

# Meeting of the Council

November 24, 2006

**Present:**

President and District 6 Councillor John Hope; District 1 Councillor Randy Konrad; District 2 Councillor Amin Bardai; District 3 Councillor Barry Wilson; District 4 Councillor Erica Gregory; District 5 Councillor Rita Thomson; District 7 Councillor Carol Gee; Government Appointees Marina Ma, Margaret Cleaveley, Michael MacDougall and Winnie Wong.

**Absent (with notice):**

Dean Robert Sindelar, Faculty of Pharmaceutical Sciences

**Staff (at various times):**

Registrar Marshall Moleschi; Executive Assistant April Lightbown; General Manager Susan Lo; Communications Director James Nesbitt; Alan Samuelson, QOS.

**Guests (at various times):**

District 2 Councillor-elect Bev Harris; District 6 Councillor-elect James Kim

## CALL TO ORDER

President Hope called the meeting to order at 9:20 a.m.

He noted the College mission statement:

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

## AGENDA AND TIMETABLE

The draft agenda and timetable were approved as circulated.

## MINUTES OF PREVIOUS MEETING

The minutes of the September 22, 2006 council meeting were approved by consensus.

## INTRODUCTION

President Hope welcomed District 2 councillor-elect Bev Harris and District 6 Councillor-elect James Kim. James Kim gave a brief overview of his responsibilities at Vancouver General Hospital.

## OUTCOME DEVELOPMENT ISSUES

*Internal (college/council)*

### *Desired Outcomes Policies Review*

The Desired Outcomes Policies were developed approximately 10 years ago with the introduction of the policy governance model for the council to meet its governance responsibilities. The Desired Outcomes Policies were reviewed and slightly adjusted about three years ago.

With the development and implementation of council's strategic directions earlier this year, combined with the recent review of the former registrar's operational outcomes, a review of the council's Desired Outcomes Policies is timely.

When the Desired Outcomes Policies document is finalized, the registrar will insert operational outcome statements under each Desired Outcomes Policy statement to demonstrate to the council how the policy will be achieved over a three-to-five-year period.

Council reviewed the Desired Outcome Policies and:

*It was moved, seconded and carried that:*

Council approves the proposed changes to the Desired Outcome Policies with the following changes:

#### *Professionalism*

DO-3-3 The Board of Examiners oversees the management of the college's individual pharmacist continuing competency programs that reflects the current Framework of Professional Practice, as defined by council-approved policies.

#### *Pharmacy Technicians*

DO 5-1 Pharmacy technicians are regulated under the College of Pharmacists of BC.

### ***Pharmacy technician business case analysis***

- Phase I has been completed with the development of the Pharmacy Technician Business Case Analysis.
- Alan Samuelson presented the pharmacy technician business cases analysis.
- A steering committee comprised of community pharmacists, hospital pharmacists, representatives from chain pharmacies, pharmacy technician educators, pharmacy technicians from community and hospital practice and other regulatory and professional pharmacy organizations were involved in the preparation of this business case analysis.
- This document defines the business and functional requirements to regulate pharmacy technicians through the College of Pharmacists of BC. It outlines a high level implementation plan to integrate the practice of pharmacy technicians and pharmacists under one governance structure. It outlines the timelines and financial costs to regulate pharmacy technicians. The timeframe may be constrained by the federal and provincial regulatory process, the CCAPP process for pharmacy technician program accreditation, and the PEBC development of a national examination process.

*It was moved, seconded and carried that:*

- Council approves moving into Phase II: Dec 2006-Dec 2007 which would include developing and circulating a survey to determine the number of pharmacy technicians working in pharmacies in BC, implementing a plan for transition to a regulatory model of practice for pharmacy technicians and pursuing sources of funding.
- The registrar conveys council's strong support of this plan to the Ministry of Health.

