

# Meeting of the Council

September 19, 2003

**Present:**

President and District 4 Councillor Erica Gregory, District 1 Councillor Wayne Rubner, District 2 Councillor Amin Bardai, District 3 Councillor Caren Heughan, District 5 Councillor Janice Reynolds, District 7 Councillor Carol Gee, and Government Appointees Gurmeet Gill, Jo Ann Groves, Marina Ma and Peter Rubin.

**Absent (with notice):**

District 6 Councillor John Hope and Faculty of Pharmaceutical Sciences Dean Robert Sindelar.

**Staff (at various times):**

Registrar Linda Lytle, Deputy Registrar Brenda Osmond and, Quality Outcomes Specialists Margaret McLean and Ashifa Keshavji, Administrative Assistant Samantha Lam.

**Guests (at various times):**

Janice Moshenko, Director, Continuing Pharmacy Education; Marnie Mitchell, CEO, BCPhA; and Paul Harris, Bristol-Myers Squibb representative.

**CALL TO ORDER**

President Gregory called the meeting to order at 9:15 a.m.

She stated the College mission statement:

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

and her personal mission statement:

*To positively support the pharmacists of BC in achieving safe and effective pharmacy practice outcomes for the people of British Columbia.*

Marnie Mitchell was welcomed to the Council meeting.

The President reviewed the four communication quadrants, which were introduced at the April 2002 workshop: work/career, relationships, community and personal. Each Councillor was asked to update the group, providing brief information pertaining to each of the four quadrants.

## **AGENDA AND TIMETABLE**

The following items were added to the agenda

- 7.04 E-mail Spam
- 9.02 Fee Schedule

## **MINUTES OF PREVIOUS MEETING**

The minutes of the June 20, 2003 Council meeting and July 7, 2003 Council teleconference meeting were approved by consensus.

## **OUTCOME DEVELOPMENT ISSUES**

### **Electronic Banking Resolution**

The Registrar provided information on her decision not to proceed with the proposed electronic banking resolution.

### **Revised Mission and Desired Outcomes Statements**

Registrar Lytle advised the Councillors that ratification of the consensus agreements made during the Council's planning session on June 20, 2003, is needed to formalize the new Mission and Desired Outcomes statements.

Councillors agreed by consensus to approve the amended Mission statement and Desired Outcomes statements.

### **Product Endorsements and Testimonials by Pharmacists**

The Ethics Advisory Committee reviewed a situation involving pharmacist product endorsements and testimonials. At its May meeting, Council reviewed the committee's proposed policy statement on the topic, and at its June meeting, Council reviewed the College of Physicians and Surgeons of BC's policy references to product endorsements and testimonials by physicians. The Ethics Advisory Committee considered the CPSBC's policy approach, and an amended policy was proposed for Council's consideration.

Council decided not to take any further action and agreed that the original guidance statement proposed by the Ethics Advisory Committee was sufficient direction for pharmacists.

## **NEW POLICY DEVELOPMENT**

### **Medical Marijuana**

Registrar Lytle presented Council with an update and pharmacist and stakeholder responses to the medical marijuana Policy Input document that was sent to stakeholders in early August. Three hundred forty-one responses were received, of which 81% strongly or somewhat agreed with the proposed policy wording. The Councillors reviewed a summary of the comments (191) from all responders, and the Registrar conveyed several verbal comments that had been provided to her by pharmacists.

*It was moved, seconded and carried.*

Council approves the medical marijuana policy (attached as Appendix 1).

## **Medication Packaging for Facilities**

Council reviewed a proposed new policy for medication packaging for facilities with the understanding that there are now systems for the distribution of medications within a care facility or care home other than the traditional “monitored dose” form that has been the requirement in B.C. until now. The policy was developed by a working group representing facility service providers from various settings. The Long-term Care Committee and Hospital Pharmacy Committee members also contributed to the development of the proposed policy.

*It was moved, seconded and carried.*

Council approves the proposed Medication Packaging for Facilities policy (attached as Appendix 2).

