

Meeting of the Council

31 January 2003

Present:

President and District 4 Councillor Erica Gregory, District 1 Councillor Wayne Rubner, District 3 Councillor Caren Heughan, District 5 Councillor Janice Reynolds, District 6 Councillor John Hope, District 7 Councillor Carol Gee, Faculty of Pharmaceutical Sciences Dean Robert Sindelar and Government Appointee Marina Ma.

Regrets:

District 2 Councillor Amin Bardai.

Staff (at various times):

Registrar Linda Lytle, Deputy Registrar Brenda Osmond, Assessment Programs Director Doreen Leong, PharmaNet Coordinator Melva Peters, Quality Outcomes Specialist Sharon Kerr and Administrative Assistant Samantha Towler.

Guests (at various times):

Shawn Sandhu and Adil Saleh.

CALL TO ORDER

President Gregory called the meeting to order at 9:30 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.

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 timetable and agenda were approved by consensus.

MINUTES OF PREVIOUS MEETING

The minutes of the 22 & 23 November 2002 Council meetings were approved by consensus.

OUTCOME DEVELOPMENT ISSUES

Regulation Reduction Initiatives

Minister of Health Planning Sindi Hawkins has notified the College that the regulation of the profession of pharmacy is to be included under the provisions of the *Health Professions Act*.

The separation of the "regulation of the profession" from other regulatory sections in the *Pharmacist, Pharmacy Operations and Drug Scheduling Act* will not be a simple task, but it is an excellent opportunity for the College to more efficiently and effectively accomplish regulation reduction and achieve our goals.

Deputy Registrar Brenda Osmond will be spearheading the management of this important transition process.

Continuing Competency Program

The Board of Examiners has finalized its recommendations to Council regarding the College's new continuing competency program. The recommendations are based on the Council's Vision / Outcome - Practice Standards: Continuing Competency Program and revised Operational Constraint - Assessment Principles and Criteria for the Professional Development and Assessment Program. The Framework of Professional Practice (FPP) is the foundation for the program's components.

The continuing competency program will be known as "The Professional Development and Assessment Program." Its purpose is to:

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

One-half of the registrants (excluding those on the Nonpractising and Affidavit registers) will participate every three years. All registrants will participate in the program over a six-year cycle.

It was moved, seconded and carried.

Council approves the name, components, structure, evaluation system, timelines and policies for the Professional Development and Assessment Program.

TechWise: Enhancing the Role of Pharmacy Technicians

Council discussed updates to the draft TechWise documents developed at the November 2002 workshop. Consideration was given to the results of the TechWise Survey in the development of the project's next steps.

Council agreed by consensus that the report, ready for final review in May, will be sent with the *Bulletin* to all pharmacists. A copy will also be posted on the web site.

2002 Annual General Meeting Resolution

Although a quorum was not present for the 2002 annual general meeting of the College, those present agreed to proceed with the agenda on an informational and group discussion basis.

In a show of voting cards, a proposed resolution calling for adjustments to the Code of Ethics was defeated. Annual general meeting procedures call for Council consideration of both approved and defeated resolutions to determine whether further action in the area of concern is necessary.

Council decided not to take any further action.

Marijuana Decriminalization / Medical Marijuana

Registrar Lytle informed the Council that the College had received a number of inquiries requesting its position on initiatives relating to the decriminalization of marijuana and calls for the implementation of medical marijuana use in Canada.

Council requested that Ms. Lytle invite Robin O'Brien, an expert in the use of marijuana for the relief of chemotherapy side effects, to attend the May Council meeting to share information on this issue with the Councillors.

Involving Pharmacists in Key Initiatives

The 2002 Consultation Project Report found that pharmacists would like early involvement when the College is contemplating introducing new initiatives. Councillors developed a policy statement to ensure progress on this point.

It was moved, seconded and carried.

Council approves the following Vision / Outcome statement:

VO-11 – Involving Pharmacists in Key Initiatives

College communication with pharmacists is concise, current and easy to understand.

1. Pharmacists have the option of accessing information in a variety of formats.
2. Detailed information on current topics is made available via the College website or other means if requested.
3. Input on key initiatives is solicited in the early stages of a project.
4. Feedback is encouraged and easy to accomplish.
5. Priorities are defined and communicated clearly.

Mission Statement

The registrar reported that suggestions have been received to review and update the current Mission Statement.

Council agreed by consensus to consult the membership, requesting suggestions, concerns and input via a short survey.