### ***Strategic Direction #3: Telepharmacy***

The current interpretation of the policy is that the phrase "remote site" means the site away from the central pharmacy and does not necessarily include a geographical or distance criteria. Another interpretation could be that "remote site" means a location that is relatively isolated and for which it is not practical or possible have regular on-site pharmacist services.

*It was moved, seconded and carried that:*

- Council approves that Professional Practice Policy-55 - Telepharmacy remain unchanged and asked the registrar to instruct Quality Outcome Specialists to conduct site visits to ensure polices are being met.
- The registrar will allow the first community-based application as a pilot project. The results of the pilot project will be presented to council at a later date. This will allow for further development of Professional Practice Policy-55

Telepharmacy.

### ***Proposed Rules Amendments***

In order to provide registrants and other stakeholders with clarification regarding the nature and outcome of resolutions submitted to the College's annual general meeting, several amendments to the *Rules of the College of Pharmacists of British Columbia* were proposed.

*It was moved, seconded and carried that:*

1. Council approves the revised rules attached as Appendix 1.
2. Council approves changing the words "member", "members" and "membership" to, respectively, "registrant", "registrants", and "registrants" in sections of the Rules.

### ***Temporary Registration***

*It was moved, seconded and carried that:*

Council approves the amendment of the Bylaw 1 – Registration and Licensure to permit the temporary registration of pharmacists as follows:

- 5(4) Despite anything in the Act or Bylaws, the registrar may waive any requirements for registration under this Act and Bylaws to allow a person who is authorized to practice pharmacy in another jurisdiction in Canada or the United States to practice pharmacy in the province during an emergency, if an emergency situation has been declared by the registrar in accordance with criteria set by the council and if the applicant has
  - (a) provided notarized evidence, or other evidence satisfactory to the registrar, of the applicant's registration in good standing in another jurisdiction as the equivalent of a registered pharmacist applicant and evidence to the registrar that the applicant is the person named therein,
  - (b) authorized his or her current and former employers to provide information regarding his or her current pharmacist practice, and
  - (c) signed a declaration confirming that he or she is applying for temporary pharmacist registration solely for the purpose of providing assistance during the emergency situation.
- 5(5) The registrar may waive or reimburse any applicable application or registration fees payable or paid in respect of registration under subsection 5(4) if, in the opinion of the registrar, circumstances exist in relation to the applicant or registrant that warrant waiver or reimbursement.

### ***Bylaw 7 Amendments***

With the transition of the Registered Nurses Association of BC to the College of Registered Nurses of BC (CRNBC) and its accompanying legislative changes, registered nurses now have the authority to administer Schedule II, Schedule III and unscheduled drugs in licensed community care facilities after making a nursing diagnosis.

Section 8 of the *Nurses (Registered) and Nurse Practitioners Regulation* under the *Health Professions Act* sets out the scope of practice for registered nurses and nurse practitioners in BC. Scope of practice activities are complemented by standards, limits and conditions set by the CRNBC.

Reserved actions are clinical activities that present a significant risk of harm to the public and are therefore reserved for specified health professions only. Specific reserved actions are assigned to registered nurses, one of which is diagnosis:

A registrant in course of practising nursing may

- (a) make a nursing diagnosis identifying a condition as the cause of the signs or symptoms of the individual.

The Regulation sets out the type of diagnosis registered nurses can make. Specifically, a registered nurse can make a nursing diagnosis that identifies a condition (not a disease or disorder) as the cause of a patient's signs or symptoms.

Under the Regulation, registered nurses are permitted to administer medications that are listed in Schedule II of the provincial drug schedules. CRNBC limits and conditions specify that registered nurses only administer Schedule II medication without an order to treat a condition following an assessment and nursing diagnosis. This means that administering "standing orders" are no longer acceptable practice for Schedule II, III and unscheduled medications.

There is now a mismatch between pharmacy legislation and registered nursing legislation insofar as care facilities are concerned, in that Bylaw 7(55)(1) states that a pharmacist may only dispense a medication to a resident upon the receipt of an authorization from a practitioner. Registered nurses are not "practitioners," nor does the CRNBC wish for them to be defined as "practitioners."

