



Present:

Randy Konrad, Chair & District 1 Board Member
Allan Greene, Vice-Chair & District 3 Board Member
Beverley Harris, District 2 Board Member
Doug Kipp, District 4 Board Member
Chris Hunter, District 5 Board Member
John Hope, District 6 Board Member
Bruce Beley, District 7 Board Member
Penny Denton, Board Member
John Scholtens, Board Member
Jeff Slater, Board Member
Bal Dhillon, Board Member (Pharmacy Technician Observer)

Regrets:

None

Staff (at various times):

Marshall Moleschi, Registrar
Suzanne Solven, Deputy Registrar
Lori DeCou, Director – Communications
Thomas Strumski, Manager of Finance
Lori Tanaka, Administrative Assistant - Communications (Minute Taker)

Invited Guests:

Marnie Mitchell, Chief Executive Officer, BC Pharmacy Association
Kathy McLaughlin, Presenter – Change Management Model

Vision: As the medication experts, registrants are professionals who apply their full knowledge, skills and abilities to achieve the best possible healthcare results through patient-centered care.

Mission: *To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.*

Our Values:

- Interactions will be handled ethically with respect and dignity while ensuring confidentiality.
- Integrity, honesty, accountability, transparency and responsiveness in all that we do.
- A culture of collaboration, learning and openness to change.



1. WELCOME AND CALL TO ORDER

Chair Konrad called the meeting to order at 9:02 am and stated the College's Mission Statement:

"To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health."

2. AGENDA

2.1 Consideration of Additions to Agenda

Chair Konrad called for any additional agenda items.

It was moved, seconded that:

The Board approves the addition of the following items to the agenda:

- To item 2.3 Conflict of Interest Declaration, add 2.3(a) Pharmacy Technician Advocacy Group, and 2.3(b) Conflict of Interest
- Item 2.4 Meeting Evaluation Forms be added as a regular item
- To item 4.1 Financial Health, add 4.1(a) Audit Committee Report and 4.1(b) Periodic Financial Statements
- To item 4.2 Board Committees, add 4.2(d) Board Resourcing Office Process
- To item 4.5(a) Board Package – Confidentiality, add 4.5(b) eFormat of Board Package, and 4.5(c) BC Pharmacy Association Conference
- To item 4.6 BCPhA Update, add 4.6(b) June 2011 Board Meeting and Strategic Planning Session
- To item 5.3.5 Legislation/Standards, add 5.3.5(d) Refill Prescriptions Clarification
- Add 5.8 Federal Election Strategy

The motion was CARRIED

2.2 Confirmation of Agenda

It was moved, seconded that:

The April 15, 2011 agenda be accepted with additions as noted in 2.1.

The motion was CARRIED

2.3 (a) Conflict of Interest Declaration – pharmacy technician advocacy group

DISCUSSION POINTS:

- A Board member declared a potential perceived conflict of interest regarding being an executive member of a pharmacy technician advocacy group (Pharmacy Technician Society of BC)
- It was clarified that this issue was discussed at a previous Board meeting and the Board has no concerns with individual Board member's involvement with Boards of advocacy groups



- A Board member suggested that the College seek a legal opinion regarding potential risk to the Board regarding any real or perceived conflicts it may have concerning relationships with advocacy groups
- Concern was raised as to whether or not this was necessary as the Board has already discussed this issue

It was moved, seconded that:

The College seek a legal opinion regarding the Board's association with advocacy groups.

The motion was referred to an ACTION:

The Board directed the Registrar to perform a landscape of other healthcare regulatory bodies regarding any policies or parameters around their Board's association with Boards of advocacy groups.

2.3 (b) Conflict of Interest

NO DISCUSSION

2.4 Meeting Evaluation Forms

DISCUSSION POINTS:

- The Chair informed the Board that the majority of Evaluation forms, which are completed by Board members following each Board meeting and handed into the Board Chair, have been completed and responses are favorable

It was moved, seconded that:

The Meeting Evaluation Form be added as a regular Board agenda item.

