



Present:

Michael MacDougall, President & Government Appointee
Agnes Fridl Poljak, District 1 Councillor
Bev Harris, District 2 Councillor
Barry Wilson, District 3 Councillor
Doug Kipp, District 4 Councillor
Chris Hunter, District 5 Councillor
James Kim, District 6 Councillor (arrived at approximately 10:20am)
Dennis Primmett, District 7 Councillor
Margaret Cleaveley, Government Appointee
Penny Denton, Government Appointee
John Scholtens, Government Appointee

Regrets:

Robert Sindelar, Dean of Pharmaceutical Sciences

Staff (at various times):

Marshall Moleschi, Registrar
Suzanne Solven, Deputy Registrar
Lori DeCou, Communications Director
April Lightbown, Executive Assistant
Doreen Leong, Director Registration/Special Projects

Invited Guests (at various times):

Parkash Ragsdale, Deputy CEO & Director, Professional Services, BC Pharmacy Association

Vision: As the medication experts, pharmacists are professionals who apply their full knowledge, skills and abilities to their clinical practice and continue to evolve their scope of practice to provide better healthcare outcomes.

Mission: *To ensure British Columbia pharmacists 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. Call to Order

- President MacDougall called the meeting to order at 8:50 a.m.

2. Confirmation of Agenda

It was moved, seconded and carried:

That council adds the following item to the agenda:

- 5.7.1 Process by which bylaws were presented to council.

The agenda was approved by consensus with the noted addition.

Discussion Points:

- **In-Camera Session**
 - Council President informed council that after further research and background into best practices regarding 'in-camera' sessions he had decided that from this meeting forward all council/board meeting agendas would include an 'in-camera' session at the conclusion of the meeting.
 - Several council members expressed a desire to move the 'in-camera' session from the end of the meeting to the beginning.

It was moved, seconded:

That the in-camera session be moved to the beginning of the meeting.

Motion was defeated.

3. Approval of Minutes

It was moved, seconded and carried that:

Council accepts the February 6, 2009 minutes with the change of the word 'directs' to 'suggests' in first line of the Discussion Points in section 5.1 – Governance – Policy Governance Portfolio Review.

Discussion Points:

- A number of Councillors commented that they were pleased with the new format of minutes which now include discussion points and action items.

Action:

- Staff was directed to continue with this format.

It was moved, seconded and carried that:

Council accepts the February 6, 2009 Council Highlights as presented.

4. Council Governance and Development

4.1 Governance – Policy Governance Portfolio Review

Discussion Points:

- Council President commented that based on feedback and response received from councillors the original process of having Councillors themselves conduct the review and update of the Governance Policy Manual was not feasible.



Council Meeting

- Council President had therefore instructed staff to obtain a couple of proposals from outside consulting firms experienced in this area and familiar to the college.
- The Registrar presented an overview of two quotes for council's consideration which were discussed in some detail.

It was moved, seconded and carried that:

Council accept the proposal provided by the Governance Group to guide council in the review and updating of the College's current Governance Policy Manual with a budgeted amount of \$4,875.00 plus GST.

4.2 Independent council communication with registrants

Discussion Points:

- This item was moved to the 'in-camera' session scheduled for the end of the meeting

4.3 Financial Health

It was moved, seconded and carried that:

Council accepts, as presented, the revised balanced 2009/10 fiscal budget which reflects councils February 6, 2009 decision to allocate \$100K towards a media buy to support the College's communications strategy.

5. Strategic and Policy Matters

Goal 1

The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the health care 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

- The Registrar provided an update on the action plan in council's briefing package:
 - Council was reminded that on council's request a Pharmacy Technician Task Group, chaired by Councillor Chris Hunter, with representatives from key stakeholder groups approved by council, had been struck to: *review and recommend how Pharmacy Technician Education, Certification, Scope of Practice, Standardization and Competencies will be implemented in BC.*
 - The first meeting of the Task Group was held on March 26, 2009

Pharmacy Technician Task Group - Presentation

- Councillor Chris Hunter, Chair of the Pharmacy Technician Task Group, reported back to council on the outcomes and recommendations arising from the Task Group's meeting held on March 26, 2009.
 - Although council was not expecting a report with recommendations back from the Task Group until the June 2009 meeting the chair reported that the Task Group felt that they had satisfied their mandate and had therefore concluded their recommendations.



