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It's Official... College Now Under HPA

Michael MacDougall, college board chair (pictured below with Justice Burnyeat), was the first to take the oath of office as the college transitioned to the *Health Professions Act (HPA)*.



The College of Pharmacists of BC has now joined the vast majority of health professions to be governed under the *Health Professions Act (HPA)*. Prior to the April 1, 2009 effective date, the college, who is responsible for both the registration of pharmacists and the licensing of pharmacies throughout BC, operated under the *Pharmacists, Pharmacy Operations and Drug Scheduling (PPODS) Act*. As a result of the transition, the college is now governed under two separate acts – the *HPA* for 'pharmacists' and the *Pharmacy Operations and Drug Scheduling Act (PODSA)* for 'pharmacies and drugs'.

As explained in their April 1st, 2009 press release, Health Services Minister George Abbott comments, "Previously, many health professions were governed by individual pieces of legislation, and BC has worked hard over the past several years to streamline our regulatory process to ensure more consistency and transparency in the health professions in order to best protect patients".

Although the transition to the *HPA* and *PODSA* bring a number of changes to the operation of the college, for the most part these changes do not directly affect day-to-day pharmacy practice. Over the next several months the college will be communicating the relevance of this transition through a series of communications including: articles in this issue of *ReadLinks*, updates to the college website, e-blasts (emails) to registrants and independent mailings such as registrants' annual registration renewal notices.

The college has also set up a dedicated email address hpa@bcpharmacists.org should you have specific questions or concerns. Stay tuned.

A Big Picture Perspective

The Health Professions Act will “ensure more consistency and transparency in the health professions in order to best protect patients.” George Abbott, Health Services Minister



Marshall Moleschi,
Registrar

Much of this issue of *ReadLinks* is dedicated to the transition to the *Health Profession's Act (HPA)*. Many of the articles cover the details of the transition, but from the “big picture perspective”, what does it really mean for pharmacists to be regulated under the *Health Professions Act*? What difference will it make for the public, for the pharmacist and for the profession?

The Public: Once the College of Physicians and Surgeons transitions to the *HPA* in June - all health professionals will come under the *Health Professions Act*. This means that when the

public interacts with our college (a website look up, an inquiry, a complaint, etc.) they will experience similar processes to all the other health professions. The nurses, physicians, dentists and pharmacists were among the last to come under the *HPA* because they all had pre-existing legislation, albeit decades old, governing their professions. The *HPA* brings these professions under modern legislation and addresses today's concerns that British Columbia citizens have regarding openness, transparency, timeliness, accountability and accessibility to information.

The Pharmacist: Most pharmacists will not be significantly affected by the transition as the majority of processes stay the same. However, some processes that reflect modern standards are explicit in the *HPA* such as:

- All pharmacists must have liability insurance;
- All pharmacists must have a criminal records check upon initial registration and every 5 years thereafter;
- The duty to report unsafe practice is much clearer;
- Some forms are different to reflect the requirements of the *HPA*;
- Many of the committee structures have changed;
- Those pharmacists who experience complaints, inquiry or

discipline will find the process a little different, but also consistent with other professionals; and

- Information about the pharmacist's place of work and discipline history must be made available when an inquiry is made.

Overall, though, there will be little effect on day-to-day practice.

The Profession: The *HPA* positions the profession well for the future. While there is not an immediate change for the profession, the potential for the profession to change to meet the needs of the public is embedded in the legislation.

In fact, as we think about a patient-centered model for healthcare there are many opportunities that could now be available with all regulated professions under a common framework. Government has been clear that they are committed to providing the public with greater access to qualified healthcare and are now in a better position to identify opportunities to empower the most appropriate and accessible healthcare professional to serve the needs of the public.

There is also the ability with the *HPA* to schedule non-prescription drugs by reference to national schedules. This would mean that once a change is made at the national level, that change would be able to come into effect in British Columbia immediately, reducing confusion and enabling consistency across Canada. It is likely that scheduling by reference will go into effect this fall.