## **Drug Interchangeability Decisions**

Health Canada is responsible for the approval for sale of prescription and nonprescription drugs in Canada. This approval can be in the form of a Notice of Compliance (NOC) or a Drug Identification Number (DIN). When a generic drug receives a NOC, usually based on a brand name Canadian Reference Product (CRP), it is given a Declaration of Equivalence (DOE).

In the past, each individual provincial jurisdiction defined the criteria for drug interchangeability and determined whether brand and generic drug products were interchangeable (substitutable without consultation with the prescriber). This was accomplished by re-reviewing drug submissions (using Health Canada guidelines) or by accepting Health Canada’s DOE.

In BC, the Drug Advisory Committee accepts Health Canada’s DOE for Guideline A and Report C drugs, and it re-reviews drug submissions for Guideline B drugs (sustained-release products). Ontario, New Brunswick and Prince Edward Island are fully harmonized for all drug classes.

The Drug Advisory Committee’s long-term goal has always been to be able to accept Health Canada’s DOE as evidence of interchangeability for all drugs. In the past, however, lack of transparency of Health Canada’s review process and difficulty in obtaining clarification from Health Canada have been viewed as barriers to accepting the DOE.

The College has been working cooperatively with other provinces as members of the Bioequivalence, Interchangeability and Generics (BIG) Task Group, which was formed under the direction of the Federal/Provincial/Territorial Pharmaceutical Issues Committee (FPT PIC). The task group was formed to identify and resolve barriers to facilitate the development of a harmonized national approach to drug interchangeability.

Currently, there is a considerable amount of duplication (and, therefore, waste of resources) in the review of drug interchangeability among the provinces. Provincial Health Ministers have prioritized the goal of streamlining of generic drug approval and interchangeability designations.

The current review process by the provinces duplicates each other’s and Health Canada’s work. In addition to wasting resources, the process can also be very lengthy, especially when clarification is required from the manufacturers or Health Canada.

The aim of the BIG Task Group was to resolve issues that were barriers to accepting Health Canada’s declaration of bioequivalence as evidence for interchangeability. The provinces met with Health Canada in March 2003 in order to discuss specific issues and questions about bioequivalency that have arisen from drug reviews. Health Canada representatives discussed and helped resolve the provinces’ bioequivalency issues.

The BIG Task Group has now been dissolved, and the onus is on individual provinces to work towards harmonization. With the exception of sustained-release drugs, BC is essentially harmonized with Health Canada. The provinces plan to continue to collaborate on an informal basis on current drug reviews as they work towards full harmonization with Health Canada.

Based all the above factors, it is unnecessary for the College to continue to re-review drug submissions. We can be confident in simply accepting Health Canada's DOE for all drug classes. The outcomes will be the same, and we will be in line with the national effort to harmonize.

The College is coordinating with Pharmacare so that pharmacists will have a simplified way to determine the benefit and interchangeability status of drugs. In addition, we can continue to be a resource on this issue through our OnCall pharmacist information line.

*It was moved, seconded and carried.*

Council approves the following proposed Drug Interchangeability policy:

Drug product interchangeability decisions are determined by Health Canada's Notice of Compliance for a generic drug, based on the brand name Canadian reference product.

## **MONITORING ACTIVITIES**

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

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

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

The Registrar provided an update on the activities of the Professional Development and Assessment Program, noting that the August 15 registration deadline for the first cycle was extended due to problems with the program's dedicated fax line during the two weeks preceding the deadline. Final reminder letters were sent to approximately 200 pharmacists who missed the deadline by more than two weeks, and further individual follow-up will be done until all selected pharmacists have filed their registration forms. Approximately two-thirds of those selected for Cycle 1 have selected the Knowledge Assessment option, with approximately one-third choosing the Learning and Practice Portfolio and three per cent selecting the Affidavit Register option. College staff have responded to approximately 1100 telephone calls and e-mails since the beginning of July to provide information, clarification and guidance.