The motion was CARRIED

3. APPROVAL OF MINUTES

3.1 Approval of Board Minutes February 11, 2011

DISCUSSION POINTS:

- It was suggested that the Action for item 5.2.1 would be more accurate if changed from "...appropriately evolve..." to "...remove..." in regards to additional restrictions on prescription adaptations

It was moved, seconded that:

The Board approves the February 11, 2011 Board Meeting Minutes with the above noted amendment.

The motion was CARRIED



4. BOARD GOVERNANCE AND DEVELOPMENT

4.1 Financial Health

(a) Audit Committee Report

DISCUSSION POINTS:

- The Chair gave a report on the April 14th Audit Committee meeting and asked the Registrar to provide meeting notes to the Board
- The Board's annual fiscal audit process was explained to the Board and further clarified that this audit would not be a forensic audit, however, the auditors will look to see if there is any potential risk that should be addressed
- Overall, the Board was pleased with the clarity of the reports
- The College's audited financials for fiscal year 2010/2011 will be brought to the June 17, 2011 Board meeting for approval and submission to government by June 30, 2011

(b) Periodic Financial Statement

DISCUSSION POINTS:

- Registrar provided a report on the Periodic Financial Statement (Mar. 1, 2010 – Jan. 31, 2011)
- A Board member enquired about the College's surplus noting that it had almost reached the Board required 6 month contingency
- The Registrar pointed out that additional costs in the inquiry/discipline area as well as potential costs pertaining to the Health Professions Review Board (HPRB) are increasingly becoming a concern which could absorb a portion of the contingency, it was also pointed out that PharmaNet revenue accounts for 1/6th of the College budget and its future remains uncertain
- The Audit committee will obtain information in order to make a recommendation regarding the contingency fund
- A Board member asked how it is handled when we have additional unforeseen costs after our budget has passed, the Registrar responded that to absorb additional unforeseen costs, budgeted dollars are shifted on a priority basis

4.2 Committees

(a) Board Committee Reports

Annual reports for the fiscal year March 1, 2010 to February 28, 2011 for all Board Committees are presented to the Board for their information only. It was noted that much of the information presented in these reports will be published in the College's Annual Report.

Board Committees are:

- Audit Committee
- CE-Plus Subcommittee
- Community Pharmacy Advisory Committee
- Discipline Committee



- Ethics Advisory Committee
- Hospital Pharmacy Advisory Committee
- Injection Drug Administration Committee
- Inquiry Committee
- Jurisprudence Examination Subcommittee
- Knowledge Assessment Subcommittee
- Quality Assurance Committee
- Registration Committee
- Residential Care Advisory Committee

NO DISCUSSION

(b) New or Reappointed Committee Members, Chairs and Vice Chairs, and Revised Terms of Reference

A list of recommended new or reappointed Board committee members, chairs and vice chairs was presented to the Board for their approval.

In addition, staff presented the Board with revised College Committee Terms of Reference (TOR) for their approval. A recap of the general changes presented to the Board include:

- Under “Background”, changed “The College...” to “The Board...”
- The title “Relevant Legislation” changed to “Authority”
- Under “Authority”, changed specific sections of the legislation to high level documents ie. Health Professions Act (HPA), HPA Bylaws, Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws
- Under “Membership”, changed “persons” to “full pharmacists or pharmacy technicians”
- Under “Term of Appointment”, where “full pharmacist” is noted, included pharmacy technician
- Changed “pharmacist” to “registrant, where applicable

Additional specific changes include:

- Ethics Advisory Committee
 - Under “Mandate” and “Responsibilities”, included Conflict of Interest Standards
- Quality Assurance Committee
 - Removed “Establish and validate professional practice competencies, assessment and assessment standards”
 - Revised 6th bullet to read: “Set, administer and maintain policies on all matters related to assessments competencies, standards, principles, selection or design and processes.”
 - Added “Panels” and the requirements for meeting in panels.
- Registration Committee
 - Revised “Responsibilities” to more high-level responsibilities
 - Added “Panels” and the requirements for meeting in panels.
- Residential Care Pharmacy Advisory Committee
 - Revised “Responsibilities” to more high-level responsibilities



DISCUSSION POINTS:

- A Board member asked why previous Board member Michael MacDougall remains on the Discipline Committee now that he is no longer a Board member. The Registrar commented that as per the Discipline Committee's Terms of Reference (TOR), public representatives, not just public Board members, are required and it is in this capacity that Michael remains a member.