All the Vision/Outcomes statements, along with the mission statement, will be reviewed at the extended June Council meeting.

NEW POLICY DEVELOPMENT

Dispensing or Selling Drugs for Unapproved Indications

Council reviewed the National Association of Pharmacy Regulatory Authorities' model policy statement pertaining to the dispensing or sale of drugs for unapproved indications. The proposal was developed and followed up by consultation with each provincial medical regulatory organization for comment and suggestions for improvement.

It was moved, seconded and carried.

Council rejects the adoption of NAPRA's model statement.

The Council agreed to revisit this issue after the survey results have been reviewed and discussed at the June workshop.

Pharmacist Registration Fee Reduction for Pregnancy and Parental Leave

The Registrar advised that requests have been made for the College to consider having a reduced or waived registration fee for the period of time that a pharmacist is not employed during the one-year period allowed for pregnancy / paternal leave.

No other pharmacy regulatory authority in Canada has explicit provisions for this type of fee reduction.

It was moved, seconded and carried.

Council approves the addition of the following Internal Policy:

COC-9e – Office Operations: Registration Fee Reduction

With respect to the development of a process for the reduction of pharmacist registration fees for individuals on employment leave for pregnancy or parental reasons, the Registrar must not permit the process to jeopardize the predictability of budgeted revenue nor increase the College's operational expenditures.

MONITORING ACTIVITIES

Registrar's Executive Report

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

Vision / Outcomes

Practice Standards: Continuing Competency Program

Council approved the updated policy title for this program with the current operating name, the Professional Development and Assessment Program.

Pharmacy Participation in Regional Health Board Organizations

Council agreed by consensus to delete this policy since its intent is also addressed in VO-1.

Financial Health: College

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

Office Operations: Assessment Instruments

Registrar Lytle advised that the Board of Examiners recommends this policy be modified to accommodate the revised continuing competency program.

It was moved, seconded and carried.

Council approves the proposed revisions to Office Operations: Assessment Instruments policy, attached as Appendix 1.

Council Committee Appointments

The Registrar advised that Council was required to appoint a pharmacist to serve as Chair of the Inquiry Committee, due to the passing of Barbara Appleton.

Council approves by consensus the appointment of Allen Jang as Chair of the Inquiry Committee.

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

An expanded version of the risk and analysis document "Banning Tobacco Sales in BC Pharmacies" has been developed. It is entitled "The Case for Implementing a Ban of Tobacco product in BC Pharmacies." The report focuses on the economic implications of the proposed tobacco ban, with particular attention to pharmacy economics. Councillors were provided with a copy of the expanded analysis document.

The Registrar advised that she is scheduled to meet with Deputy Health Minister Dr. Penny Ballem on 12 February.

Prescription Labelling (Compliance Packages)

Council discussed a suggestion not to amend EP-19 by requiring the inclusion of a dosage form description on a compliance package label and agreed by consensus to make no changes to the existing policy.

Direct Communication With Prescribers

Registrar Lytle requested, on behalf of a pharmacist, that Council consider revising EP-30 by adding a reference to nurses working in penal institutions.

It was moved, seconded and carried.

Council approves the following addition to EP-30:

Glossary

Nurse - A registered nurse, registered psychiatric nurse or licensed graduate nurse working in the care facility/home or penal institution.

Emergency Prescription Refills

The President requested that Council consider adding an explicit reference to the attribution on the PharmaNet system of emergency refill prescription decisions to the pharmacist who made the decision to provide the emergency supply.

It was moved, seconded and carried.

Council approves the following addition to EP-31

Pharmacists may insert their pharmacist identification numbers (diploma numbers) in the prescriber field to identify the responsible decision-maker when providing an emergency supply of a drug to a patient.

Council Monitoring Reports

Employee Relations

Council convened an *in camera* session with the Registrar to review the policy requirements regarding employee relations.

Planning Cycle and Agenda Control

Councillors confirmed their compliance with the Planning Cycle and Agenda Control policy.

NONPOLICY DECISIONS

Bylaw 1(9)(9)

With the suspension of the previous RxCARE Program and the imminent introduction of the new Professional Development and Assessment Program, Council was asked to consider proposed amendments to Bylaw 1(9).

It was moved, seconded and carried.

