Meeting of the Council

January 30, 2004

Present:

President and District 1 Councillor Wayne Rubner, District 2 Councillor Amin Bardai, District 3 Councillor Howard Rose, District 4 Councillor Erica Gregory, District 6 Councillor John Hope, District 7 Councillor Carol Gee, Faculty of Pharmaceutical Sciences Dean Robert Sindelar and Government Appointees Gurmeet Gill, Marina Ma and Peter Rubin.

Absent (with notice):

Government Appointee Jo Ann Groves.

Staff (at various times):

Registrar Linda Lytle, Deputy Registrar Brenda Osmond, Quality Outcomes Specialists Zahida Esmail and Elizabeth Winter, Assessment Director Doreen Leong and Administrative Assistant Samantha Lam.

Guests (at various times):

Janice Moshenko, Director, Continuing Pharmacy Education; Marnie Mitchell, CEO, BCPhA and Community Pharmacy Resident Ben Koh.

CALL TO ORDER

President Rubner called the meeting to order at 9:00 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.

AGENDA AND TIMETABLE

The following items were added to the agenda

4.00	BC HealthGuide Program	
5.03	National Drug Scheduling System	
6.01	CG-3a	External Appointments
	CG-3c	NAPRA Board of Directors
	EC-10	Communications: Registrar to Council
7.01	Code of Ethics Modification	
9.03	Council Meeting Dates	

MINUTES OF PREVIOUS MEETING

The minutes of the November 28 & 29, 2003 Council meetings were approved by consensus.

OUTCOME DEVELOPMENT ISSUES

BC HealthGuide Program

Quality Outcomes Specialist Zahida Esmail presented to Council on the structure and content of the BC HealthGuide Program. The purpose of the program is to enable health care consumers to be more active and involved in their health care through use of the BC HealthGuide Handbook, BC NurseLine, BC HealthGuide OnLine, and BC HealthFiles.

The program developers' vision is that British Columbians, in partnership with their health care providers, will be the most informed and empowered health care consumers in Canada.

Council Project 2004

As agreed at the November Council meeting, the Councillors submitted ideas and reviewed a report of preliminary responses for proposed 2004 Council Project topics. The Councillors decided on the concept of a series of public forums as the project they will focus on for the coming year. The forums will feature BC HealthGuide Program presentations, along with information about the College's role in the project, as a provincial regulatory authority and pharmacists' medication management skills.

More detailed implementation plans will be discussed at the April 23 Council meeting.

International Pharmacy Services

Quality Outcomes Specialist Elizabeth Winter presented a professional development session on international pharmacy service issues, challenges and solutions. Following the presentation, the Councillors agreed to continue to monitor the situation in BC until evidence is found to substantiate concerns about drug product and human resource shortages linked to the provision of pharmacy services to US residents.

Annual General Meeting Advisory Resolutions

Although the November annual general meeting proceeded on an informational basis only due to the absence of the required quorum of 50 pharmacists, the Councillors conducted the required review of the four advisory resolutions (only one of which was supported by an informal show of hands at the November meeting).

Council chose not to take further action on advisory resolutions 1, 3 and 4 as follows:

> Resolution 1
>
> That the College of Pharmacists of BC removes the clause "conflict with moral beliefs" in Value IX of the current Code of Ethics, so as to read "A pharmacist ensures continuity of care in the event of job action and pharmacy closure."

Resolution 3

That the Council of the College of Pharmacists of BC implement a legal framework by which a referendum could be held for all registered pharmacists to vote on a specific College policy, program or bylaw to initiate change if there is majority support.

Resolution 4

Calculators and other handheld electronic devices such as personal digital assistants (PDAs) be permitted to be used by pharmacists who choose to participate in the Knowledge Assessment (KA) option of the Professional Development and Assessment Program.

Council decided to follow up on the action specified in Resolution 2 by writing to the Ministry of Health to explore the possibility of implementing the requested action (as follows), even though drug information was previously included in the PharmaNet functionality, but was subsequently removed due to a low level of usage and a high subscription cost.

