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
Margaret Cleaveley, Government Appointee
Penny Denton, Government Appointee
Robert Sindelar, Dean of Pharmaceutical Sciences (left meeting at 12:30pm)

Regrets:

John Scholtens, Government Appointee
Dennis Primmett, District 7 Councillor

Staff (at various times):

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

Invited Guests (at various times):

Janice Moshenko, Director, UBC CPPD
Marnie Mitchell, CEO, 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.

2. Call to Order

- President MacDougall called the meeting to order at 9:05 a.m.
- He stated the College mission statement:
  To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

3. Confirmation of Agenda

It was moved, seconded and carried:
Council adds the following items to the agenda:

5.4 In camera sessions
6.7 Committees
8.1 Speaking with one voice / Registrants contact lists
8.2 Contracts and Consultants
8.3 Council meeting breakfast
8.4 Next meeting date

The agenda was approved by consensus with the noted additions.

4. Approval of Minutes

It was moved, seconded and carried that:
Council accepts the November 21, 2008 minutes.

It was moved, seconded and carried that:
Council accepts the January 9, 2009 minutes with the addition of Doreen Leong to staff invited.

Discussion Points:

- Council had a discussion regarding the appropriate amount of detail that should be reflected in the council meeting minutes.
- Although some Councillors felt that the current minutes were adequate others felt they lacked detail regarding Council discussions pertaining to actions taken.

Action:

- Staff was directed to include a point form summary of discussions that precede any action taken in the Council meeting minutes going forward (as per current College rule 13.1).
- Staff was further directed not to post or circulate Council meeting minutes until they have been approved by Council (current practice is to post and circulate draft minutes which are then approved by Council at their next Council meeting).

5. Council Governance and Development

5.1 Governance – Policy Governance Portfolio Review

Discussion Points:

- Council President suggests fellow councillors review Section 1 – Governance Overview and Principles; Section 2 – Roles & Responsibilities; and Section 3 – Agenda of the Policy Governance Portfolio Review prior to the next scheduled council meeting.

Action:

- Staff was directed to send all Councillors an electronic version of Sections 1, 2 & 3 along with a deadline for comment submissions
- Staff will compile the comments, verbatim, and send Councillors a copy of the compiled document in the briefing package for the March 27th, 2009 scheduled Council meeting.

5.2 Financial Health

Discussion Points:

- The Registrar advised Councillors that the current office building, which the College owns 30% of, is 20 years old, reported that some water issues had been identified on one of the patios and as a result a building envelope report had been commissioned. The report was currently being reviewed and the findings will be brought forward at a future Council meeting.
- In response to a question from a Councillor regarding the need for a $3million dollar contingency fund the Registrar explained that $3million represents a 6 month operating budget for the college, which is consistent with industry practice for non-profit organizations and previous Council direction.
- In response to a question from a Councillor regarding the increase in PharmaNet related expense the Registrar explained that PharmaNet Profile requests had increased by 18%.

It was moved, seconded and carried that:
Council accepts the 9-month income statement for information to be filed for audit at year-end.

5.3 BCPhA Sponsorship/Partnership Request

Discussion Points:

- A letter from BCPhA addressed to the President and Council of the College of Pharmacists of BC was distributed to Council for review.
- The letter requested that the College become a partner of the Annual Pharmacy Conference for a $20,000 sponsorship.
- The BCPhA explained that the theme for this year's conference was pharmacists' enhanced scope of practice and that the $20K sponsorship would position the College as a partner in presenting the conference which is taking place in Victoria, BC May 21- 23, 2009.

It was moved that:
Council approves BCPhA's request of $20,000 for sponsorship / partnership status towards the 2009 Annual Pharmacy Conference on the condition that both the College and the BCPhA contribute an additional $3,500 towards covering the conference fee for two pharmacists from each district to attend the conference.
No Seconder

It was moved, seconded and carried that:
Council approves the sponsorship/partnership of $20,000 towards the May 2009 BCPhA Annual Pharmacy Conference.

5.4 In-camera sessions

Discussion Points:

- This item was put on the agenda to address a Councillor's request for clarification as to the circumstances under which Council could hold an in-camera session.
- President MacDougall introduced the topic by reminding Council that the overall philosophy of holding public meetings is to maintain transparency and avoid the perception of secrecy.
- Council was advised that the Draft bylaws to the HPA(section 13, subsection 7 and 8), approved by Council January 9, 2009 reads:

(7) The board may exclude any person from any part of a meeting if it is satisfied that:
   a) Financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,
   b) A person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,
   c) Personnel matters or property acquisitions will be discussed,
   d) The contents of examinations will be discussed,
   e) Communications with the Office of the Ombudsman will be discussed, or instructions will be given to or opinions received from legal council for the college, the board or a committee.

(8) If the board excludes any person from a part of a meeting, it must have its reasons for doing so noted in the minutes of the meeting.

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.

  - The Pharmacy Technician Focus Groups were completed in November 2008. The *Report on the 2008 Pharmacy Technician Focus Groups, Executive Summary* is attached as Appendix A.

  - At the January 9, 2009 Council meeting, draft legislation related to pharmacy technician regulation was removed from the proposed HPA bylaws based on a motion passed by Council.

  - As regulation of Pharmacy Technicians by 2010 was a strategic objective approved by Council in June 2007 and 2008, staff requires direction on how to move forward. As such, college staff proposed that a Pharmacy Technician Task Group be struck to review and recommend how regulation will take place in B.C.

  - This Pharmacy Technician Task Group will prepare a recommendation for Council consideration at the June 2009 meeting.

Discussion Points:

- A letter of support from the BCPhA Board to pursue the College's current strategic objective to regulate pharmacy technicians was circulated to Council. (attached as Appendix B).
- During council discussion concerns were raised regarding the readiness of current technicians (skills, knowledge and abilities) for regulation, the proposed scope of practice and the timeline for the initiative.

It was moved, seconded and carried that:
A Pharmacy Technician Task Group be struck to review and recommend how Pharmacy Technician Education, Certification, Scope of Practice, Standardization and Competencies will be implemented in BC.

