

Present:

Erica Gregory, President & District 4 Councillor
Agnes Fridl Poljak, District 1 Councillor
Bev Harris, District 2 Councillor
Barry Wilson, District 3 Councillor
Chris Hunter, District 5 Councillor
James Kim, District 6 Councillor
Dennis Primmatt, District 7 Councillor
Margaret Cleaveley, Government Appointee
Penny Denton, Government Appointee
Michael MacDougall, Government Appointee
Robert Sindelar, Dean of Pharmaceutical Sciences

Regrets:

John Scholtens, Government Appointee

Staff (at various times):

Marshall Moleschi, Registrar
Suzanne Solven, Deputy Registrar
Lori DeCou, Communications Director
April Lightbown, Executive Assistant – Registrar

Invited Guests (at various times):

Doug Kipp, Council-Elect District 4
Janice Moshenko, Director, UBC CPPD

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.

2. **Call to Order**

- President Gregory called the meeting to order at 9:15 a.m.
- She stated the college mission statement:
To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.
- The President welcomed District 4 Council-elect Doug Kipp.
- A roundtable of introductions was conducted.
- Councillor Hunter put forward an invitation for Doug Kipp to join council at the table as an observer. His suggestion was unanimously accepted.

3. **Confirmation of Agenda**

It was moved, seconded and carried:

Council adds the following items to the agenda:

6.7c Appointment to the Board under the Health Professions Act

The agenda was approved by consensus with the noted addition.

4. **Approval of Minutes**

At the September 26, 2008 meeting council dates for the 2008-09 year were approved. The April meeting was scheduled for April 10 which falls on Good Friday and the November council meeting and AGM dates were recorded incorrectly.

It was moved, seconded and carried that:

Council accepts the following changes for the 2008-2009 council meetings and Annual General Meeting:

April 3, 2009 Council Meeting

Nov 20, 2009 Council Meeting

Nov 21, 2009 (AGM)

It was moved, seconded and carried that:

Council accepts the September 26, 2008 minutes with changes as noted.

5. **Council Governance and Development**

5.1 Special Council Meeting (teleconference)

It was moved, seconded and carried that:

Council tabled their decision on a Special Meeting (teleconference) date until more information was provided by the Deputy Registrar under Agenda Item 6.7 Goal 1 / Objective 4 – Transition to New Legislation).

It was moved, seconded and carried that:

As per the Rules of the College of Pharmacists of BC Section 9.3 (Appendix A) council approves a Special Meeting (teleconference) for Monday December 15 from 7:30-9:30pm to review the draft Bylaws and Standards of Practice – Transition to New Legislation.

The following councilors confirmed their attendance in order to meet quorum:

- Agnes Fridl Poljak, Bev Harris, Doug Kipp, Chris Hunter, Dennis Primmett, Margaret Cleaveley, Penny Denton, Mike MacDougall

5.2 Policy Governance Portfolio

- Further to the council's discussions at its September 2008 meeting regarding the Policy Governance Portfolio review to be led by councillor Mike MacDougall, college staff finalized a "housekeeping" review of the document.
- The staff review focused on streamlining the policy governance informational sections to eliminate extensive duplication of materials. Obsolete terms and designations were also updated.
- None of the content of the four policy categories (strategic plan, executive constraints, council-staff relationship and council governance) was changed.

It was moved, seconded and carried that:

Council approves the updated Policy Governance Portfolio as a working document for future deliberation and discussion.

5.3 Financial Health - Registrar

It was moved, seconded and carried that:

Council accepts the 7-month income statement for information to be filed for audit at year-end.

It was moved, seconded and carried:

Council directs the registrar to take the appropriate action to pursue the retention of the PharmaNet Data base.

NOTE: Council requested the previous year's budget in order to compare when doing future budget planning.

6. 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.

6.1 Pharmacy Technician Regulation

- The registrar provided an update on the action plan in council's briefing package.

(b) Report on Action Plans – Registrar's Report

Reporting Period: **September – November 2008**

Road Map Action Summary:

- Completed draft bylaws for inclusion of pharmacy technicians – September 2008.
- Draft bylaws submitted to Ministry of Health Legislation and Professional Regulation Branch for review and discussion – September 2008.
- Reviewed and assessed impact of regulated technicians' governance structure and model for pharmacy technician registration with respect to council representation.

Timeline Status: On target

- In order to prepare for Pharmacy Technician regulation in 2010 staff proposed that pharmacy technicians be invited to sit as council participants (with no voting power) beginning the February 2009 council meeting as per the process noted below.
- Pharmacy Technicians will be invited to apply for the council participant positions through a broad college communication.
- The participants will be chosen by a Selection Committee (composition and terms of reference to be determined).

It was moved, seconded and carried that:

The motion is tabled until the first council meeting in 2009.

- Two volunteers were requested to work with Doreen Leong on the selection process. Agnes Fridl Poljak and Chris Hunter put their names forward.
- Council requested that terms be clarified in documents referencing Pharmacy Technicians, Registered Pharmacy Technician and Technician Assistants.

