

**CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS  
HOUSE OF DELEGATES**

**OCTOBER 10 & 12, 2008  
PROPOSAL E.**

**PROPOSAL:** To Reaffirm, Modify and Reaffirm, or Delete CSHP Professional Policies which Are Five (5) Years or Older

**SUBMITTED BY:** CSHP Board of Directors

**DATE:** June 19, 2008

**DESCRIPTION OF CURRENT SITUATION:**

1. CSHP Professional Policies have been catalogued since 1980.
2. One of the duties of the Committee on Professional Affairs is to review any professional policy that is 5 years old or older.
3. For this review, each professional policy that is five years old was reviewed for applicability and current relevance and recommendations to reaffirm, modify and reaffirm, or delete were outlined.

**DESCRIPTION OF DESIRED SITUATION:**

1. A mechanism exists to periodically review CSHP policies for their continued relevance and applicability (CSHP Board of Directors action is generally guided by existing policy.)
2. CSHP's professional policies accurately reflect current practice and professional standards.
3. The annual review process of professional policy is continued as an opportunity for CSHP to reflect the most current and contemporary positions on pharmacy practice and organizational guidelines for our members.

**PROPOSED ACTIONS:**

1. The following CSHP administrative policies be **reaffirmed** as CSHP administrative policy.
2. The following CSHP administrative polices to be **modified & reaffirm** as CSHP administrative policy.
3. The following CSHP administrative policies be **deleted** as CSHP administrative policy.
4. A mechanism exists to periodically review CSHP policies for their continued relevance and applicability (CSHP Board of Directors action is generally guided by existing policy.)
5. CSHP's professional policies accurately reflect current practice and professional standards.
6. The annual review process of professional policy is continued as an opportunity for CSHP to reflect the most current and contemporary positions on pharmacy practice and organizational guidelines for our members.

**PROPOSED ACTION(S):**

1. ***The following CSHP professional policies be reaffirmed:***

**#P-2003-01**

**Physician Dispensing (#2002-03) Technicians Checking Technicians (#2003-01)**

Source: HOD 10/28-31/93

*(Note: This is former policy #9311 approved by the HOD 10/31/93; reaffirmed by the HOD in 1998 as policy #9801; revised and reaffirmed by the HOD in 2003 as #2003-01.)*

CSHP supports the practice of using technicians to check technicians in the inpatient setting to optimize pharmacists' ability to provide pharmaceutical care. To ensure quality patient care such programs should be conducted under the supervision of a pharmacist and should include:

- Appropriate training of the checking technicians,
- Demonstrated proficiency in meeting desired accuracy standards of the checking technicians, and
- Ongoing quality assessment of the checking technicians.

**#P-2003-02**

**Guidelines and Co-sponsorship Agreements for CSHP Programs (#2003-02)**

Source: HOD 10/19/97

*(Note: This is former policy #8604 approved by the BOD 7/10-11/86; reaffirmed by the HOD in 1992 as policy #9224; reaffirmed by the HOD in 1997 as policy #9706; reaffirmed by the HOD in 2002 as 2002-04.)*

Source: HOD 10/28-31/93

*(Note: This is former policy #9319 approved by the HOD 10/31/93; reaffirmed by the HOD in 1998 as policy #9803; reaffirmed by the HOD in 2003 as #2003-02.)*

The California Society of Health-System Pharmacists, as an approved provider for continuing pharmaceutical education programs, may work with other providers or non-providers to design, develop and implement quality programs in accordance with the ACPE Criteria for Quality.

When not the approved provider, CSHP may work with other providers to present programs. However, the criteria in the attached Co-sponsorship Agreement and the Co-sponsorship Responsibilities Checklist must be followed. CSHP will take appropriate steps to insure that presentation of course material does not reflect the commercial view of the approved provider.

**#P-2003-04**

**Therapeutic Interchange (#2003-04)**

Source: HOD 10/19/97

(Note: This is former policy #8710 approved by the BOD 1-23-87; reaffirmed by the HOD in 1993 as policy #9323; reaffirmed by the HOD in 1998 as policy #9806; reaffirmed by the HOD in 2003 as #2003-04.)

The California Society of Health-System Pharmacists supports the therapeutic interchange of drug products by pharmacists under written policies and protocols established collaboratively by pharmacists, prescribers, and others who are responsible for patient care.

**# 2003-05**

**Schools of Pharmacy: Dean Criteria (#2003-05)**

Source: BOD 1/28-29/93

(Note: This is former policy #9301 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9809; revised and reaffirmed by the HOD in 2003 as #2003-05.)