It was moved, seconded that:

The Board approve the new or reappointed committee members, chairs and vice chairs as recommended.

The motion was CARRIED

It was moved, seconded that:

The Board approve the revised Terms of Reference (TOR) for all Board committees as presented.

The motion was CARRIED

(c) Resolution Committee – Board Member

With the resignation of Margaret Cleaveley as a College Board member, there is a need to appoint a Board member to the Resolution Committee

It was moved, seconded that:

The Board appoint Penny Denton and Jeff Slater as members of the Resolution Committee.

The motion was CARRIED

(d) Board Resourcing Office process

DISCUSSION POINTS:

- The Registrar explained that the Board Resourcing Office (BRO) has been notified that the College Board has a vacancy, and described the BRO's process in appointing a non-pharmacist Board member
- A Board member suggested that a more interactive/collaborative approach to the process, where the Board could request that the potential appointee have a certain knowledge base or skill set, might be beneficial

ACTION:

The Board Chair will informally survey Board members to determine if there is a desire to request a specific skill set from the Board Resourcing Office.

4.3 Communication Plan for Electronic Participation in AGM

In response to the following action item from the February 2011 Board meeting:

ACTION:

Bring to the April 2011 Board meeting a plan which would include the surveying of registrants to gauge potential participation in an AGM by electronic means.

The Registrar presented the following considerations and recommendations:



Considerations:

- Non-binding nature of Resolutions:
 - Given that resolutions brought forward to the AGM are not binding on the College providing the ability for more registrants to cast a vote may add to further confuse registrants understanding of the College's overriding mandate to protect the public
- Real time participation and voting capability:
 - In order to ensure electronic participants ability to engage in the debate by submitting questions and to ensure they are able to vote on any resolutions would require an investment of approximately \$10,000
- Ensuring verification of registrant and ongoing participation in meeting:
 - Although unique passwords would be provided to registrants who registered to participate in the AGM electronically there is no way to ensure that that password would in fact be used by the assigned individual. Additionally, it would not be possible to ensure that registrants who were participating electronically stayed engaged in the meeting throughout
- Participation cost per person:

With an estimated cost of \$10,000 consideration should be given to establishing a minimum number of participants to ensure an acceptable cost per person (ie; if 100 registrants participate in the AGM electronically the cost per person, to the College, would be \$100)

Recommendation:

- Given the non-binding nature of resolutions the Board should fully discuss the pros, cons and registrant expectations of offering AGM participation electronically
- Should the Board wish to pursue electronic participation and voting at AGM's:
 - Establish a minimum required number of participants at 500 which would equate to an estimated cost per person of \$20
 - Survey registrant interest in early September to coincide with the AGM meeting notice which is mailed to all College registrants
 - If interest warrants it (ie; more than 500 registrants indicating that they would participate electronically in the AGM) then proceed with offering the AGM electronically

DISCUSSION POINTS:

- Several Board members agreed that surveying registrants regarding this issue was important and felt that it should be done sooner rather than later
- It was also discussed that we should be seeking clarification from registrants with respect to what they would want in the way of participating electronically (ie. the ability to vote on resolutions only, or the ability to fully participate in the AGM)

ACTION:

The Registrar was asked to develop and bring to the June Board meeting, a simple survey to seek this clarification.



4.4 Board Handbook Declaration Forms

As per CARRIED motion at the February 11th, 2011 Board meeting, it was moved, seconded that:

Board members sign and date the Board Governance Handbook and Board Policies Declaration Form by the next meeting and submit to the Chair.

NO DISCUSSION

4.5 (a) Board Package - Confidentiality

DISCUSSION POINTS:

- A Board member stated that the contents of the Board briefing package are of a confidential nature and are not to be shared with non-Board members.
- It was confirmed that as per the *HPA*, the Board meeting agenda must be made available to anyone upon request.
- It was agreed by several Board members that topics on the agenda are not necessarily confidential and it may be appropriate to discuss these matters with subject matter experts or colleagues in order to gain knowledge or understanding prior to the Board meeting. Board members agreed that they must use their discretion in these situations.
- A Board member expressed concern regarding late information being added to the briefing package, which may make it difficult for Board members to digest the information.
- The Chair provided that certain circumstances may require the information to be provided at the time of the Board meeting and not prior in order to preserve the integrity of the information. It was agreed, however, that whenever possible, all information pertaining to the Board meeting be included within the Board briefing package and distributed in a timely manner.