It was moved, seconded and carried that:
The Pharmacy Technician Task Group will include representatives from Council (Councillor Agnes Fridl Poljak and Chris Hunter), College staff, Canadian Association of Pharmacy Technicians, Hospital Pharmacy Committee, Community Practice Advisory Committee, Ministry of Health, CCAPP, BCPhA and CSHP.

It was moved, seconded and carried that:
Chris Hunter agreed to be the Chair of the Pharmacy Technician Task Group.

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.
  - Conducted over 11 "Adapting Prescriptions" workshops across BC and in several Health Authorities and Corporate Chains during the period November 2008 – February 2009.
  - Communications plans to public under development.

Discussion Points:

- The Registrar updated the Council on the Monitoring Adapting Prescriptions (MAP) Task Force. The Task Force is made up of representatives from the College of Physicians and Surgeons, the BC Medical Association, the BC Pharmacy Association and the Ministry of Health Services and the College of Pharmacists of BC. Their mandate is to help identify issues and/or opportunities arising from pharmacists' new authority and make recommendation to the Registrar.
- A councillor asked if statistics were available yet regarding adaptations and was informed that this information was forthcoming from the Ministry and would be shared with Council once it was available
- Council was asked if they would like to have a Council representative on the Task Force.

It was moved that:
Council appoints James Kim as Council representative to the Task Force.
James thanked Council for their consideration but declined due to time constraints.

It was moved seconded and carried that:
Council appoint Chris Hunter as Council representative to the Task Force.

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.

6.3 Stream 1: Quality Assurance - PDAP

- The Registrar provided an update on the action plan in Council's briefing package.

PDAP Status

- Cycle 1 (2003) – 50 % of registrants
- Cycle 2 (2006) – remaining 50% of registrants
  - Phase 1 – (complete)
  - Phase 2 – KA, LPP, PA, OSCE, CE Plus (Sept 2008)
  - Phase 3 – Sept 2009
- As of June 2008 – approximately 95% of registered pharmacists have successfully completed their PDAP requirements
- Next Cycle – Scheduled launch September 2009

Program Evaluation Overview

As per the program evaluation plan approved by the PDAP Steering Committee in Feb 2005 and presented to Council September 2008 (attached as Appendix C).

Objective

- Ensure that PDAP is meeting its intended purpose
- Identify administrative and technical improvements
- Ensure that Assessment Principles have been met
- Include evaluation of CE Plus Pilot

Plan

- Internal Review
  - Validity and reliability of tools
  - Participant feedback on tools
  - Review of policies and administrative processes
- External Review

Timelines

- Anticipated completion Winter 2009
  - Internal Program Evaluation
  - External Review
  - Steering Committee Review of evaluation outcomes
- January - February 2010
  - Recommendation to BOE
  - Recommendation to Council
  - Finalization of modified PDAP structure and timelines

Discussion Points:

- Peter Cook, the Chair of the Board of Examiners, gave Council an updated presentation regarding the progress of the ongoing overall evaluation of the PDAP program.
- Given the desire to ensure that the CE-Plus tool, which is currently being piloted, is included in the overall PDAP program evaluation the BOE's presentation included a recommendation to Council to delay the launch of Cycle 3 from its original date of September 2009 to September 2010.
- A Councillor requested that the BOE provide Council with a breakdown of the general statistics from the previously completed PDAP cycles (ie; number of participants in cycle, breakdown of tool chosen, percentage successful etc.).

It was moved seconded and carried that:
Council recommends that the launch of Cycle 3 (2009) be delayed until September 2010 when program evaluation, which includes the CE-Plus Pilot tool, has been completed, and PDAP structure and timelines have been modified to incorporate the findings.

Action:
The Chair of the Board of Examiners will provide statistics on Standards Met, Standards Not Met, Learning & Practice Portfolio completed and Knowledge Assessment tests written.

6.4 Stream 2: Quality Assurance – Professional Conduct Review

- No update.

6.5 Stream 3: Quality Assurance – Quality Outcome

- The Deputy Registrar provided an update on the action plan in Council's briefing package.
  - A sample of 2 types of monitoring tools were provided to Council that allow the College to monitor and evaluate the activities of the quality outcomes programs

6.6 Stream 4: Quality Assurance – Registration

- The Registrar provided an update on the action plan in Council's briefing package.

  - **Registration Statistics Summary (January 1 – December 31, 2008)**

Pharmacist	PROCESSING DATES												
	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	TOTAL
Beginning #	4,386	4,415	4,425	4,437	4,457	4,474	4,592	4,666	4,694	4,718	4,739	4,743	4,785
+ NEW (UBC)	-	-	-	-	-	86	34	6	2	1	-	5	134
+ NEW (QC-Can-MRA)	5	4	1	2	8	10	15	8	13	9	1	7	83
+ NEW (QC-Other provinces and territories	1	-	1	-	-	11	7	-	-	-	-	2	22
+ NEW (QC-Outisde Canada)	3	4	7	4	4	3	10	6	1	2	1	13	58
+ RTP (Regular)	13	-	1	12	1	3	6	2	3	4	2	13	60
+ RTP (Maternity/paternity leave)	7	2	2	2	4	5	2	6	5	5	-	2	42
Ending #	4,415	4,425	4,437	4,457	4,474	4,592	4,666	4,694	4,718	4,739	4,743	4,785	5,184

Candidate UBC Students

	2008-2009
Year 1	115
Year 2	153
Year 3	160
Year 4	150
End of Year	578.00

The College monitors and produces a report of all candidate registration categories on a monthly basis (see above). The administrative timelines for processing all registration applications is 5 working days. The College has met this requirement 100% of the time. Extraordinary requests to register applicants in less than 5 days are accommodated on a case-by-case basis.

- **Pharmacy Licensure Statistics Summary (January 1 – December 31, 2008)**

  Pharmacy openings:
  - Community=48
  - Hospital=1

  Pharmacy closures:
  - Community=21
  - Hospital=0

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).