CSHP supports eligibility for licensure as a pharmacist in the State of California as a desirable criterion for the Dean of any California School of Pharmacy.

**# 2003-06**

**Legislative Activities – Funding (#2003-06)**

Source: HOD 10/28-31/93

(Note: This is former policy #9313 approved by the HOD in 1993; modified to incorporate related administrative policy #A-9775 and reaffirmed by the HOD in 1998 as policy #9811; reaffirmed by the HOD in 2003 as #2003-06.)

On an annual basis, an amount equal to 15% of budgeted dues income for that fiscal year shall be budgeted for legislative activity. Such budgeted funds not used at fiscal year end shall be placed in a restricted reserve account for future legislative activity.

1. Contributions to the Legislative Fund from regional chapters, members or other individuals shall be added to revenues collected from the membership dues allocated to legislative activities (15%) in the year received; further,
2. If actual legislative expenses are less than the revenues collected in (1) above at fiscal year end, the excess funds shall be placed in a restricted reserve account to be used for future legislative activities. This information will be reported as a separate line item under the fund balance on the balance sheet. The CSHP Board of Directors shall have the authority to approve the use of funds placed in the restricted reserve account, provided such use is for legislative activities; further,
3. If actual legislative expenses are more than the revenues collected in (1) above at fiscal year end, sufficient funds shall be removed from the restricted legislative reserve account to cover the deficit, if available.

**#2003-07**

**Pharmacy Personnel Infected with Blood Borne Pathogens (#2003-07)**

Source: HOD 10/28-31/93

Note: This is former policy #9317 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9814; reaffirmed by the HOD in 2003 as #2003-07.)

1. Testing for blood borne pathogens, such as the human immunodeficiency virus (HIV), Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) should not be mandatory. Test results are the personal property of the individual and should be kept confidential.

2. Pharmacy personnel should be encouraged to have regular health care examinations and related testing.
3. CSHP endorses laws and regulations that prohibit discrimination against pharmacy personnel in the workplace who are infected with blood borne pathogens.
4. CSHP supports training based on current Centers for Disease Control and Prevention guidelines, as well as institutional infection control policies as mandatory for all pharmacy personnel. Training should be provided annually and as necessary.
5. There should be no restrictions placed on the work of qualified and competent pharmacy personnel infected with blood borne pathogens if the individual is able to follow institutional and departmental policies and procedures.
6. CSHP encourages the development of institutional policies that allow personnel to request to refrain from those tasks that increase the risk of disease transmission. Each institution should have a policy that provides confidential consultation and reasonable accommodation for those infected personnel who wish to modify their activities.
7. CSHP advocates the availability to patients of copies of the institution's infection control policies relating to testing for blood borne pathogens and HBV vaccination at any time.

#### **# 2003-08**

##### **Regulatory and Legislative Goals for Professional Practice (#2003-08)**

Source: HOD 0/28-31/93

(Note: This is former policy #8713 approved by the BOD 1-23-87; it was modified and reaffirmed by the HOD in 1993 as policy #9325; it was modified and reaffirmed by the HOD in 1998 as policy #9816; reaffirmed by the HOD in 2003 as #2003-08.)

To pursue and support legislative and regulatory measures that promote and support the application of the pharmacist's knowledge and expertise in ensuring that medication use is appropriate and achieves optimal therapeutic outcomes.

#### **# 2003-09**

##### **Employee Assistance Programs (#2003-09)**

Source: HOD 10/28-31/93

(Note: This is a combination of former policies #8713 and #8715 which were approved by the BOD 1-23-87; modified and reaffirmed by the HOD in 1993 as policies #9326 and #9327; modified, combined and reaffirmed by the HOD in 1998 as policy #9817; reaffirmed by the HOD in 2003 as #2003-09.)

To support the development of employee assistance programs (EAP's) that employ qualified personnel to assist impaired workers through counseling and treatment referral and further,

To encourage the membership to participate in the development of employee assistance programs and in education programs aimed at increasing employee and public awareness of alcohol and drug abuse within their institution or health-system and community.

#### **# 2003-10**

##### **Equal Quality of Care (#2003-10)**

Source: HOD 10/28-31/93

(NOTE: This is former policy #8701 approved by the BOD 1-23-87; reaffirmed by the HOD in 1993 as policy #9320; reaffirmed by the HOD in 1998 as policy #9804; reaffirmed by the HOD in 2003 as #2003-10.)

To support an equal standard of pharmacy care for all patients.