The result is that while registered nurses can administer Schedule II, III and unscheduled drugs, they cannot obtain the specified drugs in care facility settings.

*It was moved, seconded and carried that:*

Council approves the amendments to Bylaw 7 sections pertaining to contingency medication and standing orders, as follows.

**Contingency medications**

57. Subsections (1) through (4): no change

**Nurse-initiated activities**

- 58(A) (1) Nurse-initiated activities for Schedule II and III medications and for unscheduled drugs that are administered for common, self-limiting conditions identified by a nursing diagnosis may be established by the medication safety and advisory committee for a residential care facility or home.
- (2) The pharmacist may establish a supply of nurse-initiated Schedule II and III medications and unscheduled drugs at a residential care facility or home if the medication safety and advisory committee has approved the protocols.
- (3) Medication administration must be recorded on the resident's medication administration record.

**Standing orders**

- 58(B) (1) Standing orders for Schedule II and III medications and for unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee for a residential care facility or home.
- (2) Standing order medications for a resident must be authorized by a practitioner. Reorders must be authorized and signed by a practitioner on an annual basis. Signed standing orders must be available at the residential care facility or home both for staff to consult and for inspection.
- (3) Records of use of standing order medications are not required; however, medication administration must be recorded on the resident's medication administration record.

## MONITORING ACTIVITIES

### *Registrar's Executive Report*

Registrar Moleschi provided monitoring reports and updates on the following topics:

#### *Stakeholder Relations*

Activities and events relating to stakeholder relations were provided for the information of the Councillors.

#### *Practice Standards: General*

Activities and events relating to practice standards: general were provided for the information of the Councillors.

#### *Practice Standards: Professional Development and Assessment Program*

Activities and events relating to practice standards: Professional Development and Assessment Program were provided for the information of the Councillors.

#### *Professionalism*

Various activities relating to the promotion of professionalism were reported.

#### *Access to Pharmacy Care*

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

#### *Pharmacist Empowerment and Autonomy*

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

#### *Involving Pharmacists in Key Initiatives*

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

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

- The registrar presented a statement of revenue and expenditure budget vs actual analysis for the seven months ending September 30, 2006.
- A task group consisting of members from the audit committee met on November 6, 2006 to discuss the college's financial plans as they relate to contingency funds. It was recommended at the meeting that:
  - The college sets up a contingency account for building funds (collected in the first five years of registration). Funds from this account will be used solely for the purpose of maintaining the college's offices.
  - The college sets up a second contingency account for an amount equivalent to six months' operating expenses (approx \$2 million). The registrar will research different options and will present a contingency fund policy proposal to council at a later date.

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

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

- A four-year collective agreement was ratified with COPE 15, representing administrative.

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

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

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

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

### ***Committees***

The community Practice Advisory Committee has been reactivated and met on November 15, 2006.

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

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

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

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



### *Council Meeting observer Policies*

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

### *District Meetings*

No district meetings were held since the last council meeting.

### *Tobacco-Free Pharmacies*

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

## NONPOLICY DECISIONS

### *Annual general meeting review*

- The annual general meeting will be held at the Executive Hotel and Conference Centre in Burnaby, BC on Saturday, November 25, 2006 in conjunction with the BC Pharmacy Association's annual general meeting.
- Three resolutions have been circulated to registrants for consideration at the college's annual general meeting; registered parliamentarian Eli Mina will facilitate the portion of the meeting set aside for resolutions.