Resolution 2

That the Council of the College of Pharmacists of BC pursue the PharmaNet to include access to on-line editions of tools for pharmacists. (AHFS, Drugdex, Drug Interaction Facts, or similar tools)

Verbal Prescription Transmission to Pharmacists by Licensed Practical Nurses

The College of Licensed Practical Nurses (CLPN) has proposed that the list of nurses authorized to transmit prescriptions to pharmacists following the receipt of a verbal order from a prescriber by an LPN be expanded to include licensed practical nurses. The CLPN has confirmed that its registrants working in facilities, hospitals and penal institutions have the necessary skills and knowledge by way of their recent graduation from an enhanced educational program or by participation in structured upgrading courses.

The Long-term Care Committee and Hospital Pharmacy Committee have reviewed the issue and recommend that the Council add LPN's to this list for residential care facility/home, penal institution or hospital care settings. The Council approved by consensus the recommended amendment to Professional Practice Policy 30 (attached as Appendix 1).

NEW POLICY DEVELOPMENT

Product Endorsements and Testimonials by Pharmacists

At a recent meeting, Council declined to take further action in the development of a Professional Practice Policy pertaining to product endorsements and testimonials by pharmacists. Now, the NAPRA Board of Directors has approved a model policy statement for individual provinces to consider for adoption or adaptation. The statement is very similar to the previously considered proposal developed by the College's Ethics Advisory Committee.

Council declined to take any action.

Benchmarking Project

Benchmarking is the continuous process of measuring products, services and practices against competitive or similar associations, or those of "best in class" organizations. Benchmarking involves the measurement and comparison of a function or process against similar functions or processes. Benchmarking can be applied to strategic functional and operational levels.

Benchmarking adds value to an organization. It provides a direct link between learning and taking action. It shortens the time frame for change by focusing on results of outcomes, not only the activity. Organizations that focus on areas where there is greatest potential for cost savings and greater need for improvement benefit most.

Administrative Manager Susan Lo has obtained the services of a group of BCIT business students to assist in the implementation of a benchmarking project, which will focus on improving customer service by the more extensive use of the membership database. The Registrar was asked to provide an update at the June Council meeting.

National Drug Scheduling System

The Alberta College of pharmacists has requested the National Drug Scheduling Advisory Committee (NDSAC) review the relevance of Schedule 3. The Registrar has been invited to present British Columbia's views on this topic at an upcoming NDSAC meeting, and the Registrar requested the Councillors' guidance on the strengths and weaknesses of the current three-schedule / four category model and how the current model might be improved to better serve the Canadian public. The Councillors had some reservations about the possibility of abandoning Schedule 3, but indicated they would be willing to consider options for changes in the current system.

MONITORING ACTIVITIES

Registrar's Executive Report

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

Practice standards: Professional Development and Assessment Program

Activities and events relating to the Professional Development and Assessment Program (PDAP) were provided and discussed for the information of the Councillors. Correspondence from a pharmacist with concerns about the quality of the Knowledge Assessment questions was reviewed.

Assessment Director Doreen Leong answered Councillors' questions regarding the PDAP Self Assessment and explained the need for each registrant's Self Assessment to be submitted to the College office for review. Submission is not only important for program validation (as opposed to individual evaluation), but also to ensure that pharmacists are correctly interpreting the Framework in identifying their strengths and learning needs. She stressed that submissions are strictly confidential and used only for the purposes of the program.

The Councillors suggested that a *Bulletin* article should be prepared to advise PDAP participants of these points and to clarify the strict confidential treatment of the materials.

Employee Relations

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

Financial Health: College

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

Communications: Registrar to Council

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

External Appointments

It was moved, seconded and carried.

Council approves the appointment of Gregory Shepherd to RNABC's Education Approval Committee and Carol O'Byrne to the Canadian Council of Continuing Education in Pharmacy, effective immediately.

NAPRA Board of Directors

Registrar Lytle informed Council that a new NAPRA representative will need to be appointed before November 3, 2004, as current representative Shawn Sandhu's term and eligibility expire on that date.

Relationship with the Public and other Key Stakeholders

Activities and events relating to relations with the public and other key stakeholders were provided to demonstrate compliance with the policy.

Tobacco-Free Pharmacies

Activities and events relating to the tobacco-free pharmacies initiative were provided to demonstrate compliance with the policy.