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.

6.2 Pharmacists' Advanced Professional Practice

- The registrar provided an update on the action plan in council's briefing package.

(b) Report on Action Plans – Registrar's Report / Presentation

Reporting Period: **September – November 2008**

Road Map Action Summary:

- Orientation guide mailed to all pharmacists – completed
- Orientation sessions ongoing through September 2008 – January 2009
 - 21 sessions booked.
 - Conducted 12 sessions to date.
 - Added 10 extra sessions in response to demand.
 - Conducted 8 extra sessions upon request to pharmacy chains and the pharmaceutical industry.
- Ongoing updates in all ongoing communication vehicles.
 - ReadLinks articles.
 - FAQ's on website (PPP58@bcpharmacists.org)
 - Public campaign materials being developed.
 - On-going stakeholder consultation with BCMA, CPSBC and MOH.

Timeline Status: On target.

6.2(c) Professional Liability Insurance

- College staff conducted further research regarding the need to specify that "personal" professional liability insurance is required for conducting PPP-58 activities.
- An insurance broker clarified that the inclusion of the term "personal" is not necessary to ensure insurance coverage portability. Rather, the creation of simple criteria to include "occurrence-based" coverage would meet the college's public interest needs, while allowing individual pharmacists to assess their insurance requirements.
- Based on the further research it was proposed that the following criteria for professional liability insurance be approved by council for pharmacists engaging in PPP-58 activities and for compliance with Health Professions Act bylaws when implemented:

1. The policy provides a minimum of \$2 million coverage.
 2. The policy provides occurrence-based coverage or claims-made with extended reporting period of at least three years.
 3. If not issued in the pharmacist's name, the group policy covers the pharmacist as an individual.
- If relying on group insurance coverage, each pharmacist is personally responsible for ensuring that all employers' insurance policies meet the three points of the criteria.
 - It was moved, seconded and carried that:
Council approves the three-point criteria for professional liability insurance coverage for PPP-58 activities and, when proclaimed by government, compliance with the new bylaw requirement for professional liability insurance.

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.

Stream 1: Quality Assurance - PDAP

- No report.

Stream 2: Quality Assurance – Professional Conduct Review

- The deputy registrar provided an update on the action plan in council's briefing package.

(b) Report on Action Plans – Registrar's Report

Reporting Period: September - November 2008
Road Map Action Summary: <ul style="list-style-type: none"> • Started to implement recommendations of the business process improvement report to streamline professional conduct review. <ul style="list-style-type: none"> ▪ Holding more frequent Inquiry Committee meetings to ensure flow of complaints reviewed. ▪ Scanning documents to create on-line files. ▪ Developing database to automate a number of administrative functions.
Timeline Status: On target.

Stream 3: Quality Assurance – Quality Outcome

- No report.

Stream 4: Quality Assurance – Registration

- No report.

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).

Transition to New Legislation

- The deputy registrar provided an update on the action plan in council's briefing package.

(b) Report on Action Plans – Registrar's Report/Presentation

Reporting Period: **September – November 2008**

Road Map Action Summary:

- Draft HPA and PODSA Bylaws submitted to government September 2008.
- Draft Hospital, Community and Residential Standards of Practice submitted to government November 7, 2008.
- Staff are completing draft schedules and forms with an anticipated submission date to government at the end of November.
- Government have indicated they are currently reviewing our submitted documents with anticipated response back by end of November 2008.
- Government has indicated the April 1, 2009 date as a firm date for pharmacy to transition to the HPA and PODSA legislation.
- In order to meet the April 1, 2009 date the College needs to post the approved Bylaws and Standards of Practice by January 1, 2009 to meet the 3-month public posting requirement.
- This means that Council needs to approve the draft legislation in December (see Agenda Item 5.1).
- Staff will provide an overview of the changes along with the actual documents for the December meeting.

Timeline Status: On target.

Objective 5

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

Pharmacy Loyalty Points for Prescriptions

- The registrar provided an update on the action plan in council's briefing package.

(a) Report on Action Plans – Registrar's Report**Road Map Action Summary:**

- Review and evaluate landscape of Pharmacy Loyalty Programs nationally.
- Develop and present report to council.