6.7 Transition to New Legislation

- The Deputy Registrar provided an update on the action plan in Council's briefing package:
  - The Deputy Registrar advised that the bylaws will be posted on the College website February 9, 2009 for public comment for a period of 30 days
  - Council was informed that the next Council meeting needs to take place prior to April 1, 2009 as Council needs to be appointed to the new Board under the HPA legislation
  - Proposed date for next Council meeting – March 27, 2009
  - Comments on the draft bylaws will be amalgamated and a revised draft will be sent to council for approval at the March meeting.
  - At the March meeting the new Board will:
    - Rescind old and approve; new bylaws, schedules, forms and professional practice policies (PPPs)
    - Appoint new committees

Discussion Points:
- A Councillor had a number of questions regarding College committees such as; how are people appointed to committees, how long is their term, what are their terms of reference etc.
- The Deputy Registrar informed Council that as a part of the HPA transition committees will have to be reformed and standardized terms of reference are being developed which will include length of terms

Action:
- The new terms of reference for College committee will be forwarded to Council in their briefing package for the March 27, 2009 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 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.

6.8 Non Medicinal Nicotine Products

- The Registrar provided an update on the action plan in Council's briefing package.

Discussion Points:

- The Registrar presented an updated Government Relations (GR) strategy to Council designed to help lobby government over the next 12 months towards supporting the removal of tobacco products from pharmacies.
- A number of Councillors expressed concern that the GR strategy alone (which the College had been doing for many years now) was not enough to move this important strategic objective forward and urged staff and Council to 'think outside the box'.
- It was suggested that College staff approach chain/retail executives directly to advise them of our commitment to the removal of nicotine from pharmacies and ask for their voluntary commitment to do this.

Action:

- Although staff was directed to continue with the proposed GR strategy the Registrar was also asked to coordinate a meeting with executives from Corporate and Chain Drug stores to outline the College's position regarding the removal of tobacco and requesting their voluntary support.
- It was further requested that the College make every effort to have this meeting take place before the end of March 2009.

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).

6.9 Technology

- The Registrar provided an update on the action plan in Council's briefing package.
  - The Registrar noted that the timelines in the Road Map are not feasible given other priority work and requests to move the timelines.

It was moved, seconded and carried that:
Council accepts the request to move the timelines of the Roadmap as follows:

1. *"Establish a task force to define the role statement"* to June 26, 2009 council meeting (previous date 30/11/08).

2. *"Present role statement to council for approval*" to September 25, 2009 council meeting (previous date 08/02/09)

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.

6.10 College Communication Strategy

- The Communications Director provided an update on the action plan in Council's briefing package.
  - Completed landscape review of other regulatory agencies as per the Implementation Plan Summary. The findings were provided to Council in the revised public awareness plan.
  - As requested by Council following the November Council meeting a number of positive meetings were held with the BCPhA regarding participation and partnership in a generic public awareness campaign focused on fulfilling our Strategic Goal #3 and creating a better understand amongst our stakeholders (particularly the public) in the value and role of their pharmacist. The results of these meetings were presented to Council.

Discussion Points:

- The Director of Communications, as requested from the September 2008 Council meeting, presented Council with a proposal for a joint public awareness campaign with the BC Pharmacy Association
- The campaign will have a generic message (Get to Know Your Pharmacist – the more they know, the more they can help) and each organization will contribute 50% of the media buy expense ($100K each)
- During discussion although a number of Councillors expressed their support for the campaign one Councillor questioned the need for the College to invest in a public awareness campaign given that a number of chain drug stores are currently advertising themselves

It was moved, seconded and carried that:
Council approves a joint public awareness campaign with the College and the BCPhA with a required fiscal budget of $100K for the College of Pharmacists of BC.

6.11 Other Policy Review & Development

Code of Ethics Review Project:

- With the imminent implementation of new bylaws supporting the transition to regulation under the Health Professions Act, it is timely to begin a review of the College's Code of Ethics. The current Code of Ethics was last reviewed and revised in the mid-1990s as the result of trend analysis reporting that suggested modernization of the code was in order.
- During the past decade, the College has highlighted and promoted the Code of Ethics as an important tool to guide pharmacists as key components of the health care team. The College has provided support to pharmacists using the code to resolve numerous ethical dilemmas. Educational initiatives were implemented by means of continuing education presentations, newsletter articles and OnCall Pharmacist Information Line responses.

- College staff has now initiated a review process in order to ensure the continuing relevance of the Code of Ethics in terms of changing professional practice standards, national trends and enhanced scope of practice activities.
- When a revised draft is available, it will be reviewed by the Ethics Advisory Committee, with a particular emphasis on the applicability of the code to the various pharmacy practice settings and situations. Feedback from the committee will be incorporated into a second draft of the revised code of ethics.
- Council was asked to appoint an individual to participate in the review.

Discussion Points:

- Although a number of Councillors expressed support for the initiative one Councillor questioned the need to revise the Code of Ethics given that ethical principals remain the same.

It was moved, seconded and carried that:
Council appoints Bev Harris to participate in the Staff Working Group that has been established to revise the current Code of Ethics.

7. CONSENT ITEMS

7.1 Professional Practice Policy 56

It was moved, seconded and carried that:
Council accepts PPP-56 as approved by the Hospital Pharmacy Committee on November 5, 2008 with changes noted (attached as Appendix D).

7.2 Professional Practice Policy 57

It was moved, seconded and carried that:
Council accepts PPP-57 as approved by the Hospital Pharmacy Committee on November 5, 2008 with changes noted (attached as Appendix E).

8. COUNCIL ISSUES & CONCERNS

8.1 Speaking With One Voice / Registrant Contact Lists

Discussion Points:

- A Councillor expressed concern regarding communication(s) that had been sent to various registrants by another Councillor following the January 9, 2009 Council meeting. The Councillor felt that the information communicated did not accurately reflect what had transpired at the meeting.
- The President reminded Councillors of their commitment to communicate with 'one-voice'
- During Council discussion a number of Councillors expressed a desire to communicate in a more personal way with registrants from their individual districts.
- A few Councillors have requested the contact information for the pharmacists in their districts.
- The Deputy Registrar advised that under FOIPOP work place contact information is not considered personal information. Also that under the PPODSA and the HPA the Registrar is required to keep a register of all registrants with their work contact information and the register must be open for inspection by any person.

Action:

- The Director of Communications will present to Council, at their next council meeting, two or three options of a communication vehicle (along with a corresponding production, proofing and distribution schedule) that might help address their concerns.
- Registrant work contact information will be forwarded to those Councillors who requested it.