Change in our profession will require revisions to the *HPA* bylaws, which now will be easier to make. This will keep our act current and modern, reflecting the knowledge, skills and abilities of pharmacists to provide safe and effective pharmacy care to help people achieve better health.

Overall: Most pharmacists will not see an immediate change to their practice due to the transition to the *Health Professions Act*. Most changes that they will see will be clearly communicated in the annual registration renewal process. This is a year of transition, establishing processes and communicating the changes.

The framework for the future of pharmacy is being established and we are positioned well to make a real difference: as a profession, as pharmacists, for the public we serve.

Mandatory Criminal Record Check

As a result of the transition to the *Health Professions Act (HPA)*, which took effect April 1st, 2009, all current and new registrants of the College of Pharmacists of BC are required to consent to a criminal record check every 5 years.

The criminal record check is a requirement of the *Criminal Records Review Act* and is applicable to all current and new registrants of all professional regulatory bodies governed by the *HPA*. The *Criminal Records Review Act* is intended to help protect children from physical and sexual abuse. All college registrants must undergo a criminal record check regardless of whether or not they work directly with children.

To comply with this new legal obligation the college now requires all new registrant applicants to complete a criminal record check prior to registration. The college will require current registrants, over the course of the next year (beginning in June 2009) as part of their annual registration renewal process, to consent to a criminal record check (see below for details).

Consent to a criminal record check is not optional. If a current registrant refuses to provide consent the college will not be able to renew their registration. More details regarding the mandatory criminal record check can be found on the college website.

Criminal Record Check Process

1. Beginning in June 2009 through May 2010 current college registrants will receive, as part of their registration renewal process, a Criminal Record Check Authorization Form which must be completed and returned to the college.
2. The completed form is forwarded to the Ministry of Public Safety and Solicitor General.
3. The Ministry runs checks against provincial data and RCMP information. If criminal records are found, they are examined to determine relevancy to physical or sexual abuse.
4. The college is informed when no relevant record is found.
5. If a possible relevant record exists, the Ministry may request additional information from the individual including providing fingerprints to the RCMP.
6. The Ministry informs the college when a relevant record exists, but provides no other information about the record. The file is forwarded to the Deputy Registrar, Criminal Records Review Program to determine the risk of sexual or physical abuse to children.
7. If the Deputy Registrar, Criminal Records Review Program determines there is no risk to children, the college is informed.
8. If the Deputy Registrar, Criminal Records Review Program determines that a risk exists, the individual, the college and the employer(s) are informed. The college will take action in accordance with the Inquiry and Disciplinary process outlined in the *HPA*.
9. The individual may appeal the decision of the Deputy Registrar, Criminal Records Review Program.

More FAQ's can be found on the college website.

Duty to Report

All health professionals who are regulated under the *HPA* have a professional, ethical and legal duty to report any unsafe practice or professional misconduct of any regulated health practitioner.

Under the law, pharmacists are required to report in writing to the appropriate regulatory body if they believe the public is at risk because a practitioner is not competent or is suffering from a physical or mental ailment, emotional disturbance or alcohol/drug addiction that impairs their ability to practice.

Additionally, pharmacists have a duty to report if they have good reason to believe that a health professional has engaged in sexual misconduct. Where concerns about sexual misconduct are based on information from a patient, the consent of the patient or their parent/guardian must be obtained before making the report.

The *HPA* provides immunity to health professionals who comply with the duty to report as long as the report is made in good faith and is based on reasonable and probable grounds.

Watch for more details regarding pharmacists' duty to report over the coming months.



Current Council Becomes College

One of the requirements under the *HPA* legislation is that all self-regulatory colleges be governed by a college board. Although for the most part the duties and responsibilities of the board are the same as they were for council, the *HPA* does specify that before taking office all elected or appointed board members must take and sign an oath of office (see below) – this requirement was celebrated at the March 27th, 2009 council/board meeting.

