

# Meeting of the Council

September 24, 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 5 Councillor Rita Thomson, District 6 Councillor John Hope, District 7 Councillor Carol Gee, Faculty of Pharmaceutical Sciences Dean Robert Sindelar, Government Appointees Jo Ann Groves and Marina Ma.

**Absent (with notice):**

Government Appointees Peter Rubin and Michael MacDougall.

**Staff (at various times):**

Registrar Linda Lytle, Deputy Registrar Brenda Osmond, Quality Outcomes Specialist Margaret McLean and Assessment Programs Coordinator Ashifa Keshavji.

**Guests (at various times):**

Rosey Brenan, President, Rodon Communications; Dr. Barbra Arnold, Medical Director, Options for Sexual Health; Dr. Cheryl Anderson, Medical Health Officer, Vancouver Coastal Health Authority; Anne Carten, Vancouver Coastal Health Authority; Ken Foreman, Deputy CEO and Director, Professional Services, BC Pharmacy Association; Janice Moshenko, Director, and Sheryl Peterson, Assistant Director, Division of Continuing Pharmacy Professional Development, UBC.

**CALL TO ORDER**

President Rubner called the meeting to order at 9:10 am.

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 agenda and timetable were approved as circulated.

**MINUTES OF PREVIOUS MEETING**

The minutes of the June 18, 2004 Council meeting were approved by consensus.

## **COUNCIL DEVELOPMENT**

### **Drug Scheduling 101**

Dr. Brenda Osmond presented a professional development session for the Councillors to summarize the key principles and processes involved with drug scheduling, including both federal and provincial aspects, as well as the role of the National Drug Scheduling Advisory Committee.

## **NONPOLICY DECISIONS**

### **Drug Schedules Regulation Recommendation - NDSAC**

In December 2000, specially trained pharmacists in BC obtained authority to prescribe ECP. The goal of the program was to increase women's access to this important option for reproductive health. Over 1500 BC pharmacists have taken the training required to prescribe ECP. Over 20 times a day women obtain ECP directly from BC pharmacists. The data collected by CORxE demonstrate that these prescriptions have not resulted in a shift of prescribing from physicians to pharmacists. The prescriptions pharmacists have issued have been for women who would otherwise not have used ECP. The prescriptions have been additive to physician prescribed ECP, and have often been on weekends and evenings when physicians are less accessible.

There are two different products used for ECP in Canada, Ovral and Plan B. Plan B is slightly more effective than Ovral in preventing unintended pregnancy, and has a lower incidence of side effects. Plan B is safe for all women and has no contraindications for use. It is the woman, not the practitioner who decides if she needs ECP.

In the May 2004 Canada Gazette 1, Health Canada announced a proposal to remove levonorgestrel, when used for ECP (Plan B), from Schedule F, making it a non-prescription drug. Health Canada is currently reviewing responses to the proposal. It is anticipated that the change may take place in October or November of 2004. The hormones in Ovral will continue to be prescription drugs.

The National Drug Scheduling Advisory Committee (NDSAC) has reviewed Plan B, and recommends (provisionally, dependent upon the final wording of the patient information sheet) that it be Schedule 2 (in the dispensary with no self-selection). Other scheduling options for Plan B in British Columbia include keeping it Schedule 4 (pharmacist prescribing), making it Schedule 3 (pharmacy-only self-selection sales kept within 25 feet of the dispensary) or designating it as Unscheduled (sale from any retail premises).

In reviewing Plan B, NDSAC determined that the following Schedule 2 factors applied and warranted the recommendation that Plan B be made Schedule 2.

- Factor 1 The initial need for the drug is normally identified by the practitioner, in addition, chronic, recurrent, or subsequent therapy must be monitored by the pharmacist.
- Factor 2 The drug must be readily available under exceptional circumstances when a prescription is not practical.
- Factor 8 Use of drug requires reinforcement or an expansion of the directions for use, through pharmacist-patient dialogue.
- Factor 9 The drug is a new ingredient for self-medication and monitoring by the pharmacist is necessary to facilitate observation and reporting of any unexpected event.

The Councillors identified and discussed the impacts of any change from the current Schedule 4 and reviewed the unique features of each of the other scheduling options, following which the Council agreed to defer the development of a final scheduling recommendation until after the NDSAC recommendation has been finalized.

## OUTCOME DEVELOPMENT ISSUES

### Council Commentary Survey Results

The Councillors reviewed the feedback from 67 pharmacists who responded to the four questions included in the July 2004 Council Commentary survey. The four questions were:

1. What are the three major issues that concern you about pharmacy practice in our province?
2. In your opinion, what could be done to enhance pharmacy practice in BC? (By the College? By pharmacy owners and managers? By individual pharmacists?)
3. What hopes or concerns do you have about the College of Pharmacists of BC? (Priorities? Performance? Services? Communication?)
4. What are the most frequent concerns or issues about pharmacy practice expressed by your patients or customers?