8.2 Contracts and Consultants

- The question of contracts and consultants was raised.
- The Registrar reminded council that the audit committee's responsibility is to review this type of information.
- The President noted that the Audit Committee will look at what constitutes contracts and consultant expenses and will bring to Council for information.

8.3 Council Meeting Breakfast

- Council decided that the College should discontinue catering breakfast for the council meetings however coffee, tea and lunch will be provided. The Council meeting will start at 8:45 am.

8.4 Next Meeting Date

- The next Council meeting will be on March 27, 2009. The Deputy Registrar advised that a photographer will be on-hand at the meeting to capture the oath ceremony which is part of establishing the new board under the HPA legislation.

9. ADJOURNMENT

The meeting was adjourned at 3:51 pm.

APPENDIX A

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

Report on the 2008 Pharmacy Technician Focus Groups: Executive Summary

In the fall of 2008, the College of Pharmacists of BC sponsored and facilitated a series of nine pharmacy technician focus groups across the province. The primary purpose of these were to gather information that would help the College enhance the proposed pharmacy technician regulation process in BC and contribute to the development of relevant educational bridging programs for pharmacy technicians.

Direct input from BC practicing pharmacy technicians was viewed as vital to the development and implementation of the regulation process, scheduled for introduction in 2010.

As an integral part of the focus groups, the College also wanted to validate the draft Competencies and Standards of Practice for Pharmacy Technicians that had been developed during the summer of 2008, based on the National Association of Pharmacy Regulatory Authorities (NAPRA) Professional Competencies for Canadian Pharmacy Technicians at Entry-to-Practice. This original document, while useful, appeared to have significant gaps and was viewed as not adequately rigorous for assessment purposes or sufficiently detailed for curriculum development purposes, both of which would be significant components of the pharmacy technician regulation process.

Of the 259 participants who attended the focus groups, slightly more than half were from community practices, 30% from hospital practices and 20% from pharmacy technicians who reported working in community *and* hospital practices or other types of settings. Participants expressed a high level of satisfaction with the focus groups, e.g., 99% stated that the focus group met its expressed purpose well or very well and 98% stated that the focus group met their personal expectations well or very well.

Data from the focus groups confirms the validity of the Competencies and Standards of Practice document with the "criticality"[1] for almost all Elements of Competence and Activities rated as 3.5 or higher on a four-point scale. Only three Elements and three Activities received an average rating of less than 3.5. The three Activities are:

Competence Activity	Rating
Support the patient to select therapeutic plan options	3.19
Promote and market the pharmacy practice	3.22
Contribute to the viability of the practice	3.1.

[1] "Criticality" in this context was defined as the relevance of each Element or Activity to ensuring patient safety *and* the technician's role in contributing to that safety.

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These, of course, are almost always the primary responsibility of the pharmacist, regardless of practice type. However, during most focus group discussions, pharmacy technicians said they would have rated the second two Activities higher had they realized the full scope and intent of these, e.g., viability depends the careful use of materials, time and human resources.

The data indicate that 80% of all focus group respondents either currently perform or think they should perform all but two of the Activities under regulation. An analysis by Competency Unit reveals that 90% of pharmacy technicians already perform most of the Activities in Role 2, Select, Package and Distribute Drug Preparations and Products.

An analysis of the other Competency Units reveals differences by practice type, for example, in Competency Unit 1, more hospital pharmacy technicians (98%) report that they "Develop a professional relationship with the pharmacists and other heath care professions" (1.A.1) than community pharmacy technicians (65%). On the other hand, 88% of community pharmacy technicians report that they "Develop a professional relationship with the patient" (1.A.2) compared with 25% of hospital pharmacy technicians. These types of differences are most often attributable to the very different nature and culture of each respective practice setting and the job expectations and opportunities for pharmacy technicians.

When asked to consider and rate potential areas in which some professional development would be required prior to regulation, more than half of the pharmacy technicians rated these 10 areas most highly:

Potential Professional Development Areas

Foundation sciences (pharmacology, common medical conditions and related drug therapy, medical terminology, etc.)
Legislation
Business management
Technology and innovations
Calculations
Error management
Accountability
Ethics
Critical thinking and problem solving
Drug distribution

These areas are comparable to those identified in Ontario by the Ontario College of Pharmacists during their 2007 pharmacy technician focus groups series.

In describing their learning strategy preferences for bridging programs most pharmacy technicians indicated a preference for on-the-job training followed by in-person courses. Seminars, workshops and speaking with colleagues were also highly rated. A comparable number of pharmacy technicians also said they preferred or would use on-line or Web-based courses; in contrast a number of respondents said they would *not* use paper-based correspondence courses.

Pharmacy technicians identified a number of key issues related to regulation. These too are similar to those issues identified in Ontario and include topics such as accountability, gaining the respect of pharmacists and patients, the fees associated with regulation, information about the regulation process (in particular the assessments), and the implications of *not* seeking regulation. Pharmacy technicians were also asked to identify any key messages for the College that could enhance the registration process. The most recurring message was: Regulation offers an exciting opportunity for us—and the people of British Columbia—so please "keep us in the loop" and let us know how we can best prepare to meet the demands of regulation.

Based on a review of the outcomes of the 2008 pharmacy technician focus groups and a comparison of these outcomes with the work currently underway in Ontario, eight recommendations have been identified:

1. Continue to work towards the implementation of the pharmacy technician regulation process, building on the ideas, commitment and enthusiasm of pharmacy technicians and other key stakeholder groups
2. Establish a working group to guide the regulation process to address issues as they emerge over the next several years
3. Complete the validation of the Competencies and Standards of Practice components (Performance Indicators and Knowledge and Skill Specifications) so the full document is ready for use for education and training, human resource development, and assessment purposes
4. Develop a communication strategy that highlights the benefits of pharmacy technician regulation to pharmacists, pharmacies, pharmacy technicians, employers and the public[2]
5. Facilitate a series of information sessions for pharmacists, employers and other key stakeholders to disseminate the outcomes of this report and highlight the benefits of pharmacy technician regulation to all stakeholder groups
6. Identify and coordinate an advocacy group that can address some of the key human resource issues raised by pharmacy technicians, e.g., wages, union agreements, etc.
7. Facilitate a meeting with interested education and training providers to describe the implications of regulation to pharmacy technicians and to explore use of the Competence and Standards of Practice in the development or modification of curriculum for either full pharmacy technician programs and/or bridging programs
8. Support and contribute to the national implementation of pharmacy technician regulation to maximize career pathing opportunities for pharmacy technicians and enhance mutual recognition agreements between and among provinces

[2] Part of this recommendation includes the dissemination of the Business Case for Regulated Pharmacy Technicians, prepared by the BC College of Pharmacists in 2007.