4.5 (b) e-format of board package

DISCUSSION POINTS:

- The Registrar recommended that the Board move to an electronic version of the briefing package for environmental and cost purposes.

It was moved, seconded that:

The briefing package for the June 17, 2011 Board meeting be distributed in an eFormat only.

The motion was CARRIED

4.5 (c) BC Pharmacy Association Conference (June 13-14, 2011)

DISCUSSION POINTS:

- The Chair clarified that per diems are not paid by the College to Board members who attend this conference, however registration fees, accommodations and meals are reimbursed and Board members are encouraged to attend.



4.6 (a) BC Pharmacy Association (BCPhA) Update

BCPhA CEO Marnie Mitchell provided the Board with an update on initiatives currently being undertaken by the Association. Including:

- Medication Review Services
- BCPhA Conference
- PharmaNet Modernization

DISCUSSION POINTS:

- The Chair congratulated and acknowledge the Association for their work on the development and launch of the Medication Review Services

4.6 (b) June 2011 Board Meeting and Strategic Planning Session

- The Chair suggested, and the Board agreed, that as the next Audit Committee meeting would only require a half day and has been scheduled for the morning of June 16, 2011, that the Board's Strategic Planning Session, initially scheduled for Saturday, June 18, be moved to the afternoon of Thursday, June 16

ACTION:

The College staff has been directed to provide an updated national landscape of the profession of pharmacy (ie. scope of practice and technician regulation) for review at the Strategic Planning session.

4.7 Change Management Model Presentation by Kathy McLaughlin & Associates

Consultant Kathy McLaughlin led the Board through a workshop related to the process of change management with reference to current changes within the pharmacy profession.

NO DISCUSSION

5. STRATEGIC & POLICY MATTERS
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Goal 1

The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.

Objective 1

Develop a model for pharmacy technician regulation, seek government approval on bylaws and integrate into College processes and programs.

5.1 Pharmacy Technician Regulation

(a) The Registrar provided an update on the action plan in the Board's briefing package.

- NAPRA's National Ad Hoc Committee on Pharmacy Technicians met in February 2011 to review and provide feedback on the first draft of the Model Standards of Practice for Pharmacy Technicians. NAPRA is on target to have the final draft of the document available for winter 2011.



- 432 pharmacy technicians (423 “current” and 9 “new graduates”) are pre-registered with the College (as of March 17, 2011).
- UBC-CPPD is offering the Pharmacy Technician Bridging Program on a regular 3 intakes per year cycle. All of the courses are currently being offered in-class, online and PLAR (where applicable). The following statistics show the number of students who have completed each course (up to December 2010):
 - Management of Drug Distribution Systems (MDDS) - 92
 - Pharmacology – 173
 - Product Preparation - 112
- Two sittings of the Jurisprudence Exam have been held for pharmacy technicians (November 2010 and March 2011)
- Revised CCAPP Accreditation Standards were distributed by CCAPP for stakeholder feedback by March 11, 2011.

DISCUSSION POINTS:

- The Registrar pointed out that the College expects its first pharmacy technician registrant within the next month
- The Board acknowledges that this is a significant accomplishment

ACTION:

The Board requested that College staff prepare an acknowledgement of the first pharmacy technician for presentation at the June 17, 2011 Board meeting.

Goal 1

The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.

Objective 2

Develop a model and support associated legislation for ensuring advanced professional practice in a manner that supports pharmacists in the delivery of consultation, cognitive services, medication management, and dispensing services.

5.2 Pharmacists’ Advanced Professional Practice

5.2.1 Adapting Prescriptions

(a) The Registrar provided an update on the action plan in the Board’s briefing package.