#### ***Professionalism (extension)***

Further to the Desired Outcomes statement: "Pharmacists create, support and maintain a sense of personal, professional responsibility for the practice of pharmacy, pharmacist registration, and other professional issues," registrants, as well as non-registrants, may be acknowledged by the following means:

### ***Fifty-Year Practice Award***

In accordance with the direction of Council to present the Fifty Year Practice Award to all individuals who have been registered as pharmacists in British Columbia for 45 years or more, the following 19 individuals have been advised of their eligibility:

Donald K. Cameron	Alvin J.I. Ragosin
William E. Commons	Leslie G. Ramsey
William A. Creighton	Clifford A. Rock
Douglas H. Fraser	Eric W. K. Seto
Abraham Klassen	Harold E. Stathers
Gerald D. Morris	Hendry M. Sutherland
Blake E. Morrow	Norman S. Thomas
Carl A. Knutson	Jack W. S. Wong
Doreen M. Knutson	Gordon M. Wrightman
Lloyd H. Nordlund	

Council requested that the Registrar include an article in the *Bulletin* informing pharmacists of the availability of this award to pharmacists currently on the Nonpractising Register, provided that they were registered as practising pharmacists for 45 years.

### ***Past-President's Plaque (Bristol-Myers Squibb)***

Bristol-Myers Squibb representative Paul Harris addressed Council on its decision to discontinue the presentation of the Bristol-Myers Squibb Past-President's plaque, effective January 2004.

Council decided to bring this item forward at the November 2003 meeting.

### ***Organizational Operation***

The Registrar reported her compliance with the requirements of Policy DO-10.

### ***Financial Strategy***

Two budget options (Version 1 and 2) were proposed for the 2004 – 05 fiscal year. The Registrar highlighted the revenue and expenditure categories, linking them to the Council's desired outcomes statements.

*It was moved, seconded and carried.*

Council approved budget Version 1 (attached as Appendix 3).

Council requested that Registrar Lytle proceed with a discussion with the Dean of the Faculty of Pharmaceutical Sciences regarding arrangements with respect to the College's future funding for Continuing Pharmacy Education beyond 2005.

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

A six-month financial report to the end of August was distributed for Council's review

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

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

### ***Delegation of approval of collaborative agreements***

The Registrar reported her compliance with the requirements of Policy EC-14.

### ***Committees***

*It was moved, seconded and carried.*

Council approves the proposed committee appointments and reappointments (attached as Appendix 4).

### ***Sale of Tobacco Products by Pharmacies***

Activities and events relating to sale of tobacco products by pharmacies were provided to demonstrate compliance with the policy.

### ***Provincial Privacy Legislation***

The Registrar updated Council on the new provincial privacy legislation scheduled to be approved by the Legislature in the fall and implemented on January 1, 2004. It is anticipated that it will be determined to be equivalent to the federal Personal Information Protection and Electronic Documents Act (PIPEDA). The provincial legislation, Personal Information and Privacy Act (PIPA), specifically provides for implied consent and flexibility in the transfer of health information. While it may be desirable to obtain written consent from pharmacy patients for the transfer of health information, it will not be required by the provincial legislation.

However, in order to use patients' personal information for other purposes (such as corporate loyalty programs, clinic day invitations, compliance programs, new product notifications, and similar activities not required for direct patient care) pharmacists will need to obtain patients' informed written or verbal consent. Should a dispute arise, written consent will provide documented evidence of a patient's understanding and acceptance of the proposed use of their personal information for these purposes.

The provincial government is providing access to training and implementation tools on its website, including a telephone hotline, training sessions on demand, general training sessions in locations around the province, checklists, assessment tools and FAQs. The Registrar indicated that pharmacists would be referred to these resources, rather than having College staff attempting to interpret the government's new legislation.

The Councillors indicated their support for the approach being taken by the Registrar.

### ***Release of Prescription Information***

The Registrar informed Council that the Release of Prescription Information policy needed to be updated due to outdated bylaw reference numbers.