### *Future council meeting dates*

*It was moved, seconded and carried that:*

Council approves the following dates for 2006-2007:

- February 9, 2007
- May 4, 2007
- June 22, 2007
- September 21, 2007
- November 23, 2007 (followed by college annual general meeting on November 24)

## CONSENT ITEMS

### *Drug Scheduling Recommendations*

*It was moved, seconded and carried that:*

Council approves the recommended amendment to the *Drug Schedules Regulation* as follows:

*Deletion of:*

- 3 Dextromethorphan and its salts (except in oral dosage forms in package sizes containing no more than 300 mg)
- 2 Diphenhydramine and its salts and preparations (for parenteral or topical use)
- 3 Diphenhydramine and its salts and preparations (for oral use)
- 1 Ketamine and its salts
- 1 Metoprolol and its salts
- 1 Nicotine and its salts, for human use, except
  - (a) in natural substances;
  - (b) in the form of a chewing gum containing 4 mg or less of nicotine per dosage unit;
  - (c) in the form of a transdermal patch with a delivery rate of 22 mg or less of nicotine per day;
  - (d) in a form to be administered orally by means of an inhalation device delivering 4 mg or less of nicotine per dosage unit.

*Addition of:*

- 1 Anti-thymocyte globulin
- 1 Atazanavir and its salts
- 1 Bivalirudin
- 1 Bortezomib
- 1 Clobetasone butyrate when sold in a concentration of 0.05% in cream preparations for topical use on the skin
- 1 Danofloxacin and its salts
- 3 Dextromethorphan and its salts (except in oral dosage forms in package sizes containing no more than 300 mg DM base or 409.3 DM hydrobromide)
- 2 Diphenhydramine and its salts (for parenteral use or for topical use in concentrations of greater than 2%)
- 3 Diphenhydramine and its salts (for oral use or for topical use in concentrations of 2% or less)
- 1 Drotrecogin
- 1 Enfuvirtide
- 1 Ertapenem and its salts
- 1 Ezetimibe
- 1 Fondaparinux sodium
- 1 Formoterol and its salts

## ***Drug Scheduling Recommendations cont'd***

### *Addition of:*

- 1 Fulvestrant
- 1 Gefitinib
- 1 Gemifloxacin and its salts
- 1 Hetastarch and its salts
- 1 Ibandronic acid and its salts
- 1 Levetiracetam
- 1 Memantine and its salts
- 1 Metoprolol and its salts
- 1 Modafinil and its salts
- 1 Nicotine and its salts, for human use, except
  - (a) in natural substances;
  - (b) in the form of a chewing gum containing 4 mg or less of nicotine per dosage unit;
  - (c) in the form of a transdermal patch with a delivery rate of 22 mg or less of nicotine per day;
  - (d) in a form to be administered orally by means of an inhalation device delivering 4 mg or less of nicotine per dosage unit; or
  - (e) in the form of a lozenge containing 4 mg or less of nicotine per dosage unit.
- 1 Pimecrolimus
- 1 Ponazuril
- 1 Rosuvastatin and its salts
- 1 Sibutramine and its salts
- 1 Telithromycin and its salts and derivatives
- 1 Tenofovir and its salts and derivatives
- 1 Treprostinil and its salts

## ***External and committee appointments***

*It was moved, seconded and carried:*

Council approves the following appointments for external organizations and committees:

### **Canadian Council on Continuing Education in Pharmacy (CCCEP)**

- *Ashifa Keshavji*

### **Canadian Society of Hospital Pharmacists – BC Branch (CSHP-BC)**

- *James Kim*

*External and committee appointments cont'd*

**CPBC / CDSBC Joint Venture Management Committee**

- *Registrar/deputy registrar*

**Inquiry Committee**

- *Bev Harris*

**Inquiry Committee Chair**

- *Heather Baxter*

**National Association of Pharmacy Regulatory Authorities (NAPRA)**

- *Erica Gregory (for a three-year term)*

*Government appointee reappointment*

The college has been notified by the Minister of Health that Margaret Cleaveley has been reappointed to the council for a two-year term, effective November 2, 2006.

*Meeting Assessment*

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

**ADJOURNMENT**

The meeting was adjourned at 1:40 pm.