Background:

- In April 2005, the council concluded that pharmacists are professionals who would not provide inappropriate pharmacy service based solely on a patient's desire to accumulate loyalty points.
- In the unlikely event that such a practice occurred, it would be addressed as a professional practice issue with the individual health professional(s) involved with the situation.
- It was agreed that it is unethical for a pharmacist to counsel or otherwise advise a patient to forego taking prescription medications in order to wait for a "bonus points" promotion date.
- It is also inappropriate for a pharmacist to provide an emergency supply of a prescription drug in order to allow the patient to delay obtaining their prescription until a "bonus points" day promotion was in effect.
- The Ontario College of Pharmacists (OCP) has defended a court challenge to its policy directive banning bonus points for prescriptions. The court challenge focused on the OCP's legal authority to issue the policy directive (not on the content of the policy directive). British Columbia legislation does not provide the same authority to develop a policy directive like the one issued by the OCP.
- Of the pharmacies that offer loyalty programs, some provide points for prescription purchases while others do not.
- Prescription purchasers use credit cards issued by banks and other financial institutions for payment, and they have the ability to accumulate "rewards" points in accordance with the cards' programs (for example, TD Visa Infinite, Sears MasterCard, American Express Platinum, etc.).
- Complaints to the college office have come almost exclusively from pharmacists, pharmacy managers and pharmacy owners. One consumer complaint has forwarded a general complaint on the issue to the college office.
- Pharmacists have expressed concerns that loyalty program points are awarded to the patient or their agent, even when a third-party payer covers the full cost of the prescription. The college office urges complainants with this particular concern to contact the relevant third-party payer (including PharmaCare) directly.
- A survey of pharmacy jurisdictions across the country revealed the following information:

Province	Status	Comment
AB	Permitted	Issue under review by Ethics Review Committee with a report to the council due in Dec 2008
SK	Permitted	College will intervene if program is demonstrably linked to adverse patient outcomes
MB	??	Information not available at time of report preparation
ON	Prohibited	Pharmacies cannot provide bonuses, inducements or rebates, including loyalty program points
NB	Permitted	
PE	Permitted	Cannot be advertised in conjunction with prescription sales or access
NS	Permitted	Unware of any harm to the public
NF	Prohibited	1998 board policy, reconfirmed Oct 2008

It was moved, seconded and carried that:
Council approves the report as presented.

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).

Technology

- No report.

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.

College Communication Strategy

- The registrar provided an update on the action plan in council's briefing package.

(b) Report on Action Plans – Registrar's Report

Reporting Period: **September – November 2008**

Road Map Action Summary:

- Presented the Communications Strategy to council at the September 2008 meeting
- Council accepted the strategy in principle but withheld approval of the proposed media buy component of the budget pending the College pursuing potential partnership funding opportunities with the BC Pharmacy Association
- Had a positive preliminary meeting the BCPhA regarding the possibility of participating in a joint public awareness campaign with messages focusing on helping the public understand the role and value of pharmacists
- Joint (CPBC and BCPhA) media plan, including budget, is being developed to be presented to council at the February 2009 meeting (note: as per the Roadmap, the development of the plan will include a review of the communication strategies of other regulatory agencies)

Timeline Status: On track

6.11 Other Policy Review & Development

a) Positive identification required for obtaining a PharmaNet Patient Record:

- At the May 2003 Council meeting, council reviewed and approved a revision to the guidance document regarding primary and secondary identification requirements necessary for a patient to obtain a copy of his/her PharmaNet patient record at any pharmacy in British Columbia.
- It has been determined that the May 2003 council meeting minutes contained the incorrect Appendix (guidance document). The document included as the Appendix was the previous requirements and not the revised requirements agreed to by council at the May 2003 meeting.

It was moved, seconded and carried that:
Council approves Appendix B as attached.

7. Adjournment

The meeting was adjourned at 2:18 pm.

DRAFT
Council Meeting

COLLEGE of PHARMACISTS
OF BRITISH COLUMBIA

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INFORMATION ONLY:
or
DECISION REQUIRED:

5. Council Governance & Development

5.1 Future Council Dates – President

- An extraordinary teleconference meeting is required in December 2008 to review the draft Bylaws and Standards of Practice (see Agenda Item 6.7 Goal 1 / Objective 4 – Transition to New Legislation).
- Dates proposed
 - December 15: 10am-noon
 - December 16: 1-3pm
- At the September council meeting 2009 council dates were approved. The April 10, 2009 meeting falls on Good Friday therefore it is proposed that the meeting be changed to April 3, 2009 (Note: April 17 is held for NAPRA board meetings).

→ Extraordinary Special Meeting of Council
Meeting date agreed to:

Dec 15, 2008 7:30-9:30 via teleconference

Gregory President
Debbie Alton
M. MacDougall

DECISION POINTS:

1. Approve the December Extraordinary Teleconference Meeting and April 3, 2009 council meeting date.

Appendix B

POLICY CATEGORY: Professional Practice Policy
POLICY FOCUS: Identifying patients for PharmaNet purposes

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

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

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

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

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

- Driver's License
- Passport
- Provincial identity card issued by the province of B.C.
- Police Identity Card issued by RCMP or municipality
- Indian Status Card

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

- Care card issued by the Province of B.C.
- Birth Certificate
- Canadian Citizenship Card
- Landed Immigrant Status papers
- Naturalization Certificate
- Marriage certificate
- Change of Name Certificate
- Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces
- Consular Identity Card

First approved: 2 May 03

Revised: 21 Nov 08

Reaffirmed:

PPP-54