Council agreed by consensus to amend PPP-2 (attached as Appendix 5).

## Council Monitoring Reports

Councillor Wayne Rubner, responding to input from a pharmacist, suggested that the Pharmacy Database Uses policy be considered for modification.

Council agreed by consensus to table this topic until January 2004.

## NONPOLICY DECISIONS

### President-Elect Procedures

Further to discussions during the June Council planning session, proposals to amend the Rules have been developed for Council's consideration. The proposed changes will formalize the nomination and election procedures for the position of president-elect each year.

*It was moved, seconded and carried.*

Council approves the amendments to the Rules (attached as Appendix 6).

### Forensic Assessment Fee

The Registrar advised that the wording of a June 2003 Council resolution needed to be revised to define the administration centres using currently defined electoral districts. During the course of the discussion, the Councillors decided to approve an increased uniform Forensic Assessment fee that would provide for cost recovery regardless of the administration centre site.

*It was moved, seconded and carried.*

Council approves the following amendments to the bylaws of the Council of the College of Pharmacists of British Columbia:

Fee Schedule

Delete:

Forensic assessment	\$ 80
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Add:

Forensic assessment	\$175
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## Specialist Designation

Registrar Lytle advised that in preparation for the implementation of the College's Advanced Practitioner Credentialing Program, Bylaw 5(34)(4) needs to be amended to permit the use of the term "specialist" by a pharmacist who meets the requirements of the new credentialing program. Since additional information was required in order to make a decision on the precise wording of the resolution, Council agreed by consensus to defer this topic to a future meeting.

## E-Mail Spam

In response to a consumer's concern, the Ethics Advisory Committee discussed the topic of e-mail spamming by pharmacists as an advertising method. The committee decided that this issue is beyond the College's area of responsibility and authority (similar to the distribution of printed advertising flyers), and that there are other avenues for complainants to pursue.

## CONSENT ITEMS

### Drug Schedules Regulation Amendments

*It was moved, seconded and carried.*

Council approves the following drug schedule amendments in order to harmonize the BC Drug Schedules Regulation with the national schedules:

Add:

- 3 Acetaminophen (in sustained-release formulations containing greater than 650 mg per unit or in package sizes greater than 50 units)
- 1 Alteplase and its salts and derivatives
- 1 Anakinra and its salts and derivatives
- 1 Atipamezole and its salts
- 1 Bimatoprost and its derivatives
- 1 Carprofen and its salts and derivatives
- 1 Ganirelix and its salts and derivatives
- 1 Glimepiride
- 1 Medetomidine and its salts
- 1 Moxidectin and its derivatives
- 1 Nicotine and its salts, for human use, except
  - (a) in natural substances
  - (b) in the form of a chewing gum containing 4 mg or less of nicotine per dosage unit
  - (c) in the form of a transdermal patch with a delivery rate of 22 mg or less of nicotine per day
  - (d) in a form to be administered orally by means of an inhalation device delivery 4 mg or less of nicotine per dosage unit
- 1 Orbifloxacin and its salts and derivatives
- 1 Palivizumab
- 1 Romifidine and its salts
- 1 Tegaserod and its salts
- 1 Thyrotropin alfa

- 1 Tiotropium bromide
- 1 Tolfenamic acid and its salts and derivatives
- 1 Unoprostone and its salts and derivatives
- 1 Valdecoxib and its salts
- 1 Valganciclovir and its salts and derivatives

Delete:

- 3 Acetaminophen (in sustained-release formulations containing greater than 650 mg per unit and in package sizes greater than 50 units)

### **Fee Schedule**

Registrar Lytle informed Council that the Fee Schedule needed to be amended to reflect the fact that the RxC.A.R.E. Program Level 3 comprehensive assessment does not exist anymore.

*Moved, seconded and carried.*

Council approves the deletion of the RxCARE Program Level 3 entry from the assessment fee section of the Fee Schedule.

Council also approved the increase of pharmacy license fees to \$950, effective March 1, 2004, as proposed in the previously approved budget for the 2004-05 fiscal year.