APPENDIX B

British Columbia
Pharmacy Association

February 4, 2009

Mr. Michael MacDougall
President
College of Pharmacists of BC
Suite 200 – 1765 West 8th Avenue
Vancouver BC V6J 5C6

Michael

Dear Mr. MacDougall and council,

The BC Pharmacy Association Board met yesterday and has asked me to convey to the Council some thoughts regarding the regulation of pharmacy technicians. While we have not yet had a chance to review the bylaws we do understand that references to pharmacy technicians have been removed.

The Board and members of the BCPhA are very supportive of the College's strategic direction supporting the regulation of pharmacy technicians by 2010. The Board feels this is an important step in the advancement of pharmacy and the protection of the public. A recent survey of our members found that 89 per cent support this regulation.

We will be reviewing the posted bylaws and expect to be providing comments on this issue. I wanted to let you know we are taking this step because we do see this as significant. We also recognize this is a challenging issue and offer our support in working with you to ensure that pharmacy technicians can be brought into the College regulatory purview in a timely way.

The BCPhA Board would like to extend its resources and support to the College to ensure that the strategic plan to regulate pharmacy technicians stays on its original course. The Board would like to explore options with the College.

Please let me know what we can do to assist.

Regards,

Marnie Mitchell
CEO

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APPENDIX C

PDAP Program Evaluation Plan

Introduction and purpose

The College of Pharmacists of B.C. is committed to maintaining the quality and rigour of the Professional Development and Assessment Program (PDAP). As such, it needs to gather data and information that will confirm the integrity and viability of the Program. More specifically, the College needs to:

1. Ensure that PDAP is meeting its intended purpose to ensure safe and effective pharmacy practice outcomes and to promote continuous learning and professional development.
2. Identify how PDAP can be improved administratively and/or technically.
3. Ensure that the publicly stated Assessment Principles have been implemented and the Criteria have been met (See Appendix A).

From September 2005 – August 2006, the College will conduct a comprehensive Program Evaluation in order to investigate these three important areas. Quantitative and qualitative data will be gathered for formative purposes to assess and improve program components and summative purposes to determine if the program design and tools fulfill the program purpose.

What follows is an initial Program Evaluation design, presented for consideration by the Board of Examiners and College staff.

The design reflects an understanding that the College has limited resources to spend on this effort, however important. The design therefore describes the primary Program Evaluation areas and highlights additional areas for possible consideration.

Stakeholders

There are three primary stakeholder groups: BC Pharmacists, The College of Pharmacists of B.C., and the Ministry of Health who ultimately represent the interests of the public.

As primary stakeholders, all B.C. pharmacists who participated in the first cycle of PDAP and those who will participate in the second cycle want to be confident that PDAP is meeting its intended purpose in the most cost-effective and administratively efficient way. They want to be confident that each assessment tool is valid and reliable; that each reflects pharmacists' current skills, knowledge and abilities; and that each reflects the scope and breadth of skill and knowledge in contemporary pharmacy practice.

The College of Pharmacists of B.C. shares these expectations. Additionally, the College wants to ensure that the Program is promoting and supporting continuous professional development. It also wants to identify gaps, issues or problems in the Program that can be rectified or improved. The College is strongly committed to the notion of continuous improvement and wants to ensure that PDAP contributes to the enhancement of good practice and provides opportunities for individual pharmacists to remediate any problems that emerge from the assessment process. As a self-regulating profession, the College wants to demonstrate its accountability to the public, confirming that members regularly demonstrate that they meet the B.C. standards of practice as described in the Framework of Professional Practice (FPP) and are proactive in addressing their own ongoing learning and professional development.

The Ministry of Health, on behalf of the citizens of B.C. needs to ensure that the public's interests are met and protected in accordance with the Pharmacists, Pharmacy Operations and Drug Scheduling Act and the Health Professions Act. As such, the Ministry needs evidence that the College is doing all it can to fulfill its mission to ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health. The Program Evaluation of PDAP is an important component of this evidence.

Other stakeholder groups include employers, educators, particularly those at the Faculty of Pharmaceutical Sciences at UBC and UBC's Division of Continuing Pharmacy Education, and partners in the Mutual Recognition Agreement. As resources allow, these stakeholders will also be invited to contribute to the Program Evaluation of PDAP.

Steering Committee

On behalf of all stakeholder groups, it is strongly recommended that a Steering Committee oversee the Program Evaluation and provide direction and support to College staff and/or others who will actually conduct each component of the Program Evaluation.

Program Evaluation Design

The Program Evaluation will consist of three basic components:

1. The collection of data on all assessment instruments to determine their validity and reliability
2. The collection of information from individual pharmacists that will help to confirm or identify gaps related to:
   - The usefulness of each Program tool, e.g., the Self-Assessment, the Learning and Practice Portfolio (LPP), the Knowledge Assessment (KA), the Practice Audit (PA) and the OSCE
   - The value of the feedback received
   - The effectiveness of the stated policies and assessment criteria
   - The administrative ease of the Program
   - The effectiveness of each communication piece, e.g., the Orientation Sessions, the PDAP Handbook, the LPP and KA Information Guides, the Bulletin, the College website and direct communication with College staff
3. An internal review of all policies and administrative processes

Below is a brief description of each component.

1. Determine the validity and reliability of all PDAP assessment instruments

   To determine the validity and reliability of each PDAP assessment instrument, the College will identify approximately 300 pharmacists who will take a second assessment.

   The sample will consist of all pharmacists who did not meet the standard in Phase 1 and other pharmacists who *voluntarily* agree to take a second assessment, in keeping with strategy outlined at the start of the Program by the Board of Examiners. To motivate pharmacists to volunteer, the Board of Examiners recommended that pharmacists receive an additional three-year exemption from PDAP, if they meet the standard on their second assessments. Those who do not meet the standard on their second assessment will be unaffected; they will remain in the regular PDAP cycle.