**# 2003-12**

**Technician: Accreditation (#2003-12)**

Source: HOD 10/19/97

(Note: This is former policy #8303 approved by the BOD 7/15/83; reaffirmed by the HOD in 1992 as policy #9218 and again in 1997 as policy #9703; modified and reaffirmed by the HOD in 1998 as policy #9808; revised and reaffirmed by the HOD in 2003 as #2003-12.)

To endorse the ASHP technician training program accreditation process and to inform program administrators in California of the accreditation program and encourage them to seek accreditation of their programs ([www.ashp.org/technician](http://www.ashp.org/technician)).

**# 2003-15**

**CPhA Liaison (2003-15)**

Source: HOD 10/28-31/93

(Note: This is former policy #8703 approved by the BOD 1-23-87; modified and reaffirmed by the HOD in 1993 as policy #9321; modified and reaffirmed by the HOD in 1998 as policy #9815; revised and reaffirmed by the HOD in 2003 as #2003-15.)

To maintain a formal liaison relationship with the California Pharmacists Association, consistent with the two statements of intent which were approved by both organizations in April 1993 during a joint board meeting:

1. We are committed to the ongoing development and implementation of mutual professional goals for pharmacy.
2. We believe that it is in the best interest of the profession and our respective memberships that the two associations maintain open dialogue, mutual respect and good relations. The two associations will proactively identify common goals and needs and when there is agreement, will communicate, cooperate and collaborate to meet those needs.

**2. *The following CSHP professional policies be modified & reaffirmed.***

**#P-2002-13**

**Disclosure Policy for Board of Directors, Staff and Management Teams (#2003-13)**

Source: HOD 10/28-31/93

(Note: This is former policy #9314 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9812; revised and reaffirmed by the HOD in 2003 as #2003-13.)

To adopt the following "CSHP Disclosure Policy for members of the Board of Directors, Staff and Management Teams":

1. *Obligation to Promote the Society's Best Interests*  
Members of the CSHP Board of Directors, staff, and Management Teams shall at all times, seek to promote, enhance and protect the best interests of the Society, shall encourage others to do so, and shall scrupulously avoid taking any action that may be adverse to the best interests of the Society.
2. *Obligation to Disclose*

a) *Substantial Interest*

Members of the Board of Directors, CSHP staff and Management Teams shall disclose any substantial interest in, personal contract or arrangement with any firm or individual doing or seeking to do business with the Society.

Said disclosure shall be made immediately following election, hiring or appointment and annually thereafter.

Substantial interest is defined as investments of more than one percent (1%) of the discloser's net worth.

It is expected that when a potential for conflict of interest exists relative to an item under discussion that the individual announces this. The individual shall refrain from discussion unless asked by the committee on which the affected member is participating and shall refrain from voting on that issue.

b) *Receipt of Payments, Gifts or Services*

Members of the Board of Directors, CSHP staff and Management Teams shall disclose receipt of any payment, service, or gift from or provided to any firm or individual doing or seeking to do business with the Society.

This disclosure shall be made immediately following election, hiring, or appointment and annually thereafter.

It is expected that when a potential for conflict of interest exists relative to an item under discussion, that the individual announces this. The individual shall refrain from discussion unless asked by the committee on which the affected member is participating and shall refrain from voting on that issue.

c) *Business Dealings with Relatives*

No member of the Board of Directors, nor any CSHP staff member, nor any Management Team member, nor any close relative (e.g., spouse, child, housemate, etc.) of a member of the Board of Directors or CSHP staff or Management Team shall do business on behalf of the Society with any relative unless the Society determines after full disclosure that such a business relationship would not adversely influence the actions of the member of the Board of Directors or CSHP staff member with respect to the business of the Society.

3. *Societal Authority*

The presidential officers or their designees are vested with the ultimate authority and responsibility for evaluating any set of facts with respect to potential conflicts of interest that may arise, and to determine the best course of action that the Society should pursue in resolving conflict of interest problems. For conflicts of interest among presidential officers, the Board of Directors shall have the responsibility to determine the best course of action.

4. *Record of Disclosure*

Disclosure forms shall be kept on file for the duration of term of office or length of service in the office of the Executive Vice President. Meeting minutes shall reflect the Society member's actions arising through disclosure of conflicts of interest.

