Members Present:
Doug Kipp, Chair, District 4
Beverley Harris, Vice-Chair, District 2
Agnes Fridl Poljak, District 1
Blair Tymchuk, District 3
Robert Craigue, District 5
Anar Dossa, District 6
Jerry Casanova, District 7
Kris Gustavson, Government Appointee (via telephone at 1 pm)
Jeremy Walden, Government Appointee
Jeff Slater, Government Appointee
Ryan Hoag, Government Appointee (arrived at 11:00 am)

Member Regrets:
Bal Dhillon, District 8

Staff Present:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar
Ashifa Keshavji, Director, Practice Reviews and Competency
Cameron Egli, Director – Hospital Pharmacy Practice and Technology
Doreen Leong, Director – Community Pharmacy Practice and Registration
Mykle Ludvigsen, Director – Public Accountability and Engagement
Mike Stonefield, Chief Operating Officer – Office Operations and Business
Lori Tanaka, Executive Assistant to the Deputy Registrar
Pina Naccarato, Executive Assistant to the Registrar (Minute-taker)

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1. WELCOME & CALL TO ORDER

Chair Doug Kipp called the meeting to order at 9:01 am

2. COFIRMATION OF AGENDA – JUNE 21, 2013

Chair Doug Kipp called for any additional agenda items; none were presented.

It was MOVED (J.Slater), SECONDED (B. Craigue) and **CARRIED** that the Board:

Approve the Agenda for the September 20, 2013 Board Meeting as presented.

3. APPROVAL OF JUNE 21, 2013 MINUTES

It was MOVED (J.Walden), SECONDED (B.Tymchuk) and **CARRIED** that the Board:

Approve the June 21, 2013 Board Meeting Minutes as presented

4. CHAIR'S REPORT

- Chair Kipp reviewed his report as circulated. (Attached - Appendix 1)

5. REGISTRAR'S REPORT

a) Registrar, Bob Nakagawa, reviewed the business arising from the minutes as circulated.
b) Reviewed his report as circulated. (Attached - Appendix 2)
c) Strategic Plan (Attached – Appendix 2i)

It was Moved (B.Tymchuk), SECONDED (J. Casanova) and CARRIED that the Board:

Approves the completion of the 2008-2013 Board Strategic Plan and the 2014-2017 Strategic Plan as developed and presented.

d) Award Endowment at UBC (Attached – Appendix 2)

It was Moved (B.Craigue), SECONDED (J.Slater) and CARRIED that the Board:

Approves making a grant contribution of $67,000 to top up three UBC endowments funds (College of Pharmacists of BC Bursary, Dean E.I. Woods Memorial Prize, Dean A.W. Mathews Testimonial Bursary).

6. HIV TESTING PILOT PROJECT

- Presentation attached (Appendix 3)

It was Moved (B.Craigue), SECONDED (B. Harris) and CARRIED that the Board:

Approves the pilot of pharmacy based HIV testing in the Medicine Shoppe Pharmacies.

7. PHARMACIST EDUCATION INITIATIVES FUNDING REQUEST:
UBC PHARMACISTS CLINIC MEDICATION MANAGEMENT TRAINING

- Presentation attached (Appendix 4)

It was Moved (B. Harris), SECONDED (J.Slater) and CARRIED that the Board:

Refers consideration of the UBC Clinic Medications Management Training funding to the Registrar, and any funds provided are to come from the 2013/2014 budget allocation available for pharmacists skills training.

8. VPD PRESENTATION: PHARMACY ROBBERIES

It was MOVED (J.Slater), SECONDED (A.Dossa) and CARRIED that the Board:

Approves the creation of a working group to review minimum pharmacy security standards for robbery prevention.