   Table 1 below shows a preliminary design for allocating the second assessments. This is based on Phase 1 assessment options and the context of pharmacists' practices (**c**ommunity, **h**ospital or **o**ther).

   Process

   All pharmacists who participated in the first cycle of PDAP (and who met the standard) will receive a letter inviting them to volunteer for the Evaluation. This letter will emphasize the benefits of participating and will include a form pharmacists can return to express their interest.

   The letter will also advise pharmacists that if more than 300 volunteers come forward, a lottery system will be used to select participants.

   Those volunteers selected to participate will receive a letter describing their second assessment assignment. Those pharmacists not selected will receive a letter advising them that they are on "stand by," in the event that one or more of the selected volunteers drops out. All pharmacists will receive a thank you note from the College for volunteering.

   Once pharmacists have completed their second assessments, data analyses will be completed and interpreted relating to validity, reliability, and the robustness of each instrument. Appendix A provides information on validity and reliability considerations for program evaluation and the data to be gathered and analyzed. A technical report of the findings and recommendations will be prepared for the Board of Examiners and Council.

Table 1: ASSESSMENT TOOLS CROSS-VALIDATION DESIGN[1]

Phase 1 Knowledge Assessment Participants

- Complete a second Knowledge Assessment (KA):
  - C – 22
  - H – 17
  - O – 11
- Complete a Learning and Practice Portfolio (LPP)
  - C – 20
  - H – 10
- Complete the Objective Structured Clinical Examination (OSCE)
  - C – 7
  - H – 7
  - O – 6
- Practice Audit (PA)
  - C – 13
  - H – 7

Phase 1 Learning and Practice Portfolio (LPP) Participants

- Complete a Knowledge Assessment (KA)
  - C – 27/22
  - H – 17/22
- Complete a Learning and Practice Portfolio (LPP)
  - C – 20/15
  - H – 10/15

- Complete the Objective Structured Clinical Examination (OSCE)
  - C – 13
  - H – 7

- Complete a Practice Audit (PA)
  - C – 13
  - H – 7

[1] C= Community pharmacist; H=Hospital pharmacist; O=Other types of pharmacists

2. Determine the usefulness of each assessment tool, the value of the feedback received, the administrative ease of the program, the effectiveness of the stated policies, and the value of all PDAP communication pieces.

   To obtain the necessary information about these aspects of the Program, all PDAP participants will receive a questionnaire that will ask them to provide feedback on each aspect of the Program. A second questionnaire will be developed and sent to those who participated in the Program Evaluation, after they have the results and feedback from their second assessments.

   The first questionnaire will ask pharmacists questions about the:

   - Usefulness of the overall Program
   - The decision-making process that led them to select either the LPP or the KA
   - The value of the feedback they received
   - The impact of the Program on their practice or client outcomes
   - The impact on their professional development activities
   - The usefulness and clarity of each PDAP publication
   - The appropriateness of the timelines, policies and administrative procedures
   - The nature and usefulness of their communication with College staff, either directly or through such publications as the Bulletin

   The second questionnaire will ask comparable questions relating to their second assessment experiences and ongoing professional development and practice enhancement strategies and activities.

   Data from both questionnaires will be analyzed and interpreted and a final report will be prepared reporting results by (insert date).

3. An internal review of all policies, decision-making strategies, and administrative processes.

   The third basic component of the Program Evaluation will involve a review of all PDAP policies, decision-making strategies, administrative processes and sustainability. To this end, a PDAP Working Group, composed of College staff members, members of the Board of Examiners, and Steering Group members will conduct an internal audit that will investigate each aspect of the Program, including all policies, administrative processes, communication strategies, etc. The focus of this internal audit will be to seek to answer the following questions:
      - What did the College do well? What could have been better?
      - Can the program be sustained and further developed as necessary by CPBC - on an ongoing basis? What other resources would be needed, if any, and what additional efficiencies and/or partnerships should be explored?

   Once the other two Program Evaluation components are accepted, a detailed strategy for this third component will be developed. It is anticipated that this will include gathering information from LPP assessors, KA item writers, and any other stakeholder group that the PDAP Working Group believe will provide valuable insights into PDAP's successes and limitations.

   At the conclusion of the internal audit, a detailed report will be prepared describing results and offering recommendations for improvement and ongoing maintenance, research and development (including human and capital resource needs, timelines, efficiencies, and use of technology).

   Possible secondary Program Evaluation Components

   Depending on the availability of resources, additional data or information will be gathered from:

   - Employers
   - Educators, especially those from UBC, Faculty of Pharmaceutical Sciences and the Division of Continuing Pharmacy Education
   - Partners in the Mutual Recognition Agreement
   - The Ministry of Health
   - Members of the Public

Learning from the Program Evaluation

Members of the Steering Committee, working with members of the College staff will review all three technical reports (and any additional ones) and develop a set of recommendations regarding all technical, administrative and communication aspects of the Program. These recommendations will be presented to the Board of Examiners and Council for consideration and subsequent action. Once these technical reports have been analyzed and approved, an informative, executive summary will be prepared for public dissemination highlighting key items and recommendations of the Program Evaluation.

BOE – Approved Nov 2004
PDAP Steering Committee – Approved Feb 2005

APPENDIX D

PROFESSIONAL PRACTICE POLICY: Standards for Pharmacy Technician Verification
POLICY FOCUS: of Non-Sterile Products in Hospital Pharmacy Practice

Preamble

The expected outcome of every medication distribution system is that 100% of medication doses will be correct when administered to the patient. Recognizing that "human failure" may create errors in any segment of the system, the medication distribution system processes must be designed with numerous checks to identify and remove potential errors prior to dispensing. Errors and other potential problems must be constantly identified and eliminated through a process of continuous quality improvement (CQI).

Medication distribution system processes include both technical functions and cognitive or professional functions. Technical functions specified in the hospital bylaw, "Function of Hospital Pharmacy Support Personnel" may be delegated to pharmacy technicians in accordance with the *Standards for Delegation of Technical Functions to Pharmacy Technicians.*

Examples of professional functions, which may **NOT** be delegated to a pharmacy technician, are:

- checking the accuracy of a transcription of a written medication order into the computer,
- checking a new medication order against the patient medication profile for therapeutic appropriateness,
- approving the calculations for a new product or formula.