5. *Compartment of Conflicted Members*

The Society recognizes the importance of the individual experience of its members and does not wish to diminish appropriate input when potential conflicts exist. When a member identifies the existence of a conflict, the committee, Board, etc., may seek further details about the conflict from the member and

should weigh the benefits of the member's experience against the hazards of potential bias before excluding the member from discussions. However, the affected member shall not vote on issues where conflict exists. See [FORM]

[FORM]

**“The Sunshine Rule”**

**(Addendum to CSHP Disclosure Policies)**

This supplemental guide is intended to assist the disclosee in determining what relationships are relevant and significant with regard to the perception of possible bias. The determination of “relevant and significant” by the disclosee is by its nature also subject to individual biases. To facilitate disclosure, the Ethics Committee asks that disclosees consider their relationships according to the “Sunshine Rule”: if the relationship is examined in the “light of day” (made widely known), would it be perceived that bias exists? If so, the relationship should be disclosed.

Relationships that should be subjected to “The Sunshine Rule” include:

1. Receipt of significant financial support (honoraria, gifts, donations, expenses in lieu of honoraria, grants or research moneys, etc...) **or services**,
2. Participation in company speaker bureau(s)
3. Significant financial investments in companies that produce a product(s) or service(s) with a direct relationship to the topic and/or agents being discussed, and/or which are potential vendors for CSHP
4. Other significant relationships/appointments that may introduce bias into presentation content and/or decision-making (e.g., director, officer, partner, trustee, employee or appointment, etc., for an organization with similar or competing interests)

Examples of situations where relationships would be considered “relevant and significant” and should be disclosed are provided below. These examples are not intended to limit the interpretation of “The Sunshine Rule”. Each relationship should be examined carefully by the disclosee for applicability.

Speaker: A speaker on the topic of “Myocardial Infarction” who has a relationship to a health care industry that makes/markets agents for the diagnosis, treatment and/or prophylaxis of MI. Appropriate disclosure and action would include written and verbal notification of audience that the relationship exists. (If he/she has a relationship to a company that makes/markets only unrelated products which are not being discussed during the presentation, this information may not need to be disclosed [e.g., antibiotics, GI agents, etc.] )

Board Member or Staff: Sister owns XYZ Printing Services and the CSHP Board is considering a bid from XYZ to service CSHP printing needs. Appropriate disclosure and action would include notification of Board that relationship exists, and to withdraw from all discussion and decisions related specifically to this topic.

Management Team Member: Is employed by a health care industry and serving on C.E. Committee. Appropriate disclosure and action would include notification of the committee and/or program chair of the relationship. Withdrawal from designated participation in solicitation of funding, decision making as to acceptance into the program/function, or establishment of other relationships with the specific and/or any corporate-related company, would be upon the request of the Management Team Chair, in discussion with the Board Liaison, based on the development of a potential conflict of interest

*The word **“Services”** was added to P# 2003-13 to be consistent in content as to the type of gratuity received in Professional Policy #2003-14.*

**# 2003-14**

**Disclosure Policy for Presenters at CSHP Functions (#2003-14)**

Source: HOD 10/28-31/93

*(Note: This is former policy #9315 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9813; revised and reaffirmed by the HOD in 2003 as 2003-14.)*

To adopt the following “CSHP Disclosure Policy for Presenters at CSHP Functions”:

1. Scope  
This policy applies to all individuals making formal presentations, oral and/or visual, at CSHP-sponsored programs or functions (lectures, panel discussions, poster sessions, conferences, etc.).
2. Procedure
  - A. *Self-disclosure to CSHP shall be made as follows:* All applicable individuals will be required to complete and file a Presenter Disclosure Form with the person(s) responsible for selecting the speaker (i.e., Seminar Continuing Education Committee, other CE program committee/scheduler). The committee or scheduler will be responsible for assuring all disclosure forms are completed and on file within the specified time frame.
  - B. *Reporting Requirements:* Any relevant<sup>1</sup> relationships to industry and/or organizations that may introduce the appearance of bias into the specific topic, and/or material being presented, shall be disclosed, including:
    - i. Receipt of significant<sup>1</sup> financial support (honoraria, gifts, donations, expenses in lieu of honoraria, grants or research moneys, etc.), **or services.**
    - ii. Participation in company speaker bureaus,
    - iii. Significant<sup>1</sup> financial investments in companies that produce products **or services** with a direct relationship to the topic and/or agents being discussed,
    - iv. Other significant<sup>1</sup> relationships/appointments that may introduce bias (director, officer, partner, trustee, employee or other appointment, etc., for an organization with similar or competing interests)
  - C. *Disclosure information will be accessible to the membership as follows:*
    - i. The following statement shall be included in promotional materials for meetings involving presenters where disclosure is required: *‘Disclosure statements by presenters will be provided at the time of presentation. A summary of disclosed information may be obtained in advance of the meeting, when such a request is made in writing and accompanied with a self-addressed stamped enveloped, within a reasonable time, to the program or function CE chairperson or designee.’*
    - ii. The committee or scheduler will assure that disclosure is made:
      - 1) In writing via distributed syllabi or handout materials and
      - 2) Verbally by the moderator at the beginning of the presentation.