9. LEGISLATION REVIEW COMMITTEE UPDATE

- Attached (Appendix 5)

a) Professional Practice Policy 66 – Methadone Maintenance Treatment
   i) Policy 7 Policy Guide Proposed Changes
   ii) Pharmacists/Pharmacy Technician: New Policy Training Plan Update

It was MOVED (B.Harris), SECONDED (B.Craigue) and CARRIED that the Board:

Approves the updated PPP-66 Methadone Maintenance Treatment Policy and Policy Guide as presented

b) Patient Counselling (Attached – Appendix 6)
c) PODSA/HPA Bylaws – Incentives Prohibitions, Registrar's Authority, Fee Schedule and Forms

It was MOVED (J. Casanova), SECONDED (J. Slater) and CARRIED that:

The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act, and subject to filing with the Minister as required by section 19(3) of the Health Professions Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

It was MOVED (A. Fridl Poljak), SECONDED (J. Slater) and CARRIED that:

The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act, and subject to filing with the Minister as required by section 19(3) of the Health Professions Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

It was MOVED (A. Fridl Poljak), SECONDED (J. Slater) and CARRIED that:

The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

It was MOVED (B. Craigue), SECONDED (J. Walden) and CARRIED that:

The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the Health Professions Act, and subject to filing with the Minister as required by section 19(3) of the Health Professions Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

It was MOVED (J. Walden), SECONDED (B. Tymchuk) and CARRIED that:

The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

d) Draft Schedule 2013-2014 Bylaw Changes (Attached – Appendix 7)

10. PHARMANET MODERNIZATION PRESENTATION: THE E-PRESCRIBING PILOT

- Presentation attached (Appendix 8)

11. PROFESSIONAL DEVELOPMENT AND ASSESSMENT PROGRAM (PDAP) REVIEW

- Presentation attached (Appendix 9)

It was MOVED (J. Slater), SECONDED (A. Fridl Poljak) and **CARRIED** that the Board:

Directs the Registrar to develop for implementation, the proposed site review process whereby a site review is conducted for all pharmacies every 3 years.

It was MOVED (J. Casanova), SECONDED (J. Slater) and **CARRIED** that the Board:

Directs the Registrar to develop for Board review, an alternative model for competency assessment that will utilize the proposed Hybrid Model whereby all pharmacists and pharmacy technicians undergo a focused practice review every 3 years with follow-up by the Peer Review Committee.

It was MOVED (B. Harris), SECONDED (J. Slater) and **CARRIED** that the Board:

The Board directs the Registrar to develop for implementation, the Hybrid model to be conducted by CPBC Staff.

It was MOVED (A. Fridl Poljak), SECONDED (B. Tymchuk) and **CARRIED** that the Board:

Directs the staff to take back to the QAC the issue of the previous KA exemptions that registrants had been granted.

It was MOVED (A.Fridl Poljak), SECONDED (B. Harris) and **CARRIED** that the Board:

Directs the registrar to suspend the use of the KA exam once an alternative assessment tool is implemented.

12. NAPRA IPG GATEWAY

- Presentation attached (Appendix 10)

It was MOVED (B. Craigue), SECONDED (B. Tymchuk) and **CARRIED** that the Board:

Authorize as being in the public interest, College management sharing International Pharmacy Graduate (IPG) registration information with NAPRA, the PEBC and other PRA's via the proposed national IPG Gateway.

13. SECOND QUARTER (Q2) AND LATEST ESTIMATE FOR FULL YEAR (LE2) FINANCIALS FOR THE 2013-2014 FISCAL YEAR

- Attached (Appendix 11)

a) New Lease agreement terms for the College in "College Place"

It was MOVED (J.Slater), SECONDED (A.Dossa) and **CARRIED** that the Board:

Approves the new 5 year lease agreement terms as presented.

14. BOARD SELF EVALUATION

- Attached (Appendix 12)

It was MOVED (R.Hoag), SECONDED (J.Walden) and **CARRIED** that the Board:

Approves the Board Self Evaluation tool and confirms its use going forward.

15. VOLUNTEER OF THE YEAR

It was MOVED (J. Slater), SECONDED (A.Fridl Poljak) and **CARRIED** that the Board:

Approves Kathy McInnes as Volunteer of the Year for 2013.

It was MOVED (J. Casanova), SECONDED (A. Dossa) and **CARRIED** that the Board:

Approve $2500 grant to assist in funding HRO joint project of review of Health Professions Review Board processes and outcomes.

