist Empowerment and Autonomy***

Activities and events relating to pharmacist empowerment and autonomy were provided for the information of the Councillors.

### ***Involving Pharmacists in Key Initiatives***

Various activities relating to the involvement of pharmacists in key initiatives were reported.

### ***Financial Health: College***

The Registrar presented a profit and loss statement for the eight months ending October 31, 2005. Surplus revenue over expenditures was \$78,507. Pharmacist fees as a portion of revenue were well ahead of projections, and PharmaNet costs as a portion of expenses were higher than originally anticipated.

### ***Employee Salary and Perquisites***

The Registrar reported his compliance with the requirements of Policy EC-6.

### ***Compensation: Contractors***

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

### ***Reimbursement of Budgeted Expenses***

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

### ***Committees***

Registrar Moleschi informed Council that the Ministry of Health nominates John Cheung to the PharmaNet.

*It was moved, seconded and carried.*

Council appoints John Cheung to the PharmaNet Committee for a term of 3 years.

### ***Code of Conduct***

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

### ***Relationship with the Public and other Key Stakeholders***

Councillors' activities relating to outreach to the public and other key stakeholders were summarized.

### ***Council Meeting observer Policies***

The requirements of the Council policy on Council meeting observers have been met.

### ***District Meetings***

None were held since the last council meeting.

### ***Tobacco-Free Pharmacies***

Events related to the Council's tobacco-free pharmacy initiative were reported. The registrar reported positive feedback from meetings with MLAs, and the issue may receive greater attention in the spring sitting of the legislature.

## **NEW POLICY DEVELOPMENT**

### **The Standards for Pharmacy Technician Verification of Non-Sterile Products in Hospital Practice and The Standards for Pharmacy Technician Verification of Sterile Products in Hospital Practice**

Councillor John Hope presented Council with two proposed new policies from the Hospital Pharmacy Committee: the Standards for Pharmacy Technician Verification of Non-Sterile Products and the Standards for Pharmacy Technician Verification of Sterile Products in Hospital Practice. The Committee recommends these standards in order to provide guidelines for pharmacy technicians checking the work of other technicians in the drug distribution process in hospital practice. The Standards established an accuracy rate and a process whereby pharmacy technicians could be certified within a specific pharmacy department to check assigned technical tasks performed by other technicians.

*It was moved, seconded and carried:*

Council approves the proposed Standards for Pharmacy Technician Verification of Non-Sterile Products and the Standards for Pharmacy Technician Verification of Sterile Products in Hospital Practice policies (attached as Appendix 1 and 2).

## NONPOLICY DECISIONS

### NAPRA Update

Councillor Erica Gregory provided the following briefing:

- Development of the NAPRA Compounding Guidelines continues, with the document now in its 13<sup>th</sup> draft.
- NAPRA is moving towards a sliding scale for membership fees. The new system, set to debut in 2006, will be advantageous to the CPBC; the revised schedule will see a fee reduction of approximately \$55,000 for the upcoming year.
- Discussions took place regarding the status of entry-level PharmD programs across the country.
- The issue of where DIN-containing natural health products can be sold was raised, with concern expressed that some natural products listed on drug schedules could be sold retail outlets other than community pharmacies.

### AGM Review

Registered parliamentarian Eli Mina presented several procedural options for the CPBC AGM to address the portion of the meeting set aside for resolutions. Mr. Mina also offered suggestions for moving from a resolution-focused AGM model, to one that focuses on issues discussion.

## CONSENT ITEMS

### NDSAC Drug Scheduling Recommendations

*It was moved, seconded and carried:*

Council approves that the Drug Schedules Regulation be amended as follows:

Delete:

- 3 Desloratadine
- 3 Pramoxine and its salts (for topical use on mucous membranes, except lozenges)
- 2 Niacin (in extended-release formulations)

Add:

- 3 Desloratadine and its salts and preparations (in products marketed for paediatric use – under 12 years of age)
- 2 Niacin (Nicotinic Acid) and its salts and derivatives in an extended release formulation providing less than 500 mg per dosage form or per daily dose
- 1 Niacin (Nicotinic Acid) and its salts and derivatives in an extended release formulation providing 500 mg or more per dosage form or per daily dose

## **COUNCIL DEVELOPMENT**

### **Strategic Planning Framework**

Registrar Marshall Moleschi provided an update on discussions he and incoming president John Hope have held to determine a framework for a multi-year strategic plan. Councillor Marina Ma then led Council through an overview of strategic planning definitions and processes. Tasks were assigned to Councillors and the Registrar in preparation for a strategic planning meeting to be held in January, 2006.

### **Meetings and Shared Decision Making**

Registered Parliamentarian, Eli Mina gave a workshop for Councillors on meetings and shared decision making.