- Following the Board’s approval at the February 2011 Board meeting regarding changes to restrictions related to prescription renewals, the College communicated this information to all registrants via:
 - eBlast email (along with posting as News Headline)
 - updates to the Amendment to PPP-58 Orientation Guide (posted on website)
 - feature story in ReadLinks distributed March 14, 2011 “Prescription Renewals: Now Allowed for up to One Year”
- Further consultation over the next year will take place with the primary stakeholders to seek agreement on removing the additional restrictions as noted in the December 2008 Amendment to PPP-58.



DISCUSSION POINTS:

- The Registrar provided a favorable report indicating a positive increase in adaptations based on what pharmacists are billing for through PharmaNet

5.2.2 Administering Injections

(a) The Registrar provided an update on the action plan in the Board's briefing package.

- 1098 pharmacists are authorized to administer injections (effective March 17, 2011), with the following breakdown by geographical area:
 - District 1 – 342
 - District 2 – 311
 - District 3 – 159
 - District 4 – 163
 - District 5 – 69
 - Outside BC – 1
 - Unknown – 53
- The Pharmacist and Immunization Working Group (PIWG) comprised of representatives from MOHS, CPBC, BCPhA, BCCDC, Health Authorities and UBC-CPPD met on February 28, 2011 to identify specific vaccines from the publicly funded supply that could be recommended for pharmacists' access in the next phase. All publicly funded vaccines were considered. Generally, vaccines that are "straight forward" for healthy populations were chosen for release to pharmacists in Phase 2; with approximately 11 additional vaccines recommended. Process and timelines to be determined.

DISCUSSION POINTS:

- The Registrar circulated the most recent vaccine statistics

5.2.3 Advanced Practice Pharmacist (APP)

(a) The Registrar provided an update on the action plan in the Board's briefing package.

- With the Board's acceptance, at their February 2011 meeting, of the APP Business Case Analysis, work is proceeding on the next steps, which involves an analysis of required legislative changes and adaptation of Alberta's Additional Prescriptive Authority Program.

NO DISCUSSION



Goal 1

The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.

Objective 3

Identify and support initiatives that ensure that the skills of pharmacists and regulated pharmacy technicians are developed in accordance with the scope of practice.

5.3 Quality Assurance

5.3.1 PDAP

(a) The Registrar provided an update on the action plan in the Board's briefing package.

- The QAC met on February 14th, 2011 and finalized policies for the PDAP.
- Michael Obrecht, the external evaluator for the previous PDAP, began work on developing a framework for evaluation. He conducted interviews with the advisory group members in February and will be drafting a preliminary plan that will be developed with the group and be presented to the QAC. There are two Board members on the group, Penny Denton and Chris Hunter.
- The KA Subcommittee developed their work plan and timelines for the development of the new KA exam. An Item Writing workshop was held on March 13th, 2011 with ten pharmacists from a variety of practices participating.
- The CE-Plus Subcommittee met on February 23rd. They finalized the format and requirements for the CE-Plus Learning Record. They also reviewed the progress of the PDAP Portal and provided feedback on the developed portions. Testing of the portal is scheduled in April and development is anticipated to be completed by May.
- The PDAP portal is scheduled to be available to registrants in June 2011 and the CE Component of PDAP is scheduled to launch in July 2011 with the Assessment Component following in 2012.

DISCUSSION POINTS:

- The Registrar confirmed that the CE component is scheduled to roll out as scheduled beginning with registrants who renew their registration in July 2011.
- A Board member asked if it was a possibility to never get selected to complete the Assessment component, the Registrar clarified that it is not a possibility to never get selected.

5.3.2 Complaints Resolution

(a) The Registrar provided an update on the action plan in the Board's briefing package.

- There is one discipline hearing scheduled for May 27.
- The Ministry and the College are continuing to move forward with their joint investigation of pharmacies providing methadone which will conclude this Fall. To date, four pharmacies have been investigated, and altogether approximately 10 pharmacies will be investigated in relation to methadone maintenance treatment issues.



5.3.3 Pharmacy Services Review

(a) The Registrar provided an update on the action plan in the Board’s briefing package.