Examples of technical functions, which may be delegated to a pharmacy technician, are*

- verifying the label and content of a compounded or prepackaged product prepared in a batch
- verifying the medication container contents against a patient-specific label or fill list.

**These functions relate to Role 2: Produce and Distribute Drug Preparations and Products, and Role 3: Contribute to the Effective Operation of the Pharmacy from the Framework of Professional Practice (April 2003).*

Verification of Medication Container Contents

The pharmacist may delegate the function of verifying medication container contents to a pharmacy technician. The pharmacist is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors. In order to delegate this function, the pharmacy must have established, written policies and procedures for all aspects of medication container verification, including quality assurance procedures and checks, procedures if an error occurs, and documentation records.

A pharmacy technician may verify the medication contents of non-patient specific medication containers (e.g. prepackaging) or patient-specific medication containers (e.g. refill drawers, cards or vials). A pharmacy technician may only verify medication containers prepared by another technician.

The pharmacist at the telepharmacy central site may delegate the function of verifying medication container contents to a pharmacy technician certified to verify medication container contents. A hospital policy and procedure for all aspects of the medication verification process must be established. The policy must include quality assurance procedures and checks, procedures if an error occurs and copies of all documentation.

The verification process may occur between central/remote sites or between remote/remote sites.

The pharmacist is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors.

A pharmacy technician may not verify his or her own work.

Qualifications

In order to verify medication container contents, a pharmacy technician must:

- be a graduate of a recognized pharmacy technician training course or have an equivalent of two years experience in a hospital pharmacy setting, and
- work sufficient hours to maintain competence in the function, as determined by the hospital pharmacy manager, and
- complete a standard departmental training program on verifying medication container contents, and
- demonstrate, on an ongoing basis, a commitment to exemplary accuracy in verifying the contents of medication containers, as determined by the hospital pharmacy manager.

Training

A pharmacist with relevant expertise must ensure that the required knowledge and skills are appropriately taught. The required knowledge and skills must be acquired through a combination of educational modules, in-service programs and work experience with the opportunity for repeated practice of the skills under supervision. Work experience must be at the site where the verifying will be done.

Initial Certification

Pharmacy technicians must be trained and assessed prior to becoming certified to verify medication container contents. The supervising pharmacist may grant certification if the technician achieves an accuracy rate of 100%**. (see Appendix A)

Quality Control

The certifying technician must maintain an accuracy rate of 100%.

1. If an error occurs during day-to-day checking activities, the institutions must have written procedures to address this situation.

2. The accuracy of all pharmacy technicians who verify medication containers must be audited at least annually and if possible conducted without the technician's knowledge. The results of the audit must be discussed with the audited technician. A technician who is certified to verify both non-sterile and sterile products may be audited on a balanced combination of the two types of products to achieve the audit quantity.

Decertification

If the accuracy rate of a checker falls below the established standard on one occasion, perform a re-audit shortly after the first failed audit. If the pharmacy technician fails to meet the minimum standard on re-audit, s/he must be decertified and removed from the verifying function.

The pharmacy manager or supervisory pharmacist for the area may decertify a technician at any time if there is any reason to believe that the technician is not capable of safely carrying out the delegated function. The technician may be recertified only if the problem is resolved to the satisfaction of the pharmacy manager.

A decertified checker must reenter and complete the training and initial certification process prior to being reassigned to verify medication containers.

Documentation

The supervising pharmacist must maintain a log or record showing the training, certification and quality assurance audits for each pharmacy technician who verifies medication container contents. The identification of the pharmacy technician who prepares or verifies medication container contents must be documented. This record must be retained for at least three years.

Continuous Quality Improvement

An ongoing process of continuous quality improvement must be implemented to prevent or eliminate system errors. Documentation of the continuous quality improvement process must be retained for at least three years.

** This document is meant as a guide to institutions to enable them to establish a tech-check program to meet their specific needs. Each institution should set certification and audit numbers that will reflect a measurement that is logistically feasible to ensure a level of acceptable performance and is reflective of all order types.

Standards for Pharmacy Technician Verification - July 2001

Appendix A

Patient-Specific Medication Containers

Patient-specific medication containers generally consist of individually labelled medication containers or exchange drawers containing a one to 35 day supply of medication. Patient-specific medication containers are filled according to a refill or pick list or from labels generated from the patients' computerized medication profile.

Verification of the patient-specific medication containers against a list or label will include a check to ensure:

- correct patient name
- correct patient location, if applicable
- correct medication
- correct strength
- correct dosage form
- correct number of doses or units in container
- medication is within expiry date
- correct auxiliary label(s) applied, if applicable

Non-Patient Specific Medication Containers

Non-patient specific medication containers are usually prepared in batches in anticipation of individual medication orders. Non-patient specific medication containers may include compounded medications, wardstock medications, prepackaging or crash cart trays. Each medication container batch must be documented with a compounding / prepackaging worksheet or record.

Verification of medication container batches against the compounding / prepackaging record must include a check to ensure correct:

- medication
- number of doses or units in container
- ingredient or medication expiry date(s) and lot number(s) documented
- expiry date and lot number for the batch or prepackaging
- labelling
- integrity of final product

APPENDIX E

PROFESSIONAL PRACTICE POLICY: Standards for Pharmacy Technician Verification
POLICY FOCUS: of Sterile Products in Hospital Pharmacy Practice

Preamble

The expected outcome of every sterile preparation and distribution system is that 100% of the parenteral medication doses will be correct when administered to the patient. Recognizing that "human failure" may create errors in any segment of the process, the processes of compounding and labelling sterile products must be designed with numerous checks to identify and remove potential errors prior to dispensing. Errors and other potential problems must be constantly identified and eliminated through a process of continuous quality improvement (CQI).