*Moved, seconded and carried.*

Council approves the adjustment of the following fees from \$925 to \$950:

- Community pharmacy (for a term of one year or for renewal of licensure for a term of one year)
- Hospital pharmacy (for a term of one year or for renewal of licensure for a term of one year)
- Hospital pharmacy satellite (for a term of one year or for renewal of licensure for a term of one year)

### **ADJOURNMENT**

The meeting was adjourned at 3:20 p.m.

- The College of Pharmacists of British Columbia considers medical marijuana to be the herbal form of the cannabinoid class of drugs
- Pharmacists currently dispense cannabinoids as the prescription synthetics, nabilone and dronabinol
- Dronabinol is THC, which is also the primary active constituent of medical marijuana
- Patients have the right to use either a synthetic or herbal source of THC and other cannabinoids for legitimate uses
- The College discourages the smoked route and encourages research that includes alternative delivery systems
- The College supports patient access to standardized medical marijuana through pharmacies, preferably at the same level of control as the synthetic cannabinoids

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First approved: 19 Sep 03  
Revised:  
Reaffirmed:

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PPP-51

## **Packaging**

“Monitored dose system” (as it applies to Bylaw 7) means a system of drug distribution in which prescriptions are dispensed for an individual patient and blister-packaged in accordance with scheduled administration times.

“Blister packaging” is interpreted as packaging that protects a dose or doses from contamination until a designated medication time.

- Packaging must be in compliance with applicable regulations and standards of practice.
- Packaging shall be selected to preserve the integrity, cleanliness and potency of the products.
- The form of packaging chosen shall be consistent throughout the facility or home for each type of order, except where the form of the medication does not permit such packaging.
- The packaging for all routinely administered solid oral medications must be consistent throughout the facility or home.
- The packaging for “prn” solid oral dose medications must be consistent throughout the facility or home, although the type of monitored dose packaging used may be different from that used for the routinely administered medications.
- The packaging for contingency supply solid oral dose medications must be consistent throughout the facility or home, although the type of monitored dose system may be different from the other types in use at the facility.
- In multi-drug packaging supplied for more than one day at a time, medications that may be subject to change or to being withheld or which may need to be immediately stopped must be separately packaged.
- Solid oral dose medications must be dispensed in the ready-to-administer form (eg. half-tablet doses must be packaged as half tablets).

## **Labelling**

- Each blister card or each pouch or packet of single or multi-medication packaging must be clearly labelled for each drug in accordance with Bylaw 7(60)(2).
- Packages that include more than one drug must be labelled with the physical description of each drug.
- In multi-drug packaging, medications requiring auxiliary labelling (such as “do not crush”) must be packaged separately. The labelling must include and emphasize any auxiliary information.
- Directions must be included in full, without Latin or other abbreviations.

*continued...*

### **Dispensing**

- All prescriptions must be dispensed in a monitored dose system.
- All prescriptions must comply with the labelling policies and regulations of the College.
- There shall be a policy and procedure manual in the pharmacy, outlining the components of the system and how the system is used.
- There shall be a written contingency plan to be used during system interruptions.

### **Checking and accountability**

- Any system must provide a complete audit trail of each phase of the dispensing.
- There must be a procedure for documenting pharmacist accountability for each phase of the dispensing process.
- There must be a process of random monitoring for validation of the system for accuracy.

### **Facilitating the safe administration of medications in the facility or home.**

- The system must permit the facility staff to confirm the completeness of medication orders on arrival at the facility, either by checking the medication packaging or by checking a “shipping list.”
- There must be a system whereby reminders of non-blistered medications that are to be administered for a medication time are inserted in the appropriate location with the resident’s other medications for that medication time.