16. PUBLIC AWARENESS CAMPAIGN:
THE ROLE OF PROFESSIONAL REGUALTION IN BC HEALTHCARE (VIDEO)

- Attached (Appendix 13)

The College of Pharmacists of British Columbia Board Meeting scheduled September 20, 2013 concluded at 2:25 pm.

4. Chair's Report

INFORMATION ONLY

Since the last Board meeting, I've been busy with the following activities as your Chair:

- Met with the Minister of Health, along with Vice Chair Bev Harris and Registrar Bob Nakagawa to discuss the Board decision with regards to the provision of loyalty points by pharmacies. Participated in numerous discussions on the issue.
- Participated in biweekly teleconferences with the Vice Chair and Registrar.
- Attended the International Pharmacy Federation (FIP) meetings in Dublin, along with the Vice Chair.

5. Registrar's Report

DECISION(S) REQUIRED

a) Activity Report (Business Arising from Minutes **[Follows]**)

Since the last Board meeting, I've been involved with the following activities of interest to the Board:

- Participated in several meetings of the Joint Venture (building) to discuss our lease rate; as well as, other issues with regards to the building.
- Prepared for and participated in discussions with the Minister of Health, MLAs and staff on the Board Direction to prohibit the provision of loyalty points by pharmacies
- Prepared a Registrar's report for Readlinks.
- Networking meetings and conversation with the CEO of the BCMA, the ADMs of PSD, MSD, Finance, Public Health, Provincial Health Officer, the CEO of the First Nations Health Authority and others.
- Meetings with Health Canada and Registrars to discuss compounding and manufacturing oversight in Canada.
- Biweekly teleconferences with the Chair and Vice Chair.
- Hosted pharmacy academics from Hokkaido, Japan and Auckland New Zealand.
- Discussions with the Ministry staff about licensing issues, bylaws and nasal drug administration by pharmacists.
- The College's support for the ADAPT program has been extremely well received. 31 of the available 75 spaces in the August program were from BC and 59 of the 60 available in October! Both the August and October programs sold out days after our announcement; CPhA will be adding additional seats in the October program in order to meet the demand.
- Attended Inquiry Committee meetings re: undercover operations.
- Elected as Vice Chair of the Council of Pharmacy Registrars of Canada.
- Holidays!

b) Board Election update - verbal

c) Strategic Plan **[DECISION]**

Motion:

The Board approves the completion of the 2008-2013 Board Strategic Plan and the 2013-2016 Strategic Plan as developed and presented.

d) Award Endowment at UBC **[DECISION]**

The College set up three UBC endowment funds in the 1970's. Since that time 114 students have received awards totaling $41,310. Details of each the awards are given in the Table below. However, since the 1970's there has been a real increase in the cost of living of 440%[1] and university tuition fees have increased from $300[2] in 1975 to $8,000 for a pharmacy degree in 2013[3]. The impact of these endowments on a student's ability to offset the cost of their education has been significantly eroded over time and the corresponding impact as a scholarship award has diminished.

UBC has proposed the College makes a one off addition to the principle of each award that would total $67,000. This would support annual awards of $1,000 from each of the endowments.

Motion:

The Board approves making a grant contribution of $67,000 to top up three UBC endowments funds (College of Pharmacists of BC Bursary, Dean E.I. Woods Memorial Prize, Dean A.W. Mathews Testimonial Bursary).

[1] Based on historical increase in the Consumer Price Index (CPI) over 1975 to 2013.
[2] J Vanderkamp, 'University Enrollment in Canada 1951-83 and Beyond', Canadian J. of Higher Education, vol XIV-2, 1984
[3] UBC website information on tuition fees for 2013/14 academic year.