Following the celebrations, the College of Pharmacists of BC held their inaugural board meeting where, as their first official act, they rescinded the previous legislation bylaws and approved the *HPA* and *PODSA* bylaws which are posted on the college website.

Oath of Office

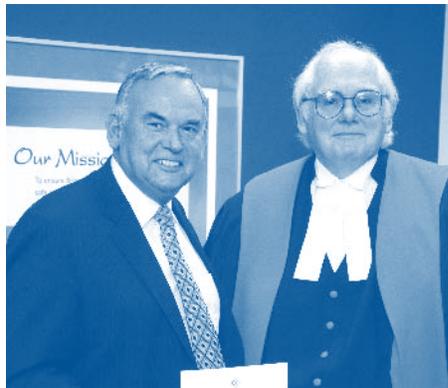
I do swear or solemnly affirm that:

- I will abide by the *Health Professions Act* and I will faithfully discharge the duties of the position, according to the best of my ability;
- I will act in accordance with the law and the public trust placed in me;
- I will act in the interests of the college as a whole;
- I will uphold the objects of the college and ensure that I am guided by the public interest in the performance of my duties;
- I have a duty to act honestly;
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a board member.

Board Members clockwise from top left: Dennis Primmatt, Penny Denton, Michael MacDougall (Chair), John Scholtens, Chris Hunter, James Kim, Doug Kipp, Margaret Cleaveley, Bev Harris, Agnes Fridl Poljak, Barry Wilson



Board



Board Election Schedule for 2009

Previously there has been a rotating schedule for the election of pharmacist board members – odd districts one year and even districts the next. As a result of the transition to the HPA however, all elected board members will be up for re-election this fall. In this initial election odd numbered districts (1, 3, 5 & 7) will be elected to a two-year term and even numbered districts (2, 4 & 6) for a one-year term which will result in a rotating schedule again in 2010.

Key dates approved by the board for the 2009 election are:

- August 7, 2009 - Notice of election, including nomination form and supporting documentation mailed to all registrants
- August 31, 2009 - Nominations deadline (5pm)
- September 14, 2009 - Nominee profile(s) and ballots, via district, sent to all registrants
- October 21, 2009 - Ballot deadline (5pm)
- October 23, 2009 - Election results tallied
- November 21, 2009 - Chair declares election results at Annual General Meeting

NewsBriefs

Optometrists Authorized to Prescribe Topical Medication for the Treatment of Eye Disease

As of April 1, 2009, qualified registrants of the College of Optometry of British Columbia are authorized to prescribe medications for the topical treatment of eye disease in accordance with the standards, limits and conditions of practice established by the College of Optometry.

Submitting prescription claims when the prescriber is an optometrist

When submitting claims for topical medications prescribed by optometrists, ensure that the claim information includes the:

- Practitioner ID Reference Code **94** and
- Optometrist's 5-digit **College of Optometry of BC license number**.

Note: PharmaNet does not apply any restrictions that preclude an optometrist from prescribing a specific medication. PharmaNet verifies only the practitioner information.

Need more information?

For more information on prescribing by optometrists, visit the College of Optometrists of BC website at www.optometrybc.com.

Next PDAP cycle has been delayed until September 2010

Supporting a recommendation made by the Board of Examiners (BOE) at the February 6, 2009 board (then council) meeting a decision was made to delay the start of the next Professional Development and Assessment Program (PDAP) cycle

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On Call



Recently the college made some improvements to the On Call process to help pharmacists' better access the information they need in a timely manner. By reviewing the incoming calls it was discovered that a large number of enquires could have easily been answered by referral to the college website or were not relevant questions for the college to address in the first place and therefore had to be redirected to the appropriate source.

As a result, the On Call line now has a pre-recorded message intended to inform callers of how and where to find information. If the caller's enquiry is not addressed in the pre-recorded message they can leave a detailed voicemail and a pharmacist will get back to them within 1 business day.