Methadone Maintenance Policy (PPP66) Update:

- Between March 7 and March 31, 2011, 26 “live” education sessions were held throughout the province.
- The sessions were approximately 2.5 hours in length and over 1100 pharmacists attended.
- The response to the sessions was very positive and pharmacists welcomed the further clarity and understanding that the policy and the policy guide provided.
- Costs associated with the implementation of Professional Practice Policy #66, including expenses for the mandatory training sessions and the production of the PPP-66 Policy Guide, were made possible through a financial contribution from Health Canada
- The on-line training module was available by the end of March and can be accessed via the College website

NO DISCUSSION

(b) Methadone Maintenance Treatment (MMT) training session update.

- The Deputy Registrar presented an edited version of the Methadone Maintenance Treatment (MMT) training session presentation to the Board.

DISCUSSION POINTS:

- A Board member recommended that it would be valuable for the MMT training session to be presented to the Inquiry Committee
- The College has been in talks with UBC in an effort to have the new policy guide incorporated into curriculum next year

5.3.4 Registration

(c) The Registrar provided an update on the action plan in the Board’s briefing package.

- Registration Statistics (March 1, 2010 – February 28, 2011)

New Pharmacist Registrants

○ UBC students	151
○ Students (Non-UBC)	14
○ MRA/AIT	69
○ Other provinces	14
○ Outside Canada	119
○ Reinstate	12
TOTAL	379

Pharmacy Technicians (Pre-registration applications as of March 17, 2011)

TOTAL	432
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NO DISCUSSION



5.3.5 Legislation/Standards

(a) Registrar's Report

NO DISCUSSION

(b) Restriction of verbal prescriptions for all registrants in all practice settings.

- The Board, at the February 2011 Board meeting, directed the Registrar to bring to the April 2011 Board meeting a briefing note for the Board's consideration which would call for the elimination of the taking of verbal prescriptions from all registrants (pharmacists and pharmacy technicians) in all pharmacy practice settings.
- The Registrar reported that the elimination of verbal prescriptions would be difficult to accomplish without an alternate way to receive and clarify hospital orders and community prescriptions. Health care professionals rely on verbal communication to ensure safe and effective care. A change to restrict verbal prescriptions would require the commitment of all prescribing professions and a safe and effective alternative for practitioners. As such, the recommendation brought forward to the Board was that until there is a viable and widely accepted alternative such as e-prescribing, the elimination of verbal prescriptions is not recommended. The College should, however, continue to remind pharmacists and other prescribing professions of the principles of safe verbal communication

DISCUSSION POINTS:

- Following a discussion on the topic, the recommendation was accepted by the Board

(c) Proposed revisions to College Professional Practice Policies (PPPs)

- The College Professional Practice Policies (PPPs) were reviewed and the following recommended changes were brought forward for the Board's approval.

General changes to all PPP's:

- Pharmacist to "registrant" where appropriate, to incorporate regulated pharmacy technicians.
- Appropriate legislation references (recent bylaw changes required changes to the bylaw numbering scheme— therefore bylaw references in the PPPs were incorrect).
- General language/grammatical housekeeping.

Additional specific changes to **PPP-3 Pharmacy Reference**:

- "Revision Dates of Legislation" document referenced has not been maintained on the website since transition to HPA in April 2009. Therefore reference to this document must be removed from the PPP.

Additional specific changes to **PPP-29 Triazolam Dispensing Guidelines**:

- Propose to Rescind.
- The guidelines in this PPP were based on the Health Canada monograph for the branded product Halcion in 1992. Health Canada no longer has a monograph for triazolam and the branded product Halcion is no longer manufactured in Canada. It is our understanding that the generic triazolam is not currently available.



Additional specific changes to **PPP-39 Responsibility of the Pharmacist When Asked to Provide a Drug That May Harm The Patient:**

- Propose to Rescind.
- The information provided in this PPP appears to be outdated. All drugs can cause harm if used inappropriately or at the wrong dosage, it is the pharmacists' responsibility to explain the benefits and risks of any drug that is dispensed.
- Furthermore, the information provided in this PPP is addressed in the new Code of Ethics (COE) within the context of informed consent.
- It is proposed that we will further develop the understanding of this issue in the COE education module with respect to what the concepts of "Standard of Care" and the "Test of the Reasonable Person" would require of registrants.
- Additional specific changes to **PPP-66 Methadone Maintenance Treatment:**
 - The College does not want the administrative burden of filing the Declaration forms. Similar to PPP-58 Medication Management, pharmacists are requested to sign the Declaration form and file at their primary place of employment.
- Note: **PPP-35 Pharmacists' Refusal to Provide a Product or Service for Moral or Religious Reasons** was rescinded by the Board in November 2010 but remains in effect until the revised Code of Ethics is approved by government.