After identifying a number of responses to the feedback, the Councillors decided on the following immediate action plan, with further thought to be given to other aspects of the survey at future Council meetings:

- Convey a summary of all survey results that are not directly relevant to the College's role and mandate to the organizations that have the authority to respond to the concerns, including the BC Pharmacy Association, the College of Physicians and Surgeons of British Columbia, Fair PharmaCare, and the Chain Drug Store Association of BC, and report this action to pharmacists by means of the *Bulletin*.
- Using the College's and other communication vehicles, regularly reiterate the unique roles of the College of Pharmacists of BC compared to the BC Pharmacy Association.
- At the upcoming joint meeting with the BC Pharmacy Association Board of Directors on November 26, include a discussion of how the two groups can work together on key initiatives.

### Methamphetamine

The Alberta College of Pharmacists' decision to reduce access to products containing precursors for methamphetamine by requesting the voluntary removal of the products to the dispensary area of Alberta pharmacies resulted in many media queries (and a few from the public) about the College's plans to control the sale of the precursor products. Interested individuals have been referred to the May-June 2004 *Bulletin* article advising pharmacists of the potential problem, requesting their increased monitoring of large-quantity purchases and recommending that concerns be reported to the national Crime Stoppers line.

No other province has taken steps similar to Alberta's, and pharmacists, pharmacy managers or corporate managers have not alerted the College office to any current problems. One member of the public has suggested that the College should be more pro-active on this issue.

Based on an assessment of the current situation, the Council decided to continue with its monitoring activities pending the receipt of evidence indicating that pharmacy-based drug product sales are beginning to create concerns.

## **International Pharmacy Services**

A College registrant, Jeffrey Behr, has requested that Council consider whether the requirement for an “authentic” prescription, as required by Bylaw 5(38)(1), means that a pharmacist should not honour a Canadian physician’s prescription authorization when the pharmacist knows or has reason to know there is no professional relationship between the patient and the physician.

The Councillors decided that no change in the current interpretation of “authentic” was required and requested that the Registrar advise of the decision.

## **PPP-52 – Medication Packaging for Facilities**

The Councillors reviewed correspondence from two pharmacies requesting identical changes in Professional Practice Policy #52 – Medication Packaging for Facilities. The requested changes involved labelling issues (removing the requirement for complete directions for use on each multi-medication pouch), reminder pouches (eliminating the need for reminder pouches to alert the caregiver to the existence of other required medications that cannot be pouch-packaged) and contingency plans (suggesting that more emphasis be put on this important requirement).

Due to the relatively brief experience with the use of the pouch-based multi-medication systems, the Council was reluctant to initiate policy changes at this time. The Long-term Care Committee will be requested to begin to collect information from known system users, and the province’s Long Term Care Licensing Officers will be contacted to provide feedback from their experiences during facility site visits. The Council agreed to review the collected information and discuss the topic at the April 2005 Council meeting.

## **OUTCOME DEVELOPMENT ISSUES (continued)**

### **Council Project 2004**

Rosey Brenan updated the Councillors on arrangements for the upcoming community outreach events built on the BC HealthGuide Program training provided in September. The College has developed a display, a folder and an information booklet (all of which were displayed and circulated). The Councillors will also have four Ministry of Health communications tools associated with the BC HealthGuide Program (two leaflets, fridge magnets and HealthGuide handbooks).

Other communications tools, including the invitation letter to area pharmacists, event posters, presenters information, advertisements, news releases, overheads, speakers notes and PowerPoint versions of the overheads, were reviewed.

After viewing a “model presentation” by Rosey Brenan, the Councillors were able to ask questions and clarify the presentation materials.

## NEW POLICY DEVELOPMENT

### College Awards Program

The Councillors reviewed a proposal from the Registrar for a new College awards and recognition program to integrate the College's awards with the College's foundational document, the Framework of Professional Practice, and the College's mission, vision and values.

There will be two categories:

- Awards of excellence in practice
- Volunteer honour roll certificates

The awards will recognize individual practice excellence and contribution to the profession, as well as organizations such as pharmacy teams. The awards criteria (details to be developed) will recognize the wide variety of practice settings in which pharmacists provide pharmacy care. The program will be launched in the spring of 2005, with the presentation of awards to occur at the November 2005 annual general meeting. The College's communications program will ensure added prestige by use of the *Bulletin*, the website and media to announce and explain the awards.