### **Discontinued and returned medications**

- Medications that have been discontinued or have had changes made in directions must not be removed from multi-drug packets, blisters or pouches by facility staff.
  - A written policy may be established to allow, in an urgent situation, for withholding a medication in a multi-drug packet until such time as the pharmacy can redispense the medications. Such deviations from the requirement are to be documented in an incident report, and the withheld medication is to be returned to the pharmacy for disposal.
- No medication can be reissued by the pharmacy or returned to stock unless it has been individually packaged.

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First approved: 19 Sep 03  
Revised:  
Reaffirmed:

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PPP-52

College of Pharmacists of B.C.  
2004 – 2005 Budget

**Revenue**

Registration and license fees	\$2,914,300
College Place Joint Venture	60,000
Other revenue	619,125

**TOTAL REVENUES** **\$3,593,425**

**Expenditures**

Council	\$51,000
Committees	2,155
Other Council costs	22,920
Other professional activities	202,910
Pharmacy services reviews	70,332
PharmaNet	6,600
Inquiry/discipline	74,580
Assessments	196,760
Education	249,600
College Place Joint Venture	-
General administration	2,716,568
Reserve fund	-

Total Operating Costs	\$3,593,425
Capital expenditures	-

**TOTAL EXPENDITURE** **\$3,593,425**

**SURPLUS (DEFICIT)** **\$0**

## **Council Committee Appointments**

**Advanced Practitioner Credentialing Committee:** Reg Smith, Chair

**Audit Committee:** Wayne Rubner, Chair  
Amin Bardai, Peter Rubin

**Board of Examiners:** Maria Finamore, Chair  
Caroline Chin, Peter Cook, Erica Gregory, Melissa Haynes, Lorna Kroll, Kathy McInnes, Bruce Millin, Maria Ton, Marguerite Yee.

**Bowl of Hygeia Award Selection Committee:** Heather Baxter, Chair

**Community Practice Advisory Committee:** Mohamed Dewji, Chair

**Discipline Committee:** Erica Gregory, Chair  
Grace Barrington-Foote, Bryan Bird, Pat Bloudoff, Wayne Chen, Peter Cook, Jody Croft, Bob Evans, Maria Finamore, Gurmeet Gill, Jo Ann Groves, Lorna Kroll, Peter Levis, Christine Liotta, Marina Ma, Henry Mah, Lorrie Mann, Gillian Mayo, Ken McLay, Lynn Pollock, Peter Rubin, Barbara Stipp.

**Ethics Advisory Committee:** Carol Gee, Chair

**Executive Committee:** Wayne Rubner, Chair  
Carol Gee and Jo Ann Groves

**Hospital Pharmacy Committee:** Dianne Kpty, Chair

**Inquiry Committee:** Allen Jang, Chair  
Amin Bardai, Linda Bryan, George Budd, Gordon Eddy, Janice Munroe, Betty Nielson, Barbara Thompson.

**Long-term Care Committee:** Carol Hansen, Chair

**PharmaNet Committee:** Derek Daws (until 1 June 2004), Ken Foreman (until 1 June 2006), Melva Peters (until 1 June 2004), Stephen Shalansky (until 1 June 2006), Peter Rubin (until 1 June 2004)

**Resolutions Committee:** Marina Ma, Chair

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First approved: 13 Jun 98  
Revised: 29 Jan 99/ 18 Jun 99/ 29 Sep 99/ 26 Nov 99/  
16 Jun 00 / 11 Oct 00 / 22 Jun 01 / 14 Sept 01  
14 Jun 02 / 20 Sep 02 / 22 Nov 02 / 31 Jan 03  
20 Jun 03 / 19 Sep 03  
Reaffirmed: 16 Jun 00

Monitoring frequency: Meeting 4 (Annually)  
Monitoring method: Direct Inspection  
Responsibility of: Council