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<sup>1</sup> “Relevant and Significant”--relevance and significance of relationships is to be determined by the presenter following the “Sunshine Rule”: If the relationship is examined in the “light of day,” would the audience perceive that possible bias exists? If so, the relationship should be disclosed. (See “The Sunshine Rule” )



*Note: Poster presenters will provide a written statement, located on the poster, if no written materials are presented that include a disclosure statement.*

**“The Sunshine Rule”  
(Addendum to CSHP Disclosure Policies)**

This supplemental guide is intended to assist the disclosee in determining what relationships are relevant and significant with regard to the perception of possible bias. The determination of “relevant and significant” by the disclosee is by its nature also subject to individual biases. To facilitate disclosure, the Ethics Committee asks that disclosees consider their relationships according to the “Sunshine Rule”: if the relationship is examined in the “light of day” (made widely known), would it be perceived that bias exists? If so, the relationship should be disclosed.

Relationships that should be subjected to “The Sunshine Rule” include:

1. Receipt of significant financial support (honoraria, gifts, donations, expenses in lieu of honoraria, grants or research moneys, etc.)
2. Participation in company speaker bureau(s)
3. Significant financial investments in companies that produce a product(s) or service(s) with a direct relationship to the topic and/or agents being discussed, and/or which are potential vendors for CSHP
4. Other significant relationships/appointments that may introduce bias into presentation content and/or decision-making (e.g., director, officer, partner, trustee, employee or appointment, etc., for an organization with similar or competing interests) Examples of situations where relationships would be considered “relevant and significant” and should be disclosed are provided below. These examples are not intended to limit the interpretation of “The Sunshine Rule”. Each relationship should be examined carefully by the disclosee for applicability.

Speaker: A speaker on the topic of “Myocardial Infarction” who has a relationship to a health care industry that makes/markets agents for the diagnosis, treatment and/or prophylaxis of MI. Appropriate disclosure and action would include written and verbal notification of audience that the relationship exists. (If he/she has a relationship to a company that makes/markets only unrelated products which are not being discussed during the presentation, this information may not need to be disclosed [e.g., antibiotics, GI agents, etc.] )

Board Member or Staff: Sister owns XYZ Printing Services and the CSHP Board is considering a bid from XYZ to service CSHP printing needs. Appropriate disclosure and action would include notification of Board that relationship exists, and to withdraw from all discussion and decisions related specifically to this topic.

Management Team Member: Is employed by a health care industry and serving on C.E. Committee. Appropriate disclosure and action would include notification of the committee and/or program chair of the relationship. Withdrawal from designated participation in solicitation of funding, decision making as to acceptance into the program/function, or establishment of other relationships with the specific and/or any corporate-related company, would be upon the request of the Management Team Chair, in discussion with the Board Liaison, based on the development of a potential conflict of interest.

**# 2003-16**

**Patient Consultation (#2003-16)**

Source: HOD 10/28-31/93

*(Note: This is former policy #8717 approved by the BOD 1-23-87; reaffirmed by the HOD in 1993 as policy #9328; modified and reaffirmed by the HOD in 1998 as policy #9818; revised and reaffirmed by the HOD in 2003 as #2003-16.)*

To support patient **education and counseling** ~~consultation~~ by pharmacists as mandated by the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) and California pharmacy law regarding the proper use of medications, and to support the provision of written information as appropriate. **When providing patient education and counseling, the pharmacist should utilize when practical the ASHP**

**Guidelines on Pharmacist-Conducted Patient Education and Counseling so as to provide the most effective patient education.** Further, to support **dissemination of professional guidelines and statements, and** legislative, regulatory or educational programs that assist pharmacists in achieving this outcome.

**# 2003-03**

**ASHP: Public Relations (#2003-03)**

Source: HOD 10/28-31/93

*(Note: This is former policy #8708 approved by the BOD 1-23-87; modified and reaffirmed by the HOD in 1993 as policy #9322; reaffirmed by the HOD in 1998 as policy #9805; reaffirmed by the HOD in 2003 as #2003-03.)*

To encourage ASHP to continue its efforts at the national level to promote **awareness of the roles of pharmacists in hospitals and health systems and** the value of pharmacy services to consumer and public policy makers.

**3.                    *The following CSHP professional policies be deleted.***

No professional policies were recommended to be deleted.