### **Meeting Assessment**

Councillors completed the Council Meeting Assessment form. President Thomson will compile the data and report the results at the January meeting.

## **ADJOURNMENT**

The meeting was adjourned at 4:00 p.m.

## Preamble

The expected outcome of every medication distribution system is that 100% of medication doses will be correct when administered to the patient. Recognizing that "human failure" may create errors in any segment of the system, the medication distribution system processes must be designed with numerous checks to identify and remove potential errors prior to dispensing. Errors and other potential problems must be constantly identified and eliminated through a process of continuous quality improvement (CQI).

Medication distribution system processes include both technical functions and cognitive or professional functions. Technical functions specified in the hospital bylaw, "Function of Hospital Pharmacy Support Personnel" may be delegated to pharmacy technicians in accordance with the *Standards for Delegation of Technical Functions to Pharmacy Technicians*.

Examples of professional functions, which may **NOT** be delegated to a pharmacy technician, are:

- checking the accuracy of a transcription of a written medication order into the computer,
- checking a new medication order against the patient medication profile for therapeutic appropriateness,
- approving the calculations for a new product or formula.

Examples of technical functions, which may be delegated to a pharmacy technician, are\*

- verifying the label and content of a compounded or prepackaged product prepared in a batch
- verifying the medication container contents against a patient-specific label or fill list.

*\* These functions relate to Role 2: Produce and Distribute Drug Preparations and Products, and Role 3: Contribute to the Effective Operation of the Pharmacy from the Framework of Professional Practice (April 2003).*

## Verification of Medication Container Contents

The pharmacist may delegate the function of verifying medication container contents to a pharmacy technician. The pharmacist is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors. In order to delegate this function, the pharmacy must have established, written policies and procedures for all aspects of medication container verification, including quality assurance procedures and checks, procedures if an error occurs, and documentation records.

A pharmacy technician may verify the medication contents of non-patient specific medication containers (e.g. prepackaging) or patient-specific medication containers (e.g. refill drawers, cards or vials). A pharmacy technician may only verify medication containers prepared by another technician.

A pharmacy technician may not verify his or her own work.

## Qualifications

In order to verify medication container contents, a pharmacy technician must:

- be a graduate of a recognized pharmacy technician training course or have an equivalent of two years experience in a hospital pharmacy setting, and
- work sufficient hours to maintain competence in the function, as determined by the hospital pharmacy manager, and
- complete a standard departmental training program on verifying medication container contents, and
- demonstrate, on an ongoing basis, a commitment to exemplary accuracy in verifying the contents of medication containers, as determined by the hospital pharmacy manager.

## Training

A pharmacist with relevant expertise must ensure that the required knowledge and skills are appropriately taught. The required knowledge and skills must be acquired through a combination of educational modules, in-service programs and work experience with the opportunity for repeated practice of the skills under supervision. Work experience must be at the site where the verifying will be done.

## Initial Certification

Pharmacy technicians must be trained and assessed prior to becoming certified to verify medication container contents. The supervising pharmacist may grant certification if the technician achieves an accuracy rate of 100%.

## Quality Control

The certifying technician must maintain an accuracy rate of 100%.

1. If an error occurs during day-to-day checking activities, the institutions must have written procedures to address this situation.
2. The accuracy of all pharmacy technicians who verify medication containers must be audited at least annually and if possible conducted without the technician's knowledge. The results of the audit must be discussed with the audited technician. A technician who is certified to verify both non-sterile and sterile products may be audited on a balanced combination of the two types of products to achieve the audit quantity.

## Decertification

If the accuracy rate of a checker falls below the established standard on one occasion, perform a re-audit shortly after the first failed audit. If the pharmacy technician fails to meet the minimum standard on re-audit, s/he must be decertified and removed from the verifying function.

The pharmacy manager or supervisory pharmacist for the area may decertify a technician at any time if there is any reason to believe that the technician is not capable of safely carrying out the delegated function. The technician may be recertified only if the problem is resolved to the satisfaction of the pharmacy manager.

A decertified checker must reenter and complete the training and initial certification process prior to being reassigned to verify medication containers.

## Documentation

The supervising pharmacist must maintain a log or record showing the training, certification and quality assurance audits for each pharmacy technician who verifies medication container contents. The identification of the pharmacy technician who prepares or verifies medication container contents must be documented. This record must be retained for at least three years.

## Continuous Quality Improvement

An ongoing process of continuous quality improvement must be implemented to prevent or eliminate system errors. Documentation of the continuous quality improvement process must be retained for at least three years.