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CG-3a

### External Committee Appointments

BC Pharmacists Benevolent Society	Linda Lytle, Wayne Rubner
Canadian Council on Continuing Education in Pharmacy	Janice Moshenko
Canadian Society of Hospital Pharmacists / BC Branch	John Hope
College Place Joint Venture Committee	Susan Lo, Amin Bardai
Faculty of Pharmaceutical Sciences Curriculum Committee	Linda Lytle
Health Information Access Advisory Committee	Melva Peters
Health Information Standards Council	Melva Peters
Health Regulatory Organizations of BC	Linda Lytle
National Association of Pharmacy Regulatory Authorities Board of Directors	Shawn Sandhu Linda Lytle
Council of Pharmacy Registrars of Canada	Brenda Osmond
National Advisory Committee on Licensing	Doreen Leong
Continuing Competency Steering Committee	
Pharmacare Change Management Advisory Committee	Linda Lytle
Pharmacoeconomic Initiative Scientific Committee	Peter Jewesson
Pharmacy Examining Board of Canada	Kathy McInnes
Primary Health Care Steering Committee	Marshall Moleschi
Registered Nurses Association of BC – Education Approval Committee	Erica Gregory
Therapeutics Initiative Scientific Information and Education Committee	Dr. Peter Zed
Therapeutics Initiative Advisory Committee	Linda Lytle
Vancouver Coastal Health Addiction Treatment and Harm Reduction Task Team	Elizabeth Winter

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First approved: 14 Jun 97

Revised: 05 Dec 98/ 18 Jun 99/ 29 Sep 99/ 26 Nov 99/  
16 Jun 00 / 11 Oct 00 / 01 Dec 00 / 27 Apr 01  
14 Sep 01 / 14 Jun 02 / 20 Sep 02 / 2 May 03  
20 Jun 03 / 19 Sep 03

Reaffirmed: 16 Jun 00

Monitoring frequency: Meeting 4 (Annually)  
Monitoring method: Direct Inspection  
Responsibility of: Council

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CG-3b

Council, in consultation with the College's legal counsel, has developed the following guidelines for pharmacists, with regard to subsection (34) & (35) of Bylaw (5), in relation to the sale of prescription data to data collection companies.

- ? Pharmacy managers may authorize the disclosure, provision or sale of data obtained from a prescription, provided that it is impossible to identify the patient or the prescriber by any means.
- ? The pharmacy manager and the pharmacy operator must have knowledge of and assess any agreements negotiated by pharmacy owners or software vendors to disclose prescription information to a third party. Each pharmacy manager must decide whether it is appropriate to release data according to the circumstances which exist in the individual pharmacy before any prescription information is disclosed, provided or sold.

Further to the first point, neither patient names, patient identification numbers, prescriber names or prescriber identification numbers can be released. Pharmacists should exercise caution in circumstances involving rural practice settings with few prescribers, or any practice setting involving specialist prescribers dealing with an easily identifiable patient group.

Further to the second point, systems will need to be established to ensure that succeeding pharmacy managers are given the opportunity to review and approve existing agreements.

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First approved: 13 Jun 97  
Revised: 20 Jun 03 / 19 Sep 03  
Reaffirmed:

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PPP-2

- 4.14 The Council or the resolutions committee shall be entitled to clarify or improve the wording of a resolution without changing its intent, or combine resolutions dealing with related subjects, or request that the proponents amend their resolution, or advise the proponents that their resolution is out of order and would therefore not be considered.
- 4.15 By a two-thirds (2/3) vote, the voting members at an annual general meeting may agree to consider emergency resolutions which did not undergo the process outlined in 4.11 to 4.14.

#### Voting Assembly and Rights

- 4.16 As per Rule 2.4, voting members shall be entitled to attend, speak, make motions and vote in general meetings.
- 4.17 As per Rule 2.5, non-voting members shall be entitled to attend and speak in general meetings, but shall not be entitled to make motions or vote.
- 4.18 On each debatable motion, each member shall be entitled to speak up to two (2) times, each time no longer than three (3) minutes, except when granted permission by the voting members to speak more often or longer.
- 4.19 The presiding officer, or twenty five (25) or more voting members, may order that a vote be taken by secret ballot.
- 4.20 Voting by proxy shall not be permitted.