Pharmacy Database Uses

Council approved by consensus to rescind PPP-7 on the basis of redundancy due to the implementation of the provincial *Personal Information and Privacy Act*.

Size, Shape and Colour of Pharmaceuticals

Council approved by consensus to rescind policy PPP-14 due to its current irrelevance.

Delegation of Approval of Collaborative Agreements

In accordance with the requirements of Council policy EC-14 – Delegation of Approval of Collaborative Agreements, the Registrar reported that staff have approved a Warfarin Maintenance Protocol for use by the Cumberland Health Centre Pharmacy in the Cumberland Lodge, both of which are located in Cumberland, BC.

Council Monitoring Reports

Planning Cycle and Agenda Control

Council approved by consensus amendments to CG-6 (attached as Appendix 2).

NONPOLICY DECISIONS

Code of Ethics Modification

The Ethics Advisory Committee recommended that the Code of Ethics be amended by combining Values IV and VI, due to similarity, into a new Value IV.

It was moved, seconded and carried.

Council approves the amended Code of Ethics attached as Appendices 3 and 4.

CONSENT ITEMS

NDSAC Drug Scheduling Recommendations

Council reviewed the National Drug Scheduling Advisory Committee (NDSAC) drug scheduling recommendations.

Council approved by consent the following NDSAC drug scheduling recommendations:

Delete:

2 Vaccines (diphtheria, tetanus, pertussis, polio, haemophilus B, measles, mumps, rubella, hepatitis A, hepatitis B, influenza and meningitis)

1 Vaccines[V] (except diphtheria, tetanus, pertussis, polio, haemophilus B, measles, mumps, rubella, hepatitis A, hepatitis B, influenza and meningitis)

Add:

2 Vaccines (diphtheria, tetanus, pertussis, polio, haemophilus B, measles, mumps, rubella, hepatitis A, hepatitis B, influenza, meningitis, oral inactivated cholera when used for prophylaxis against travellers' diarrhea due to enterotoxigenic *E. coli*, and pneumococcal 7-valent conjugate)

1 Vaccines[V] (except diphtheria, tetanus, pertussis, polio, haemophilus B, measles, mumps, rubella, hepatitis A, hepatitis B, influenza, meningitis and oral inactivated cholera when used for prophylaxis against travellers' diarrhea due to enterotoxigenic *E. coli*, and pneumococcal 7-valent conjugate)

Health Canada Drug Scheduling Recommendations

Council approved by consent the following drug schedule recommendations for submission to the Minister of Health in order to harmonize the BC Drug Schedules Regulation with the national schedules:

Delete:

1 Glutethamide
1 Pemoline and its salts
1 Etryptamine and its salts
1 Zolpidem and its salts

Add:

1 Esomeprazole and its salts

Council Meeting Dates

The following list of Council dates for the 2004-2005 year were approved by consensus:

September 24, 2004
November 26, 2004 (with the annual general meeting on November 27, 2004)
January 28, 2005
April 15, 2005
June 17, 2005

Meeting Evaluation

Councillors conducted a roundtable evaluation of the meeting using "A Successful Meeting" as a guidance document.

ADJOURNMENT

The meeting was adjourned at 2:35 p.m.

Glossary

Residential Care Facility / Home - A residence licensed under the *Community Care Facility Act* to provide care.
Nurse - A registered nurse, registered psychiatric nurse, licensed practical nurse or licensed graduate nurse working in the residential care facility/home, penal institution or hospital.
Pharmacy - The pharmacy designated as the facility/home service provider.

Policy

Except for controlled drug substances (including narcotics), the pharmacist may accept a new medication order given verbally by a practitioner to a facility nurse, provided that:

1. The nurse writes the verbal order on a physician order form and transfers the written order to the pharmacy, and
2. The transcribed order is clear, understandable, reasonable, logical and safe.

In all cases the pharmacist will use professional judgement as to whether to accept the transcribed order or to confirm it with the practitioner. If an unfamiliar party is involved (pharmacist/nurse/practitioner), the pharmacist should confirm the verbal order directly with the practitioner.

This policy does not apply to new verbal medication orders for community-based patients. Direct communication between practitioner and pharmacist for non-resident patients remains mandatory.