Following is a recap of the information contained in the On Call message:

Check the college website first

The primary source of information regarding all aspects of the regulation of pharmacy practice in BC is the college website.

The website is designed first and foremost for pharmacists and is meant to be your primary resource of information. Over the past few months the college has spent a great deal of time and effort improving the site's navigation to be more user-friendly and updating the content, which now includes updates specific to the HPA transition. Be sure to check it out first.

Make sure the question is related to pharmacists' authority

If your enquiry refers to the authority, policies or procedures of a regulated healthcare profession other than pharmacy (such as medicine, dentistry, optometry, etc.) contact them directly for the answer, or check their website.

PharmaCare or PharmNet questions

It is understandable that pharmacists may have questions that relate to PharmaCare or PharmaNet programs or procedures. The college however is not the appropriate source to answer these questions. Therefore, rather than calling the On Call line, pharmacists must call the PharmaNet Help Desk directly at 1.800.554.0225.

Forgeries, stolen prescription pads or fanouts

In order to ensure that expedient action is taken with respect to concerns such as these, pharmacists must direct their call to the dedicated Fan Out Line at 604.676.4210, if outside the lower mainland call 1.866.676.4210.

Federal Drug Scheduling

The best source of information on the status of any prescription drug product available in Canada is Health Canada's

Drug Product Database (DPD) which can be easily accessed by doing an internet search using the complete name.

The website includes a 'DPD Online Query' function (near the bottom of the page) where users, by entering either the product name or DIN number, can confirm the federal drug scheduling for the product and see a list of all the ingredients. There's even a 'Terminology' function that will help pharmacists with any clarification they may need.

Provincial Drug Scheduling

If your call is related to provincial drug scheduling the most current information can be found on the college website – from the home page click 'Legislative Standards' and then 'Drug Distribution'.

It's important to note that the college is currently working with government on the ability to schedule non-prescription drugs by reference to national schedules. This would mean that once a change is made at the national level, through NAPRA, that change would immediately come into effect in BC. This would reduce confusion and enable consistency across Canada. Stay tuned.

None of the above

If the enquiry does not relate to any of the options listed above pharmacists should leave a detailed message in the On Call mailbox and a pharmacist will return the call within 1 business day.

**On Call Pharmacist – Direct
Line 604.676.4226 or 1.866.676.4226**

NewsBriefs

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The rationale for this is to allow for the BOE to complete their current PDAP program evaluation, including evaluation of the CE-Plus tool which is currently being piloted, and report back to the board early in 2010 with their findings and recommendations for PDAP going forward.

Adapting Prescriptions Update

The Monitoring Adapting Prescriptions (MAP) Task Force, whose mandate is to identify issues and/or opportunities arising from pharmacists' authority to adapt or renew prescriptions, held their first meeting on February 27th, 2009. The meeting was attended by representatives from all major prescriber groups (physicians, dentists, nurse practitioners, pharmacists, etc), the BC Medical Association, the BC Pharmacy Association and the Ministry.

As part of the meeting the MAP Task Force reviewed preliminary pharmacist adaptation data (first 6-weeks) which showed that over 12,000 prescriptions, from every region of the province, had been adapted and over 80% of those adaptations were renewals. It was also reported that to date there has been no official complaints received by the college regarding the adaptation of a prescription by a pharmacist.

BCPhA Annual Conference 2009

The college is a partnership sponsor of this year's BC Pharmacy Association's Annual Conference – *Advancing Practice, Empowering Pharmacists* being held in Victoria, BC May 21 - 23. A number of conference sessions will focus on providing information and tools to assist pharmacists with prescription adaptations.

For more information and registration visit the BCPhA website at: www.bcpharmacy.ca

Reminder... Liability Insurance Required

In accordance with the *HPA*, all practising pharmacists (full pharmacist registrants) are required to possess professional liability insurance which is to be kept in their personal files. The minimum criteria are as follows:

- The policy provides a minimum of \$2 million coverage insuring against liability arising from error, omission or negligent act of the registrant, and
- The policy provides occurrence-based coverage or claims-made coverage with an extended reporting period of at least three years, and
- If not issued in the pharmacist's name, the group policy covers the pharmacist as an individual.

