MINUTES
TELECONFERENCE MEETING OF ACP COUNCIL
February 8, 2007

---

1. Call to Order
The President called the teleconference meeting to order at 7:03 p.m.

2. Roll Call
The Registrar called the roll and declared that a quorum was established.

3. Adoption of Agenda

3.1. Additions to the Agenda – Nil.

MOTION: That the agenda for this teleconference meeting be adopted as circulated.
CARRIED

4. Approval of Standards

4.1. Standards for Pharmacist Practice
The Registrar and Deputy Registrar led council through a review of Draft 2 (Jan. 11, 2007) of the standards, including comments that were received during the extended consultation period. Councillors considered the feedback received and the proposed revisions circulated with the agenda and made the following decisions:

12.8 – *Duty to inform the original prescriber*:
AMA requested that notification be required to occur within 24 hours and that pharmacists notify the original prescriber when renewing a prescription for a patient who is not a regular patient of the pharmacy.

Consensus:
That standard 12.8 – *Duty to inform the original prescriber*, will remain as stated in Draft 2 of the standards

12.10 – *Generic substitution does not require notification to the original prescriber*:

***Consensus*:**
That section 12 be amended to include the following:
Despite standards 12.8 and 12.9, notification to the original prescriber is not required for the:
(a) substitution of a generic drug or blood product for a prescribed drug or blood product, unless the prescriber has directed that there be no substitution on the original prescription; or,
(b) substitution of one dosage form for another dosage form unless the dosage form change requires a change in regimen or dose.

14.5 – *Prescribing only for approved uses of drugs*:

Consensus:
That a pharmacist must not prescribe a drug or blood product unless the intended use is:
(a) an indication approved by Health Canada;
(b) considered a best practice or accepted clinical practice in peer-reviewed literature, or
(c) part of an approved research protocol.

1.21 – *Requirement to be trained in CPR and First Aid:*

MOTION: That council amend standard 1.21 to: "*A pharmacist qualifying for authorization to prescribe under sections 16(3) and (4) of the* Pharmacists Profession Regulation *or authorization to administer drugs by injection, is required to have a current certificate in basic cardiopulmonary resuscitation (CPR) and First Aid*."

CARRIED

12.5 – *Duty to determine whether it is appropriate to adapt a prescription:*
Several comments received indicated that this standard is too restrictive and will prevent pharmacists from doing many of the things they presently do.

Consensus:
That standard 12.7 – *Duty to determine whether it is appropriate to adapt a prescription*, will remain as stated in Draft 2.

15 - *Same pharmacist should not prescribe and dispense*: It was noted that other health professions are not required to notify patients of the benefits the health professional will receive.

***Consensus*:**
That standard 15.2(b) (i) and (ii) will be removed. Concerns about "conflict of interest" will be discussed when our Code of Ethics are reviewed.

13 – *Prescribing in an emergency*:

***Consensus*:** That standards 13.1 to 13.6 will remain as stated in Draft 2.

20 – *Pharmacist's obligations in repackaging drugs or blood products*:
It was noted that pharmacy technicians do not dispense, they repackage drugs and blood products.

MOTION: That standard 20 – *Pharmacists obligations in repackaging drugs or blood products*, be amended as follows:

20.6(a) – *the drug, dosage form, strength, manufacturer and quantity packaged is correct*
(b) – *the label includes the information required in these standards*

20.7 – Change the current 20.7 to 20.8

20.7 – *In meeting the requirements of standard 20.5 and subject to the requirements of standard 20.8, a pharmacy technician under the indirect supervision of a pharmacist may assist the pharmacist in performing a final check of repackaged drugs by verifying that:*

(a) the drug, dosage form strength, manufacturer and quantity packaged is correct
(b) the information on the label is accurate according to the original container, including the drug, dosage form, strength and manufacturer, and
(c) the label includes the information required in these standards

20.9 – *A pharmacist who supervises a technician in performing the duties outlined in standard 20.7 must be on site when the duties are being performed and must ensure that when dispensed directly to a patient, the pharmacist must be satisfied that:*

(a) there is a standard packaging and checking process in place;
(b) the technician is familiar with the packaging and checking processes;
(c) the technician performing the check did not package the drugs that are being checked;
(d) the checking process is audited from time to time to confirm that the system of checks operates to ensure that no errors are made; and
(e) the audit results are documented.