#### Vote by mail ballot

- 4.21 The Council by a majority vote, or the voting members at a general meeting by a two-thirds (2/3) vote, may order that the vote on a resolution be taken by mail ballot, and the Council shall be authorized to establish the procedures for such mail ballot.

#### Quorum

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

### **PART 5 - OFFICERS**

- 5.1 The officers of the College shall be from among the members of the Council and shall include the President and the President-elect.
- 5.2 No person may hold more than one officer position at the same time.
- \* 5.3 The President-elect shall be elected by the Council at its first meeting after the annual election of Councillors, to serve for a period of no less than four months or until replaced by the Council.
- 5.4 A person serving as President-elect shall, upon the completion of his or her term of office as President-elect, assume the office of President for a term of one year or until replaced by the Council.
- 5.5 The officers shall perform such duties as are stipulated in the Act, the Bylaws, these Rules and the Parliamentary Authority, and as further directed by the Council.
- 5.6 In the event that the President is unable or unavailable to perform the President's duties, the President-elect shall assume such duties.
- 5.7 An officer shall cease to hold office:
- a) Upon ceasing to be a Councillor, under Rule 8.17; or
  - b) Upon submitting a written resignation from the officer's position to the College office; or

## Ceasing to hold Office as a Councillor

- 8.17 A Councillor shall cease to hold office as a Councillor and - if also an officer - shall cease to be an officer, upon:
- a) Ceasing to be qualified to serve as a Councillor under Rule 8.3; or
  - b) Submitting a written resignation from the Councillor's position to the College office; or
  - c) Being removed from the Councillor's position by the Council by a two-thirds (2/3) vote, provided that notice of the proposal to remove such Councillor has been included with the notice of the Council meeting; or
  - d) Being absent from three (3) or more consecutive Council meetings for reasons which the Council finds unacceptable.

## Vacancies

- 8.18 In the event of a vacancy in a Councillor position, the Council may appoint a person qualified under Rule 8.3 to fill such vacancy, and such appointment shall be effective until the next annual general meeting, at which time the remainder of the term - if any - shall be filled by the members of the respective District, in a manner similar to other nominations and elections under these Rules.

## \* Election of President

- 8.19 When the results of annual election of Councillors (Rule 8.8 through 8.16) are complete, the current President shall initiate the process of electing a President for a one-year term commencing and ending upon the adjournment of the respective annual general meeting. The election of President shall follow the following process:
- b) Call for nominations on or before the June Council meeting.
  - c) Presentation of nominees on or before the June Council meeting.
  - d) If there are two or more nominees for President, the vote shall be by conducted by secret ballot.
  - e) Election day must be set within 14 days following the June Council meeting.
  - f) Ballots are due by the close of business on the day of the election.
  - g) In the event of a postal disruption, the process shall follow the terms outlined in Rule 8.16.
  - h) The nominee with the largest number of votes shall be deemed the President-elect.
  - i) In the event of a tie, there should be one re-vote and if there is no change in the votes then the tie shall be resolved by drawing lots.

## \* Duties of the President-elect

- 8.20 The Council President-elect shall uphold the duties outlined in Rule 6.4. In addition, the President-elect shall prepare for the duties of President including, but not limited to:
- a) Familiarity with Policy Governance
  - b) Familiarity with procedures in meetings of Council
  - c) Council meeting agenda preparation
  - d) Media relations training
  - e) Familiarity with Robert's Rules of Order Newly Revised

## **PART 9 - COUNCIL MEETINGS**

- 9.1 Council meetings shall be open to the members and to the general public, except for Council meetings which are held "in-camera."

### Regular Meetings of the Council

- 9.2 There shall be at least four (4) regular meetings of the Council in each fiscal year. The schedule of the regular meetings of the Council shall be as approved by the Council once a year, and - once established - such schedule may be changed by the Council or the President, provided that all Councillors have been advised of such changes.

### Special Meetings of the Council

- 9.3 Special meetings of the Council may be called by the President, and shall be called if a written request for such a meeting, signed by three (3) or more Councillors, is received at the College office.