## Rights and Privileges of Registrants

- 2.4 Voting registrants shall be entitled to attend, speak, and – where applicable - make motions and vote at general meetings of the college (with such motions and votes being advisory and non-binding on council, unless the Act or these Rules provide otherwise), and shall also be entitled to be nominated, and - if elected or appointed under these Rules - to serve on the council.
- 2.5 Non-voting registrants shall be entitled to attend and speak at general meetings of the college, but shall not be entitled to make motions or vote, nor shall they be entitled to be nominated for or to serve on the council.

## PART 4 - MEETINGS OF THE REGISTRANTS (GENERAL MEETINGS)

- 4.1 Meetings of the registrants shall be called general meetings, and shall be held at the times and places, within the Province, as the council determines. General meetings shall be primarily for the purpose of enabling the council to present reports to the registrants and for the purpose of gathering non-binding input, to assist the council in fulfilling its public protection mandate under the Act.
- 4.2 General meetings shall include annual general meetings and special general meetings, and any adjournments thereof.
- 4.3 The annual general meeting shall be held once in every fiscal year.
- 4.4 As provided in the Act, a special general meeting may be called by the council at its discretion, and the council must call such a meeting if it receives a petition requesting such a meeting and signed by not less than seventy five (75) voting registrants.

## Notices of General Meetings

- 4.5 A written notice of a general meeting shall be sent to each voting registrant not less than twenty one (21) days prior to the date of such meeting, and such notice may be included or implied in any official publication of the college. If a general meeting is adjourned to a future date - due to the lack of a quorum or for any other reason - it shall not be required to send a new notice for the adjourned meeting.
- 4.6 Notice of a general meeting shall specify the place, day, and time of such meeting.
- 4.7 The accidental omission to give notice of a general meeting to, or the non-receipt of a notice by, any voting registrant, shall not invalidate the proceedings at that general meeting.

## Agendas for General Meetings

- 4.8 The agenda for the annual general meeting shall include the presentation of reports, any business initiated by the Council, and discussion of issues and non-binding resolutions (if any) initiated by the voting registrants.
- 4.9 The agenda for a special general meeting shall be limited to the items which are specified in the notice of the meeting, and no additional items shall be considered, except for informal discussion of specific public protection issues on which council seeks input from the registrants.
- 4.10 If any resolutions are adopted by the registrants of the college during general meetings or by mail ballot, they shall be of an advisory nature and shall not be binding on the council, except as provided otherwise in the Act or the Bylaws.

### General Meeting Agenda Process

- 4.11 The council or any three (3) or more voting registrants may, in writing, submit an issue or – if needed – a non-binding resolution for consideration at a general meeting.
- 4.12 The deadline for receipt of issues or non-binding resolutions by the college office, for consideration at a general meeting shall be fifty (50) days prior to the date of such meeting. The council shall not be required to formally solicit agenda items from the registrants, and it shall be sufficient to announce the date of the general meeting in question.
- 4.13 Any non-binding resolution submitted for consideration at a general meeting shall be reviewed by the council or by a resolutions committee appointed by the council.
- 4.14 The council or the resolutions committee shall be entitled to clarify or improve the wording of a non-binding resolution without changing its intent, or combine resolutions dealing with related subjects, or request that the proponents amend their non-binding resolution, or advise the proponents that their resolution is out of order and would therefore not be considered.

### Rules of Debate

- 4.18 On each agenda item each registrant shall be entitled to speak up to two (2) times, each time no longer than three (3) minutes, except when granted permission by the voting registrants to speak more often or longer.
- 4.20 Voting by proxy shall not be permitted.

### Vote by mail ballot

- 4.21 The Council may order that the vote on a resolution be taken by mail ballot, and the Council shall be authorized to establish the procedures for such mail ballot.

### Quorum

- 4.22 In accordance with the Act, a quorum during general meetings shall be fifty (50) voting registrants.