CARRIED

Rationale:
The literature recognizes that pharmacy technicians can be effective in checking the accuracy of prescriptions within well-defined systems that include appropriate training and oversight. The proposed amendments recognize the role of the pharmacy technician in assisting pharmacists fulfill their responsibility to ensure that a final check is completed to confirm the accuracy of repackaged drugs.

11.10 – *Obligation to document prescribing process and decisions*:
Comments included uncertainty respecting whether the Electronic Health Record will be ready for system to system interface 18 months after the standards come into effect.

***Consensus*:** That standard 11.10 will remain as stated in Draft 2.

17.4 – *No injection for a child younger than five years*.

Consensus: That standard 17.4 will remain as stated in Draft 2.

2 – *A pharmacist must consider appropriate information for each patient*:
Numerous requests were received to insert exemptions for hospital pharmacists in several places. It was noted that the exemptions stated in standard 18.7 for pharmacists who work in an institution pharmacy adequately address these requests.
***Consensus*:** That standard 2 will remain as stated in Draft 2.

12.4 – *Duty to confirm accuracy, completeness and appropriateness*:

***Consensus*:** That standard 12.4(a) be amended as follows:
"*(a) notify a pharmacist at the pharmacy that dispensed the original prescription;*"

12.5 – *Duty to determine whether it is appropriate to adapt a prescription*:

Consensus:
That standard 12.5 be amended as follows:
"*(c) consider appropriate information as described in standard 2;*
(d) be satisfied that the adaptation can be reasonably expected not to cause a drug-related problem;
(f)(i) approved by Health Canada or an approved use of the drug or blood product;

MOTION: That council approves the Standards for Pharmacist Practice *based on Draft 2 (January 11, 2007) subject to:*

- inclusion of the recommendations included in the briefing document circulated with this agenda; and,
- inclusion of the consensus reflected in these minutes.

CARRIED

4.2. Standards of Operation for Pharmacies

The Registrar and Deputy Registrar facilitated discussion about feedback and proposed revisions to Draft 2 (January 11, 2007), of the *Standards for Operating Licensed Pharmacies*. Council members considered the feedback received and made the following decisions:

59 – *Restriction on return for reuse*:

***Consensus*:** That council supports standard 59 as stated in Draft 2 with the inclusion of "tamper-resistant packaging".

82 – *Role of compounding and repackaging pharmacies*: Council discussed the guidelines established by the United States Pharmacopeia (USP).

***Consensus*:** That standard 82 will remain as stated in Draft 2.

84 – *Notice to patient required (of the compounding or repackaging pharmacy)*: Council noted that standard 86 – *Unique identifier required*, sufficiently covers the intention of standard 84 in Draft 2.

Consensus: That standard 84 of Draft 2 be removed.

MOTION: That council approves the *Standards for Operating Licensed Pharmacies*, based on the January 11 draft, subject to:

- Inclusion of the recommendations provided in the briefing document circulated with this agenda; and,
- The consensus reached respecting standards 59, 82, and 84 as outlined above.

CARRIED

5. Allocation of Resources for Spring Media Event

The Register advised council that the results of the public survey would be shared in March 2007. He noted that there is a common need for clarification of "pharmacists prescribing" with the public. Several strategies have been planned to accomplish this, including large newspaper articles and a press conference. An additional "unbudgeted" expenditure of $50,000 is required to cover newspaper advertisements, if they are used.

MOTION: That council approves $50,000 in addition to budgeted expenses to cover the cost of newspaper advertisements should the registrar determine that these are important to assist us in educating the public about our new legislation.

CARRIED

6. Consent Agenda

6.1. Wyeth-Robins Bowl of Hygeia

Three nominations were considered for the Wyeth Consumer Healthcare Bowl of Hygeia. The awards committee recommended that this be awarded to Joe Gustafson.

MOTION: That council approves the consent agenda as circulated with the agenda.
CARRIED

7. Closing Remarks

7.1. Next Meeting Date

Council will hold a teleconference in early March to consider registration forms relevant to the HPA and PDA that require approval by council.

7.2. Adjournment

This teleconference meeting of council adjourned at 9:15 p.m.

MOTION: That this teleconference meeting of council be adjourned.