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## Preamble

The expected outcome of every sterile preparation and distribution system is that 100% of the parenteral medication doses will be correct when administered to the patient. Recognizing that "human failure" may create errors in any segment of the process, the processes of compounding and labelling sterile products must be designed with numerous checks to identify and remove potential errors prior to dispensing. Errors and other potential problems must be constantly identified and eliminated through a process of continuous quality improvement (CQI).

Compounding and labelling sterile products involves both technical functions and cognitive or professional functions. Technical functions specified in the hospital pharmacy practice bylaw, "Functions of Hospital Pharmacy Support Personnel" may be delegated to pharmacy technicians in accordance with the *Standards for Delegation of Technical Functions to Pharmacy Technicians*.

Examples of professional functions, which may **not** be delegated to a pharmacy technician, are:

- checking the accuracy of a transcription of a written medication order into the computer,
- checking a new medication order against the patient medication profile for therapeutic appropriateness,
- approving the stability or compatibility information or calculations for a new product or formula.

Examples of technical functions, which may be delegated to a pharmacy technician, are\*:

- verifying diluents and volumes of reconstituted sterile medications according to an approved procedure,
- verifying the label and content of a compounded sterile product prepared in a batch,
- verifying the medication container contents against a patient-specific label or fill list.

*\* These functions relate to Role 2: Produce and Distribute Drug Preparations and Products, and Role 3: Contribute to the Effective Operation of the Pharmacy from the Framework of Professional Practice (April 2003)*

## Verification of Sterile Products

The pharmacist may delegate the function of verifying sterile products to a pharmacy technician. The pharmacist is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors. In order to delegate this function, the pharmacy must have established, written policies and procedures for all aspects of the verification of sterile products, including quality assurance procedures and checks, procedures if an error occurs, and documentation records.

A pharmacy technician may verify either the medication contents of patient specific compounded sterile products against a label or pick-list (e.g. refills) or the medication contents of a compounded sterile batch products against an approved written procedure or compounding record. A pharmacy technician may only verify another technician's preparation of compounded sterile products.

A pharmacy technician may not verify his or her own work.

Prior to verifying sterile products, the pharmacy technician must be trained and certified in the delegated function.

## Qualifications

In order to verify compounded sterile products, a pharmacy technician **must**:

- be a graduate of a recognized pharmacy technician training course or have an equivalent of two years experience in a hospital pharmacy setting, and
- work sufficient hours to maintain competence in the function, as determined by the hospital pharmacy manager, and
- be trained in aseptic technique and qualified to prepare sterile products, and
- complete a standard departmental training program on verifying compounded sterile products, and
- demonstrate, on an ongoing basis, a commitment to exemplary accuracy in verifying compounded sterile products, as determined by the hospital pharmacy manager.

## Training

A pharmacist with relevant expertise must ensure that the required knowledge and skills are appropriately taught. The required knowledge and skills may be acquired through a combination of educational modules, inservice programs and work experience with the opportunity for repeated practice of the skills under supervision. Work experience must be at the site where the verifying will be done but didactic educational programs or inservices may be conducted either in-house or at another hospital pharmacy.

## Initial Certification

Pharmacy technicians must be trained and assessed prior to becoming certified to verify compounded sterile products. The supervising pharmacist may grant certification if the technician achieves an accuracy rate of 100%.

## Quality Control

The certifying technician must maintain an accuracy rate of 100%.

1. If an error occurs during the day-to-day checking activities, the institution must have written procedures to address this situation.
2. The accuracy of all pharmacy technicians who verify medication containers must be audited at least annually and if possible conducted without the technician's knowledge. The results of the audit must be discussed with the audited technician. A technician who is certified to verify both non-sterile and sterile products may be audited on a balanced combination of the two types of products to achieve the audit quantity.

## Decertification

If the accuracy rate of a verifying technician falls below the established standard, a minimum of 2 re-audits will be performed shortly after the first failed audit. If the pharmacy technician fails to meet the minimum standard on any re-audit, s/he must be decertified and removed from the verifying function.

The pharmacy manager or supervisory pharmacist for the area may decertify a technician at any time if there is any reason to believe that the technician is not capable of safely carrying out the delegated function. The technician may be recertified only if the problem is resolved to the satisfaction of the pharmacy manager.

A decertified checker must reenter and complete the training and certification process prior to being reassigned to verify compounded sterile products.

## Documentation

The supervising pharmacist must maintain a log or record showing the training, certification and quality assurance for each pharmacy technician who verifies compounded sterile products. The identification of the pharmacy technician or any other person who prepares or compounded sterile products must be documented. This record must be retained for at least three years.

## Continuous Quality Improvement

An ongoing process of continuous quality improvement must be implemented to prevent or eliminate system errors. Documentation of the continuous quality improvement process must be retained for at least three years.

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