The following awards will be available:

- Pharmacist of the Year (working title)
- Award of Excellence in Community Pharmacy Practice
- Award of Excellence in Hospital Pharmacy Practice
- Award of Excellence in Long Term Care Pharmacy Practice
- Volunteer Honour Roll: Gold Certificate
- Volunteer Honour Roll: Silver Certificate
- Volunteer Honour Roll: Bronze Certificate
- Honourary Membership

The Councillors agreed with the Registrars proposal to request that Wyeth Consumer Healthcare transfer to selection of the Bowl of Hygeia Award recipient to other pharmacy organizations (such as the BC Pharmacy Association and/or the BC Branch of the Canadian Society of Hospital Pharmacists) whose mandates are more aligned with the award criteria.

The Certificate of Achievement, currently awarded jointly by the Faculty of Pharmaceutical Sciences Division of Continuing Pharmacy Professional Development (CPPD), will be transferred to the CPPD to present independently.

## **MONITORING ACTIVITIES**

### **Registrar's Executive Report**

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

#### ***Stakeholder Relations***

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

#### ***Practice standards: General***

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

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

Activities and events relating to practice standards: professional development and assessment program were provided and discussed for the information of the Councillors.

#### ***Professionalism***

Various activities relating to the promotion of professionalism were reported.

#### ***Pharmacist Empowerment and Autonomy***

Various activities relating to the promotion of pharmacist empowerment and autonomy were reported.

#### ***Organizational Operation***

The Registrar reported full compliance with all components of the policy statement.

#### ***Involving Pharmacists in Key Initiatives***

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

#### ***Financial Strategy***

Two budget options (A and B) were proposed for the 2005-06 fiscal year. The Registrar highlighted the revenue and expenditure categories, linking them to the Council's desired outcome statements.

*It was moved, seconded and carried.*

Council approves budget Option B (attached as Appendix 1).

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

The Registrar reported her compliance with the requirements of Policy EC-3.

### ***Office Operations: Retention of Records***

The Registrar reported her compliance with the requirements of Policy EC-9a.

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

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

### ***Tobacco-Free Pharmacies***

Events related to the Council's tobacco-free pharmacy initiative were reported.

## **NONPOLICY DECISIONS *(continued)***

### ***Health Professions Act Bylaws***

Dr. Osmond provided an update on the development of bylaws to the *Health Professions Act* (governing individual pharmacists) and the new *Pharmacy Operations and Drug Scheduling Act* (governing pharmacies and drug scheduling).

### **Meeting Assessment**

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

## **ADJOURNMENT**

The meeting was adjourned at 3:45 p.m.

**CPBC**  
**2005-2006 Budget (Option B)**

**2005-2006**

**2004-2005**

**REVENUE**

Registration and license fees	3,179,850	2,914,300
Pharmacy fee (\$1025)		
Pharmacist fee (\$575)		
College Place Joint Venture <i>(includes cash investment)</i>	140,000	60,000
Other revenue	393,450	619,125
<b>TOTAL REVENUE</b>	<b>3,713,300</b>	<b>3,593,425</b>

**EXPENSES**

Council	48,000	51,000
Income replacement (5 one-day meetings and AGM)		
Travel and accommodation		
Committee	17,650	2,155
Income replacement (selective)		
Travel (selective) and light meals		
Other council costs	5,000	22,920
Election scrutineers, graduation banquet, etc		
Other professional activities <i>(Highlights - not all inclusive)</i>	254,325	202,910
Annual general meeting		
BC Pharmacy Conference, CPhA Conference		
NAPRA (\$56 per capita), meetings		
Seminars, workshops and conferences		
Miscellaneous travel and meetings		
Pharmacy services reviews	45,982	70,332
Travel, accommodation, laboratory tests		
PharmaNet	5,880	6,600
Travel, accommodation, legal		
Inquiry/discipline	30,000	74,580
Travel, accommodation, income replacement, legal		
Assessment <i>(Highlights - not all inclusive)</i>	228,810	196,760
Board of Examiners		
Framework of Professional Practice		
Learning and Practice Portfolio		
Knowledge Assessment		
Professional Development and Assessment		



**CPBC**  
**2005-2006 Budget (Option B)**

	<b>2005-2006</b>	<b>2004-2005</b>
Education	297,800	249,600
<i>(Highlights - not all inclusive)</i>		
Scholarships and awards		
Continuing Pharmacy Education grant		
Community Pharmacy Residency Program grant		
Medication Information of BC		
Bulletin		
General and administration	2,779,853	2,716,568
<i>(Highlights - not all inclusive)</i>		
Salaries and benefits		
Legal and audit		
Printing, supplies, postage, delivery		
Equipment rentals and maintenance		
Staff development		
<b>TOTAL EXPENSES</b>	<b>3,713,300</b>	<b>3,593,425</b>
<b>SURPLUS (DEFICIT)</b>	<b>0</b>	<b>0</b>