- The Pharmacy Technician Task Group's recommendations were:
 - To accept the national scope of practice (with the stipulation that further guidelines be established regarding the receipt of verbal orders), and;
 - Accept the national competencies and standardization that has been established, and;
 - Accept the national PEBC exam as the basis for entry-to-practice, and;
 - Require future pharmacy technician students to complete a CCAPP accredited pharmacy technician training program as one of the requirements for pharmacy technician regulation, and;
 - Mandate bridging programs for current pharmacy technicians wishing to be regulated, following the Ontario College of Pharmacists (OCP) model depending on the outcomes of the CPBC focus group sessions.

- Although it was outside of the mandate of the Task Group to provide a recommendation specific to the 'regulation' of pharmacy technicians the Chair informed council that there was a strong consensus amongst the Task Group participants that regulation is the only way to proceed in order to achieve the mandate.

- Further direction or clarification from council is required for the Task Group to continue with any further work. As such, a second meeting date had not been set.

Discussion Points:

- A few council members continued to express concern regarding the proposed scope of practice of pharmacy technicians and asked for further clarity regarding the final prescription check process. It was explained that it is still the pharmacists' responsibility to determine the appropriateness of therapy and review the patient profile.
- A few council members expressed concern regarding the governance of technicians under the College of Pharmacists of BC stating that at some point the college could consist of more pharmacy technician registrants than pharmacists.
- The registrar provided council with some historical background regarding why the council of the day decided to pursue the regulation of pharmacy technicians explaining that there was growing concern in community pharmacy that technicians were being delegated more and more responsibility (i.e.; tech-check-tech) and the college had no authority over the work of technicians and therefore could not adequately protect the public.
- It was also pointed out that without the regulation of pharmacy technicians the pharmacist remains liable for all of the technician's duties.

It was moved,

That council accepts the recommendations of the Pharmacy Technician Task Group as presented.

The motion was tabled to the June 2009 Board meeting.



Action:

- In the June briefing package for council include:
 - a copy of the powerpoint presentation that was presented at the council meeting and to the Pharmacy Technician Task Group
 - a recap of the Task Group's recommendations
 - any additional support information the Task Group or staff feel would be relevant and helpful for council

Goal 1

The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the health care 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

- The Registrar provided an update on the action plan in Council's briefing package.
 - The MAP Task Force held their first meeting on February 27th, 2009 at the College offices with representatives from all major prescriber groups, the BC Medical Association, the BC Pharmacy Association and the Ministry.
 - The Task Force was given a presentation by the college which included preliminary data on adaptations.
 - No 'official' complaints regarding pharmacists' adaptations were raised by any of the stakeholders.
 - In the interest of time the MAP Task Force Presentation was postponed until the June 2009 Board meeting. However, the registrar did report that over 12,000 prescriptions from every region of the province had been adapted in the first 6 weeks with over 80% being renewals.
 - Registrar reported that to date there has been no official complaints received by the College of Pharmacists of BC regarding the adaptation of a prescription by a pharmacist.

Goal 1

The enhanced and expanded care and services that pharmacists and regulated pharmacy technicians deliver are safe and effective and aligned with the health care 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 Stream 1: Quality Assurance - PDAP

- The Registrar provided an update on the action plan in Council's briefing package.
 - Specific to council's action item from the February 6th, 2009 council meeting to provide council with statistics on: *Standards Met, Standards Not Met for Learning & Practice Portfolio completed and Knowledge Assessment test written for PDAP* a summary of PDAP results was presented to council (Appendix A).
 - Specific to an update on the PDAP Evaluation Task Group the following update was provided:



- The PDAP Evaluation Task Group's mandate is to oversee the development and implementation of the PDAP Evaluation Phase.
- The Task Group will review the results of the program evaluation and make recommendations regarding improvements and enhancements to the PDAP based on the evaluation results.
- The Task Group is comprised of representatives from: The Ministry of Health Services, Canadian Society of Hospital Pharmacists – BC Branch, BC Pharmacy Association, UBC Faculty of Pharmaceutical Sciences, the College's Board of Examiners and the College Council.
- As original Council members are no longer on council, Council is requested to appoint two (2) Councillors to serve as members of the PDAP Evaluation Task Group. The Task Group will meet 2 – 4 times a year at the College office during 2009 with additional teleconference meetings as requested.

It was moved seconded and carried that:

No council member offered to sit on the PDAP Evaluation Task Group at this time.

5.4 Stream 2: Quality Assurance – Professional Conduct Review

- No update.