Note: the pharmacist (not the college) is responsible for determining from their insurer if their current coverage meets the minimum criteria.

Pharmacy Technician Regulation Update

As requested by the board (then council) I, in their February 6, 2009 meeting, a Pharmacy Technician Task Group, chaired by board member Chris Hunter with representatives from key stakeholder groups as approved by the board (then council), had been struck to: *review and recommend how Pharmacy Technician Education, Certification, Scope of Practice, Standardization and Competencies will be implemented in BC.* The Task Group is to report back to the board with recommendations at the June 2009 board meeting.

The Task Group held their inaugural meeting at the college offices on March 26th, 2009 and the outcomes of that meeting were reported to the board during their March 27th board meeting. The chair reported that the Task Group felt that they had satisfied their mandate and had therefore concluded their recommendations which were as follows:

- To accept the national scope of practice (with the stipulation that further guidelines be established regarding the receipt of verbal orders),
- Accept the national competencies and standardization that has been established,
- Accept the national PEBC exam as the basis for entry-to-practice,
- Require future pharmacy technician students to complete a CCAPP accredited pharmacy technician training program as one of the requirements for pharmacy technician regulation, and
- Mandate bridging programs for current pharmacy technicians wishing to be regulated, following the Ontario College of Pharmacists (OCP) model depending on the outcomes of the CPBC focus group sessions.

Although it was outside of the mandate of the Task Group to provide a recommendation specific to the 'regulation' of pharmacy technicians the chair informed the board that there was a strong consensus amongst the Task Group participants that regulation is the only way to proceed in order to achieve the mandate. The report was concluded by advising the board that further direction or clarification from them is required for the Task Group to continue and as such a second meeting date had not been set.

Although there was a motion to accept the recommendations of the Task Group, given the importance of the initiative and the fact that recommendations were not expected until the June 2009 board meeting it was agreed to defer the discussion until that time.



RECENT CHANGES TO DRUG SCHEDULES

The provincial government recently approved a number of drug schedule changes which are now in effect in British Columbia. These changes have been reflected in the Provincial Drug Schedules found on the college website. A summary of the changes that may affect your practice are outlined below:

DRUG	NEW STATUS	AFFECTED DOSAGE FORM / STRENGTH
Benzoyl peroxide	Unscheduled	Products in concentrations of 5% or less as a single ingredient
Diclofenac diethylamine	Schedule 3	Products for topical use on the skin in concentrations of not more than 1% diclofenac* as a single ingredient. Other diclofenac-containing products continue to require a prescription
Famotidine	Schedule 3	Products indicated for heartburn, in concentrations of 20 mg or less per oral dosage unit and in package sizes containing more than 600 mg famotidine
	Unscheduled	Indicated for heartburn in concentrations of 20 mg or less per oral dosage unit and in package sizes containing no more than 600 mg famotidine
Levonorgestrel	Schedule 2	When sold in concentrations of 0.75 mg per oral dosage unit (except when labelled to be taken as a single dose of 1.5 mg and in package sizes containing no more than 1.5 mg levonorgestrel, packaged and labelled for emergency contraception)
	Schedule 3	When sold in concentrations of 0.75 mg per oral dosage unit to be taken as a single dose of 1.5 mg, in package sizes containing no more than 1.5 mg levonorgestrel, packaged and labelled for emergency contraception

* Based on the information contained in the product monograph, Voltaren Emulgel 1.16% w/w contains 1% diclofenac-Na equivalent and is, therefore, a Schedule 3 product.

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The ReadLinks newsletter provides important college and pharmacy practice information. All pharmacists are expected to be aware of these matters.



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OF BRITISH COLUMBIA

Safe and Effective Pharmacy Care

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