Council approves the following amendments to Bylaw 1(9):

Delete:

Subsection (9)(a) through (h)

Add:

- (9) The quality assurance program is a professional development and assessment program established by the Board of Examiners and approved by the Council.
 - (a) When selected to participate, registrants must comply with the program policies established by the Council or the Board of Examiners.
 - (b) Participants who fail to participate in or do not satisfactorily complete the program requirements in the specified timeframe or who breach program policies approved by the Council or the Board of Examiners will be referred to the Inquiry Committee for determination of terms and conditions to be met.

Bylaw 5(38)(2)

Registrar Lytle advised Council that the College had received correspondence proposing a new approach to the transmission of prescriptions from prescribers' offices to pharmacies.

Following a discussion of the proposal, the Councillors requested that the Registrar provide Applied Robotics with NAPRA's document outlining electronic transmission of prescription principles, along with the Council's request for more information to assist with understanding the technologies involved with the proposal. The Councillors emphasized their interest in exploring prescription transmission methods that have the potential to decrease medication error.

Bylaw 5(38)(2)(d)(iv)

Council reviewed recommendations from College staff to remove the following requirement from the Bylaw 5(38)(2):

The prescription must include signed certification that the prescription represents the originals of the prescription drug order, the addressee is the only intended recipient and there are not others, and the original prescription will be invalidated or retained so that it cannot be reissued.

It was moved, seconded and carried.

Council approves the removal of subsection (38)(2)(d)(iv) from Bylaw 5.

Bylaw 49(2)

Registrar Lytle advised that a registrant has requested Council consider adjustments to either Bylaw 49(2) or the Guidelines for the Positive Identification of Patients or both to facilitate more efficient creation of PharmaNet patient records for patients residing in other countries.

Pharmacists Shawn Sandhu and Adil Saleh were present to answer questions.

It was moved, seconded and carried.

Council requests that the Registrar develop a document summarizing forms of primary and secondary identification documents and other methods for consideration at the May Council meeting.

OPERATIONAL CONSTRAINTS DEVELOPMENT

No new operational constraints were proposed.

CONSENT ITEMS

Drug Scheduling Recommendations (NDSAC)

It was moved, seconded and carried.

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

- 3 Acetaminophen (in sustained-release formulations)
- 3 Brompheniramine and its salts
- 2 Chromic Chloride (parenteral)
- 2 Cupric chloride (parenteral)
- 1 Electrolyte solutions (for parenteral use)
- 2 Magnesium sulfate (for parenteral use)
- 2 Manganese and its salts (for parenteral use)
- 2 Sodium acetate (for parenteral use)
- 2 Sodium phosphate (for parenteral use)
- 3 Loperamide and its salts (in solid dosage forms)
- 3 Loratidine and its salts and preparations
- 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, or except 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)

and by the addition of:

- 3 Acetaminophen (in sustained-release formulations containing greater than 650 mg per unit and in package sizes greater than 50 units)
- 3 Brompheniramine and its salts as a single entity for the treatment of allergies
- 1 Calcium chloride in injectable form for parenteral use
- 1 Calcium gluconate in injectable form for parenteral nutrition
- 1 Chromium chloride (chromic chloride) in injectable form for parenteral nutrition
- 1 Copper sulfate in injectable form for parenteral nutrition
- 1 Dextrose injection in concentrated solutions for parenteral nutrition
- 1 Lipid solutions in injectable form for parenteral nutrition
- 1 Magnesium sulfate in injectable form for parenteral nutrition
- 1 Manganese and its salts in injectable form for parenteral nutrition
- 1 Selenium in injectable form for parenteral nutrition
- 1 Sodium acetate in injectable form for parenteral nutrition
- 1 Sodium chloride in injectable form for parenteral nutrition
- 1 Sodium iodine in injectable form for parenteral nutrition
- 1 Sodium phosphate in injectable form for parenteral nutrition
- 1 Vitamins in injectable form for parenteral nutrition
- 1 Zinc chloride in injectable form for parenteral nutrition
- 1 Zinc sulfate in injectable form for parenteral nutrition
- 2 Loperamide and its salts (in other than solid dosage forms)
- 3 Loratidine and its salts and preparations in products marketed for pediatric use (under 12 years of age)
- 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)

Council Meeting Dates

The following list of Council dates for the 2003-2004 year were approved by consensus:

- 19 September 2003
- 28 November 2003 (with the annual general meeting on 29 November 2003)
- 30 January 2004
- 23 April 2004
- 18 June 2004

ADJOURNMENT

The meeting was adjourned at 3:25 p.m.

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
Reaffirmed: 16 Jun 00

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

IP:COC-9d