Procedures

1. The nurse shall immediately reduce the verbal practitioner order to writing on a physician order form. This must include the patient's full name, date, medication name, strength, quantity or duration of use, directions for use, prescriber's name and initials, nurse's name, signature and professional designation, and indication that the order was verbal.
2. This order must be faxed or delivered to the pharmacy prior to release of the medication.
3. If, in the pharmacist's professional judgement, any part of the order is unclear, inappropriate or contradicts other medication regimens, she/he must confirm the order directly with the practitioner.
4. Orders for all narcotic and controlled drugs require direct communication between practitioner and pharmacist.

Procedure Flow Chart

1. Practitioner gives telephone order to facility nurse.
2. Nurse writes verbal order on physician order form.
3. Order is faxed or delivered to pharmacy before prescription can be released.
4. Pharmacy processes the order and delivers to the facility.

If the pharmacist wishes, she/he may send the practitioner an informational fax stating, "This order was transmitted by nurse "X" on your behalf and was dispensed."

First approved: 29 Jan 99
Revised: 20 Sep 02 / 31 Jan 03 / 20 Jun 03 / 30 Jan 04
Reaffirmed:

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1. The agenda is determined by Council, and the approval of the agenda is the first item of business.

2. The agenda will contain only those items that pertain to policies or the mission, vision, values and outcomes of the Council.

3. Agenda items for Council meetings must be circulated to members before the meetings, according to the established procedures.

4. If the agenda is not completed in its allotted time, Council will vote whether to continue discussing the topic or put off remaining items until the next meeting.

5. Meeting format should adhere to Robert's Rules if consensus agreement cannot be reached.

First approved: 02 May 97
Revised: 23 Jan 98 / 20 Jun 03 / 30 Jan 04
Reaffirmed: 1 February 2002

Monitoring frequency: Meeting 2 (Annually)
Monitoring method: Direct Inspection
Responsibility of: Council

CG-6

Code of Ethics

Value I. *A pharmacist respects the professional relationship with the patient and acts with honesty, integrity and compassion.*

Value II. *A pharmacist honours the individual needs, values and dignity of the patient.*

Value III. *A pharmacist supports the right of the patient to make personal choices about pharmacy care.*

Value IV. *A pharmacist provides competent care to the patient and actively supports the patient's right to receive competent and ethical health care.*

Value V. *A pharmacist protects the patient's right of confidentiality.*

Value VI. *A pharmacist respects the values and abilities of colleagues and other health professionals.*

Value VII. *A pharmacist endeavours to ensure that the practice environment contributes to safe and effective pharmacy care.*

Value VIII. *A pharmacist ensures continuity of care in the event of job action, pharmacy closure or conflict with moral beliefs.*

CODE OF ETHICS

Preamble

The Code deals with the ethics rather than the laws governing pharmacy practice. Laws and ethics of health care necessarily overlap considerably, since both share the concern that the conduct of health care professionals reflects respect for the well-being, dignity and self determination of patients. The two domains of law and ethics remain distinct, and the Code, while prepared with awareness of the law, is addressed to ethical obligations.

The pharmacist, by entering the profession, is committed to moral norms of conduct and assumes a professional commitment to the health and well-being of patients. As citizens, pharmacists continue to be bound by the moral and legal norms shared by all other participants in society. As individuals, pharmacists have a right to choose to live by their own values as long as those values do not compromise pharmacy care.

Adoption of the Code represents a conscious undertaking on the part of the members of the College of Pharmacists of British Columbia to be responsible for practising in accordance with the expressed principles (values and obligations). The Code defines and seeks to clarify the obligations of pharmacists to use their knowledge and skills for the benefit of others, to minimize harm, to respect patient autonomy and to provide fair and just pharmacy care for their patients.

? For those entering the profession, the Code identifies the basic moral commitments of pharmacy care and serves as a source for education and reflection.

? For those within the profession, the Code serves as a basis for self-evaluation and peer review.

? For those outside the profession, the Code provides public identification of the professional ethical expectation of its members.

Therefore the Code of Ethics is educational, guides behaviour, and expresses to the larger community the values and ideals that we espouse by reason of trust and commitment.

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

Elements of the Code

The Code contains different elements designed to help the pharmacist in its interpretation. The values and obligations are presented by topic and not in order of importance.