DISCUSSION POINTS:

- A Board member pointed out that there may be a possibility that some Triazolam is still available in pharmacies. The College will investigate further and report back to the Board.

It was moved, seconded that:

The Board approve the revised College Professional Practice Policies (PPPs) as presented with the exception of rescinding PPP 29 – Triazolam Dispensing Guidelines.

The motion was CARRIED

(d) Refill prescription clarification

- A Board member brought forward a registrant's concern regarding an answer provided by the College to a recent question published in ReadLinks. The question was related to a pharmacist's ability to use their discretion to combine and dispense prescription refill authorizations for patients and the College's response was 'no, the prescriber's directions must be honoured'. The query was why the response would not have allowed for a pharmacist to use their professional judgment and adapt the prescription, using the seven fundamentals, if they felt it was in the patient's best interest to do so.
- Following a discussion on the issue, the Board agreed that there may well be circumstances where it would be appropriate for a pharmacist to adapt such a prescription.

ACTION:

The Board directed College staff to write a clarification article in the upcoming issue of ReadLinks



Goal 1

The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the healthcare needs of the public.

Objective 4

Continue to implement the plan to remove non-medicinal nicotine products from buildings that have pharmacies.

5.4 Removal of Tobacco

(a) Registrar's Report

- NO REPORT

DISCUSSION POINTS:

- A Board member pointed out that with the Saskatchewan government having recently banned the sale of tobacco and tobacco products from pharmacies, only BC and Manitoba remain without a restriction in place.

Goal 2

The College sets standards and conditions to ensure that emerging technologies and changes to pharmacy processes contribute to safe and effective pharmacy care.

Objective 1

Develop a policy framework to monitor safe and effective utilization of pharmacy technologies and practice processes.

5.5 Technology Framework

(a) Registrar's Report

- NO REPORT

NO DISCUSSION

Goal 2

The College sets standards and conditions to ensure that emerging technologies and changes to pharmacy processes contribute to safe and effective pharmacy care.

Objective 2

Continue to promote the need for Electronic Health Record that includes all drugs and all people.

5.6 Electronic Health Record

(a) The Registrar provided an update on the action plan in the Board's briefing package.

- E-prescribing and medication management services (MMS) are significant components of the MoHS' PharmaNet Modernization Project (planned go live in 2012 with small pilot for 6 months).



- Continued involvement with new business requirements documentation, workflow analysis and conformance documentation revision.
- Completion of early adaptor pharmacy and Electronic Medical Record (EMR) conformance documentation for end of March 2011.

DISCUSSION POINTS:

- The Board expressed continued support of College staff in the delivery of this initiative

Goal 3

The public, government, healthcare professionals, and registrants understand the role and value of the pharmacist.

Objective 1

Maintain a practical communications strategy.

5.7 Communication Strategy

(a) The Communications Director provided an update on the action plan in the Board's briefing package.

- NO REPORT (Note: The Board approved budget for fiscal 2011/2012 eliminated funding for an external public awareness campaign)

NO DISCUSSION

5.8 Federal Election

DISCUSSION POINTS:

- A Board member sought permission to take questions regarding healthcare to a political meeting, the Board expressed no concern in this regard

6. CONSENT ITEMS

6.1 Approval of April 15, 2011 Board Highlights

- The Communications Director presented the Board with the Board Highlights headlines for approval.

NO DISCUSSION

It was moved, seconded that:

The Board approves the Board Highlights headlines as presented.

The motion was CARRIED

ACTION:

The draft Board Highlights are to be forwarded on Tuesday, April 19, 2011 to the Board Chair for approval prior to distribution to all registrants and posting on the College website.



7. EVALUATION FORM

- Board meeting evaluation forms were distributed to Board members with any completed forms collected by the Board Chair.

8. IN-CAMERA SESSION

- No motions came out of the Board's in-camera session.

9. ADJOURNMENT

- The Board Meeting adjourned at: 3:55 pm.