5.5 Stream 3: Quality Assurance – Quality Outcome – PharmaCare Restricted Claimant Program Joint Review

- The Deputy Registrar provided an overview of the PharmaCare Restricted Claimant Program to council and invited a councillor to participate in the working group for the next phase of the project:
 - The Ministry of Health Services, Pharmaceutical Services Division (PSD) has asked the College of Pharmacists of BC (CPBC) to lead a review of PharmaCare's Restricted Claimant program, in response to stakeholder requests (mainly College of Physicians & Surgeons and the College of Pharmacists of BC). A Ministry grant has been provided to fund the review. Stakeholder concerns include; increased incidence of drug abuse and drug diversion, information sharing between key stakeholder organizations and the need to improve client health outcomes.
 - All stakeholders expressed strong support for the review of the program and an interest to actively participate in the stakeholder working group sessions scheduled in the project phase. The working group will be lead by Helen Watt, contracted resource for the College of Pharmacists of BC. The project is lead by the Deputy Registrar for the College.

Discussion Points:

- A number of councillors expressed the seriousness and importance of this initiative and suggested that a pharmacist councillor should participate.

Action:

- Any pharmacist councillor that is interested in participating in the working group is to email the council President by April 3, 2009.

5.6 Stream 4: Quality Assurance – Registration

- No update.



Goal 1

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

Objective 4

Ensure the college makes an effective transition from the Pharmacists, Pharmacy Operations and Drug Scheduling Act (PPODSA) to the Health Professions Act (HPA) and the Pharmacy Operations and Drug Scheduling Act (PODSA).

5.7 Transition to New Legislation

- The Registrar provided an overview of the action plan in council's briefing package:
 - The transition to the new legislative framework for pharmacy requires the new College of Pharmacists of BC Board's review and approval of the revised legislation, policies & procedures.
 - These items will be dealt with at the first College of Pharmacists of BC Board meeting which will be held in the afternoon of March 27, 2009, following the conclusion of the last College council meeting and the swearing in of the appointed Board members.

Goal 1

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

Objective 5

Develop a plan to remove non-medicinal nicotine products and complete a review of pharmacy loyalty programs.

5.8 Non Medicinal Nicotine Products

- The Registrar provided an update on the action plan in Council's briefing package.
 - Met with Pat Chapman, Vice President, Public Affairs with the Association of Chain Drug Stores (CACDS). One of the topics was the banning of tobacco products in pharmacies.
 - March 5, 2009 – Made a presentation to the BC Chain Drug Association regarding the sale of tobacco products.

Discussion Points:

- 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 1

Develop a policy framework to monitor and evaluate pharmacy technologies and practice processes (i.e. guidelines, standards of practice).

5.9 Technology

- The Registrar provided an update on the action plan in Council's briefing package.
 - Next step is to establish a Task Force to define the role statement. To this end have surveyed other provinces for similar committees and have determined that the make-up of the Task Force will include:
 - BC Pharmacy Association, Chain Drugs Association of BC, CSHP – BC Branch, Directors of Pharmacy Health Authority (appointment), Quality Outcomes Specialists and Council (Board) member (optional).
 - One day meeting will be set for late April / early May to define the Role Statement

Discussion Points:

- No discussion

GOAL 3

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

Objective 1

Develop a comprehensive, cost effective communication strategy by Fall 2008.

5.10 College Communication Strategy

- The Communications Director provided an update on the action plan in Council's briefing package.
 - Specific to the implementation of the communication strategy the Communications Director provided the following update:
 - The CPBC and the BCPhA have engaged the services of an advertising and design company to delivery on the joint public awareness campaign.
 - As approved by council at the Feb 6, 2009 council meeting the \$100K media buy budget has been combined with a \$100K contribution by the BCPhA and allocated towards a province-wide radio campaign.
 - The campaign is designed to deliver a generic message to the public regarding the role and value of their pharmacist with a theme of "Get to Know Your Pharmacist – the more they know, the more they can help".
 - The campaign will consist of 2 x 10-week radio flights (May/June 2009 & October/November 2009) with 2 to 3 messages running on multiple radio stations in rotating markets throughout the province.



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- Specific to council's action item from the February 6th, 2009 council meeting to present council with a number of options for a new council communication vehicle to deliver council highlights to registrants the Communications Director:
 - walked council through 2 layout styles (called Board Highlights) with various distribution options (email only, email and print, separate mailing or insertion into *ReadLinks*) along with a proposed 2-week council proofing timeline
 - for reasons of efficiency, effectiveness and budget staff recommended Option 1, Version 2 (single template, emailed and inserted into *ReadLinks*) (Appendix B)

Discussion Points:

- Councillors supported the recommendation however wanted to accelerate the proofing timeline and suggested that the key messages for the Board Highlights could be accepted by council at the end of each board meeting – this approach will be tried for the June 2009 board meeting.

It was moved, seconded and carried that:

Council accepts the recommendation by staff to move forward with Option 1, Version 2 of the Board Highlights with the agreed upon accelerated proofing timeline.