? **Values** express broad ideals of pharmacy practice. They establish correct directions for pharmacy practice. In the absence of a conflict of ethics, the fact that a particular action promotes a **value** of pharmacy practice may be decisive in some specific instances. Pharmacist behaviour can always be appraised in terms of values; How closely did the behaviour approach the value? How widely did it deviate from the value? The values expressed in the Code must be adhered to by all pharmacists in their practice. Because they are so broad, however, values may not give specific guidance in difficult instances.

? **Obligations** provide more specific direction for conduct than do values; obligations spell out what a value requires under particular circumstances.

It is also important to emphasize that even when a value or obligation must be limited, it nonetheless carries moral weight. For example, a pharmacist who is compelled to testify in a court of law on confidential matters is still subject to the values and obligations of confidentiality. While the requirement to testify is a justified limitation upon confidentiality, in other respects confidentiality must be observed. The pharmacist must only reveal that confidential information that is pertinent to the case at hand, and such revelation must take place within the appropriate context.

Value I. *A pharmacist respects the professional relationship with the patient and acts with honesty, integrity and compassion.*

Obligations

1. The patient-pharmacist relationship is a covenant, meaning that a pharmacist has moral obligations in response to the trust received from society. In return for this, a pharmacist promises to help patients achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.
2. A pharmacist has a duty to tell the truth, to act with conviction of conscience, and to avoid discriminatory practices and behaviour.

Value II. *A pharmacist honours the individual needs, values and dignity of the patient.*

Obligations

1. A pharmacist assists patients to make informed choices about their own best interests.
2. A pharmacist aids patients in their expression of needs and values, and recognizes their right to live at risk.
3. A pharmacist's commitment to the patient's care must be sensitive to, but not prejudiced by, factors such as the patient's race, religion, ethnic origin, social or marital status, gender, sexual orientation, age, or health status.
4. A pharmacist recognizes the patient's membership in a family of choice, and, with the patient's consent, attempts to facilitate, where appropriate, the participation of significant others in the care of the patient.
5. A pharmacist's conduct at all times acknowledges the patient as a person. Discussion of care in the presence of the patient should, whenever possible, actively include the patient.

Value III. *A pharmacist supports the right of the patient to make personal choices about pharmacy care.*

Obligations

1. A pharmacist has the primary responsibility to inform the patient about available pharmacy care. Consent is an essential precondition to the provision of care.
2. A pharmacist owes a duty to disclose material risks associated with medication therapy. Adequate disclosure is normally achieved by highlighting the more frequent and serious side effects, as well the probability of their occurrence.
3. Valid consent, usually verbal, represents the free and informed choice of the competent patient to undergo pharmacy care.
4. A pharmacist should aid patients in becoming an active participant in their care to the maximum extent that circumstances permit.
5. A pharmacist provides information to the patient in an understandable and sensitive way.
6. A pharmacist does not withhold pertinent medication information or use deceptive tactics in obtaining consent. When the patient's questions require information beyond that available to a pharmacist, the patient will be referred to an appropriate health care professional.

Value IV. *A pharmacist provides competent care to the patient and actively supports the patient's right to receive competent and ethical health care.*

Obligations

1. A pharmacist places concern for the well-being of the patient at the centre of professional practice, providing the best care that circumstances, experience and education permit.
2. A pharmacist who suspects incompetence or unethical conduct by a health care professional will first consider the welfare of the patient. Subject to that principle, the following will apply:
   - A pharmacist should engage in direct discussion with the health care professional involved, if a situation can be resolved without peril to the patient.
   - A pharmacist shall not participate in efforts to deceive or mislead patients about the cause of alleged harm or injury resulting from unethical or incompetent conduct.
3. A pharmacist commits to lifelong learning designed to maintain relevant knowledge and skills.