Compounding and labelling sterile products involves both technical functions and cognitive or professional functions. Technical functions specified in the hospital pharmacy practice bylaw, "Functions of Hospital Pharmacy Support Personnel" may be delegated to pharmacy technicians in accordance with the *Standards for Delegation of Technical Functions to Pharmacy Technicians.*

Examples of professional functions, which may **not** be delegated to a pharmacy technician, are:

- checking the accuracy of a transcription of a written medication order into the computer,
- checking a new medication order against the patient medication profile for therapeutic appropriateness,
- approving the stability or compatibility information or calculations for a new product or formula.

Examples of technical functions, which may be delegated to a pharmacy technician, are*:

- verifying diluents and volumes of reconstituted sterile medications according to an approved procedure,
- verifying the label and content of a compounded sterile product prepared in a batch,
- verifying the medication container contents against a patient-specific label or fill list.

**These functions relate to Role 2: Produce and Distribute Drug Preparations and Products, and Role 3: Contribute to the Effective Operation of the Pharmacy from the Framework of Professional Practice (April 2003*

Verification of Sterile Products

The pharmacist may delegate the function of verifying sterile products to a pharmacy technician. The pharmacist is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors. In order to delegate this function, the pharmacy must have established, written policies and procedures for all aspects of the verification of sterile products, including quality assurance procedures and checks, procedures if an error occurs, and documentation records.

A pharmacy technician may verify either the medication contents of patient specific compounded sterile products against a label or pick-list (e.g. refills) or the medication contents of a compounded sterile batch products against an approved written procedure or compounding record. A pharmacy technician may only verify another technician's preparation of compounded sterile products.

The pharmacist at the telepharmacy central site may delegate the function of verifying patient specific compound sterile products against a label or pick-list (eg. refills) or the medication contents of a compounded sterile batch products against an approved written procedure or compounding record to a pharmacy technician certified to verify compounded sterile products. A hospital policy and procedure for all aspects of the sterile product verification process must be established. The policy must include quality assurance procedures and checks, procedures if an error occurs and copies of all documentation.

The verification process may occur between central/remote sites or between remote/remote sites.

The pharmacist is responsible for ensuring that the verification procedure has the sensitivity and accuracy to detect all possible errors.

A pharmacy technician may not verify his or her own work.

Prior to verifying sterile products, the pharmacy technician must be trained and certified in the delegated function.

PROFESSIONAL PRACTICE POLICY: Standards for Pharmacy Technician Verification
POLICY FOCUS: of Sterile Products in Hospital Pharmacy Practice

Qualifications

In order to verify compounded sterile products, a pharmacy technician **must**:

- be a graduate of a recognized pharmacy technician training course or have an equivalent of two years experience in a hospital pharmacy setting, and
- work sufficient hours to maintain competence in the function, as determined by the hospital pharmacy manager, and
- be trained in aseptic technique and qualified to prepare sterile products, and
- complete a standard departmental training program on verifying compounded sterile products, and
- demonstrate, on an ongoing basis, a commitment to exemplary accuracy in verifying compounded sterile products, as determined by the hospital pharmacy manager.

Training

A pharmacist with relevant expertise must ensure that the required knowledge and skills are appropriately taught. The required knowledge and skills may be acquired through a combination of educational modules, inservice programs and work experience with the opportunity for repeated practice of the skills under supervision. Work experience must be at the site where the verifying will be done but didactic educational programs or inservices may be conducted either in-house or at another hospital pharmacy.

Initial Certification

Pharmacy technicians must be trained and assessed prior to becoming certified to verify compounded sterile products. The supervising pharmacist may grant certification if the technician achieves an accuracy rate of 100%**. (See Appendix A).

Quality Control

The certifying technician must maintain an accuracy rate of 100%.

1. If an error occurs during the day-to-day checking activities, the institution must have written procedures to address this situation.
2. The accuracy of all pharmacy technicians who verify medication containers must be audited at least annually and if possible conducted without the technician's knowledge. The results of the audit must be discussed with the audited technician. A technician who is certified to verify both non-sterile and sterile products may be audited on a balanced combination of the two types of products to achieve the audit quantity.

Decertification

If the accuracy rate of a verifying technician falls below the established standard, a minimum of 2 re-audits will be performed shortly after the first failed audit. If the pharmacy technician fails to meet the minimum standard on any re-audit, s/he must be decertified and removed from the verifying function.

The pharmacy manager or supervisory pharmacist for the area may decertify a technician at any time if there is any reason to believe that the technician is not capable of safely carrying out the delegated function. The technician may be recertified only if the problem is resolved to the satisfaction of the pharmacy manager.

A decertified checker must reenter and complete the training and certification process prior to being reassigned to verify compounded sterile products.

Documentation

The supervising pharmacist must maintain a log or record showing the training, certification and quality assurance for each pharmacy technician who verifies compounded sterile products. The identification of the pharmacy technician or any other person who prepares or compounded sterile products must be documented. This record must be retained for at least three years.

Continuous Quality Improvement

An ongoing process of continuous quality improvement must be implemented to prevent or eliminate system errors. Documentation of the continuous quality improvement process must be retained for at least three years.

** This document is meant as a guide to institutions to enable them to establish a tech-check program to meet their specific needs. Each institution should set certification and audit numbers that will reflect a measurement that is logistically feasible to ensure a level of acceptable performance and is reflective of all order types.

Description of Verification Process **Appendix A**

Patient-Specific Sterile Products

Patient-specific sterile products generally consist of a 24-hour supply of individually labelled compounded or purchased sterile product. These sterile products are labelled according to a refill or pick list or from labels generated from the patients' computerized medication profiles.

Verification of the individual sterile product units against a label or list will include a check to ensure correct:

- patient name,
- patient location,
- medication,
- amount added,
- solution and volume,
- dosage form,
- number of doses or units,
- ingredients are within expiry dates,
- compounded sterile product expiry date,
- auxiliary label(s), if applicable,
- integrity of the final product.

Compounded Sterile Product Batches

Compounded sterile products are usually prepared in non-patient specific batches, in anticipation of individual patient medication orders. Each batch must be documented with a compounding worksheet or record.

Verification of compounded sterile product batches against the compounding record will include a check to ensure correct:

- medication,
- amount added,
- solution and volume,
- admixture devices,
- number of units,
- ingredient expiry dates and lot numbers documented,
- compounding expiry date and lot number for the batch,
- labelling,
- integrity of the final product.

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