ADJOURNMENT

The meeting was adjourned at 11:07 am.



APPENDIX A

The following tables are a summary of the results of participants who completed a PDAP option.

CYCLE 1: SEPTEMBER 2003 – AUGUST 2006

CYCLE 1 PHASE 1:

Option	Standard Met		Standard Not Met		Total
KA	968	91.3%	92	8.7%	1060
LPP	178	89.9%	20	10.1%	198
Total	1146	91.1%	112	8.9%	1258

KA

968/1060 participants (91.3%) successfully completed the KA in Phase 1.

LPP

178/198 participants (89.9%) successfully completed the LPP in Phase 1.

CYCLE 1 PHASE 2 (REQUIRED):

Option	Phase 2 Required				Phase 2 Total
	Standing	Standard Met	Standard Not Met		
KA	22	38.6%	35	61.4%	57
LPP	12	80.0%	3	20.0%	15
PA	7	63.6%	4	36.4%	11
OSCE	0	0%	1	100%	1
Total	41	48.8%	43	51.2%	84

KA

22/57 participants (38.6%) successfully completed the KA

LPP

12/15 participants (80.0%) successfully completed the LPP

PA

7/11 participants (63.6%) successfully completed the PA

OSCE

0/1 participant successfully completed the OSCE

- PDAP = Professional Development & Assessment Program
- KA = Knowledge Assessment
- LPP = Learning & Practice Portfolio
- PA = Practice Audit
- OSCE = Objective Structured Clinical Examination



CYCLE 1 PHASE 2 (PROGRAM EVALUATION VOLUNTEERS):

Option	Program Evaluation Volunteers				PE Total
	Standard Met		Standard Not Met		
KA	51	85.0%	9	15.0%	60
LPP	2	100.0%	0	0.0%	2
PA	25	96.2%	1	3.8%	26
OSCE	12	80.0%	3	20.0%	15
Total	90	87.4%	13	12.6%	103

KA

51/60 participants (85.0%) successfully completed the KA

LPP

2/2 participants (100.0%) successfully completed the LPP

PA

25/26 participants (96.2%) successfully completed the PA

OSCE

12/15 participants (80.0%) successfully completed the OSCE

CYCLE 1 PHASE 3

Option	Phase3				Total
	Standard Met		Standard Not Met		
KA	7	46.7%	8	5.3%	15
PA	4	66.7%	2	33.3%	6
OSCE	0	0%	1	100%	1
Total	11	50.0%	11	50.0%	22

KA

7/15 participants (46.7%) successfully completed the KA

PA

4/6 participants (66.6%) successfully completed the PA

OSCE

0/1 participant successfully completed the OSCE

PDAP = Professional Development & Assessment Program

KA = Knowledge Assessment

LPP = Learning & Practice Portfolio

PA = Practice Audit

OSCE = Objective Structured Clinical Examination


CYCLE 2: SEPTEMBER 2006 – AUGUST 2009
CYCLE 2 PHASE 1

Option	<i>Standard Met</i>		<i>Standard Not Met</i>		Total
KA	1483	95.7%	66	4.3%	1549
LPP	118	93.7%	8	6.3%	126
Total	1601	95.6%	74	4.4%	1675

KA

1483/1549 participants (95.7%) successfully completed the KA in Phase 1.

LPP

118/126 participants (93.7%) successfully completed the LPP in Phase 1.

NON-PARTICIPANTS

	Non-Participants
Cycle 1	8
Cycle 2	4
Total	12

Participation in PDAP is mandatory for all registered BC pharmacists. PDAP policies require the Board of Examiners to refer these individuals to the Inquiry Committee for non-participation.



BOARD MEMBERS

Photo: clockwise from top left

Agnes Fridl Poljak
District 1 – Metropolitan Vancouver

Bev Harris
District 2 – Fraser Valley

Barry Wilson
District 3 – Vancouver Island/Coastal

Doug Klipp
District 4 – Kootenay/Okanagan

Chris Hunter
District 5 – Northern BC

James Kim
District 6 – Urban Hospitals

Dennis Primmitt
District 7 – Community Hospitals

Margaret Cleaveley
Government Appointee, Kamloops

Penny Denton
Government Appointee, Prince Rupert

Michael MacDougall (President)
Government Appointee, West Vancouver

John Scholtens
Government Appointee, Langley

OPTION 1

Board Highlights



OUR VISION

As the medication experts, pharmacists are professionals who apply their full knowledge, skills and abilities to their clinical practice and continue to evolve their scope of practice to provide better healthcare outcomes.

Our Mission

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

OPTION 1

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