Value V. *A pharmacist protects the patient's right of confidentiality.*

Obligations

1. A pharmacist provides pharmacy care with consideration for the personal privacy of patients.
2. An affirmative duty exists to institute and maintain practices that protect patient confidentiality.
3. A pharmacist, where appropriate, reveals to the patient the boundaries of professional confidentiality. Pharmacy care may require that other health care personnel have access to or be provided with the relevant information. Whenever possible, the patient should be informed, and generally, it is up to the patient to determine who should be informed and what personal information should be released.
4. When a pharmacist is confronted with the necessity to disclose, confidentiality should be preserved as much as possible. Both the amount of information disclosed and those to whom disclosure is made should be restricted to that which is necessary.
5. A pharmacist may breach confidentiality when the failure to disclose information will place other persons or the patient in serious danger. A pharmacist will, whenever possible, consult with other health professionals involved with the patient before breaching confidentiality.

Value VI. *A pharmacist respects the values and abilities of colleagues and other health professionals.*

Obligations

1. A pharmacist accepts responsibility to work with colleagues and other health care professionals and with public interest pharmacy organizations and patient advocacy groups, to promote safe and effective pharmacy care.
2. A pharmacist, when appropriate, asks for the consultation of colleagues or other health professionals or refers the patient.

Value VII. *A pharmacist endeavours to ensure that the practice environment contributes to safe and effective pharmacy care.*

Obligations

1. A pharmacist manager has a responsibility to foster an optimal practice environment and to ensure the provision of required resources.
2. If there is a conflict between professional activities and management policies, professional responsibilities will take precedence.
3. A pharmacist will challenge employment conditions that are inconsistent with professional practice as described in this code.

Value VIII. *A pharmacist ensures continuity of care in the event of job action, pharmacy closure or conflict with moral beliefs.*

Obligations

1. A pharmacist has a duty through coordination and communication to ensure the provision of essential pharmacy care throughout the duration of any job action or pharmacy closure. Patients who require ongoing or emergency pharmacy care are entitled to have those needs satisfied.
2. A pharmacist is not ethically obliged to provide requested pharmacy care when compliance would involve a violation of his or her moral beliefs. When that request falls within recognized forms of pharmacy care, however, there is a professional obligation to refer the patient to a pharmacist who is willing to provide the service. The pharmacist shall provide the requested pharmacy care if there is no other pharmacist within a reasonable distance or available within a reasonable time willing to provide the service.

Commentary

Ethical Problems

Situations often arise that present ethical problems for pharmacists in their practice. These situations tend to fall into three categories:

(a) **Ethical violations** involve the neglect of moral obligation; for example, a pharmacist who neglects to provide competent pharmacy care to a patient because of personal inconvenience has ethically failed the patient.

(b) **Ethical dilemmas** arise where ethical reasons both for and against a particular course of action are present and one option must be selected. A patient who is likely to refuse some appropriate form of pharmacy care presents the pharmacist with an ethical dilemma. For example, a patient might refuse to take medication to treat their cancer if there is a likelihood of hair loss. In this case, substantial moral reasons may be offered on behalf of several opposing options.

(c) **Ethical distress** occurs when pharmacists experience the imposition of practices that provoke feelings of guilt, concern or distaste. Such feelings may occur when pharmacists are ethically obliged to provide particular types of pharmacy care despite their personal disagreement or discomfort with the course of treatment prescribed. For example, the sale of injection devices for nonmedical use has been shown to reduce the HIV infection rate, but a pharmacist may hold a personal belief against facilitating the use of illicit drugs.

The Code provide clear direction for avoiding ethical violations. When a course of action is mandated by the Code, and there exists no opposing ethical principle, ethical conduct requires that course of action.

The Code cannot serve the same function for all ethical dilemmas or for ethical distress. There is room within the profession of pharmacy for conscientious disagreement among pharmacists. The resolution of any dilemma often depends upon the specific circumstances of the case in question, and no particular resolution may be definitive of good pharmacy practice. Resolution may also depend upon the relative weight of the opposing principles, a matter about which reasonable people may disagree.

The Code cannot relieve ethical distress but it may serve as a guide for pharmacists to weigh and consider their responsibilities in the particular situation, Inevitably, pharmacists must reconcile their actions with their consciences in providing pharmacy care to patients.

The Code tries to provide guidance for those pharmacists who face ethical problems. Proper consideration of the Code should lead to better decision-making when ethical problems are encountered.

It should be noted that many problems or situations seen as ethical in nature are problems of miscommunication, failure of trust or management dilemmas in disguise. There is, therefore, a distinct need to clarify whether the problem is an ethical one or one of another sort.