TITLE	DESCRIPTION	EST	CURRENT AWARD VALUE	CURRENT ENDOWMENT VALUE	PROPOSED AWARD MINIMUM	PROPOSED ENDOWMENT MINIMUM	ENDOWMENT TOP-UP REQ'D TO ACHIEVE CURRENT
College of Pharmacists of BC Bursary	A bursary of $250 has been endowed by the College of Pharmacists of British Columbia. The award is made to a student in the Faculty of Pharmaceutical Sciences who has completed at least one year of study in the Faculty.	1979	$250	$7,211	$1,000	$30,000	$23,000
Dean E.L Woods Memorial Prize	A $225 prize is awarded to a student completing the final year in the Faculty of Pharmaceutical Sciences. The award has been endowed by the College of Pharmacists of B.C., and augmented by UBC Pharmacy Alumni. It is made on the recommendation of the Dean of the Faculty to the student whose record during the entire course, in both the practical and theoretical parts of the pharmaceutical subjects, is considered to be the most outstanding.	1972	$225	$7,468	$1,000	$30,000	$23,000
Dean A.W. Matthews Testimonial Bursary	A $275 bursary has been endowed through the College of Pharmacists of British Columbia by friends and colleagues in honour of Dr. A.W. Matthews, who retired as Dean of Pharmacy in June, 1967. It serves to mark the outstanding esteem in which he is held and to pay tribute to his effective leadership. The bursary is awarded to a promising student in Pharmaceutical Sciences.	1974	$275	$9,063	$1,000	$30,000	$21,000
				TOTAL required to top-up all three award endowments			**$67,000**

Board Approved Strategic Plan

Vision - Better health through excellence in pharmacy

Mission – The CPBC regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.

Theme - Quality of pharmacy services to optimize patient outcomes

Goals	Objectives
1. Public Expectations Public expectations placed on pharmacists and pharmacy technicians are informed by a better understanding of our role, our dedication to continuous quality improvement, and our accountability to the public.	a) Create a strategy to raise public awareness of the role of pharmacists and pharmacy technicians with specific focus on the optimization of patient health outcomes and their commitment to: • standards of practice • continuous improvement processes that improve quality outcomes • delivering clinical services. b) Create opportunities for the College, pharmacists, pharmacy technicians, and other stakeholders to interact ensuring that role and value of the profession is well understood and aligned with the needs of the public and other health professions.
2. Interdisciplinary Relationships Consistent with the Health Professions Act, enhance communication and collaboration with other healthcare professionals in order to ensure safe and quality care.	a) Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can

	deepen their relationships and understanding of each other's role.
3. Scope of Practice The current and future care and services that pharmacists and pharmacy technicians deliver are safe, effective and aligned with the healthcare needs of the public	a) Support pharmacists and pharmacy technicians to practice to their current scope • Enhance availability of continuous education tools and programs • Encourage BC pharmacists to enroll in programs that support best practices • Ensure required knowledge, skills, and abilities required of pharmacists and pharmacy technicians are integrated into pharmacy and pharmacy technician programs • Encourage uptake of registered pharmacy technicians into community pharmacy practice settings b) Develop and update legislation, policy, and tools to support future scope of practice • Remove restrictions on adaptation policy (staged approach – quality then restriction removal) • Remove limits and conditions (staged approach – included authority for pharmacy technicians to administer injections) • Enable access to patient lab

	information • Advanced Pharmacist Practice (APP) certification. c) Integrate pharmacy technicians into practices
4. Standards Standards of practice are current and are being met in order to ensure safe and effective pharmacy care.	a) Review and map standards (HPA, PODSA, PPP's, NAPRA) to ensure relevancy and consistency. Update standards in the following priority areas: • Pharmacist review of patient profile on PharmaNet prior to dispensing • Pharmacist/patient consultation (counselling) • Narcotic reconciliation • Patient identification verification • Documentation management within the pharmacy • Identity of pharmacy staff b) Develop a comprehensive, integrated document that incorporates standards, guidelines and indicators of good practice and standards c) Develop standards for pharmacy workload d) Strengthen enforcement to improve compliance e) Align CE requirements with evolving practice and standards f) Remove tobacco products from pharmacy premises

	g) Prohibit use of loyalty programs related to the provision of pharmacy services
5. **Technology** Current and emerging technologies are utilized when opportunities exist to enhance safe and effective pharmacy care.	a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet database such that a more complete drug history is available for clinicians. b) Provide e-access to current and comprehensive drug information

Routine HIV Testing: *Why is it important? Is it making a difference?*

Dr. Réka Gustafson

Bob Rai

Clinical Rationale for Early Diagnosis and Treatment

Estimates of Benefits of Early Treatment

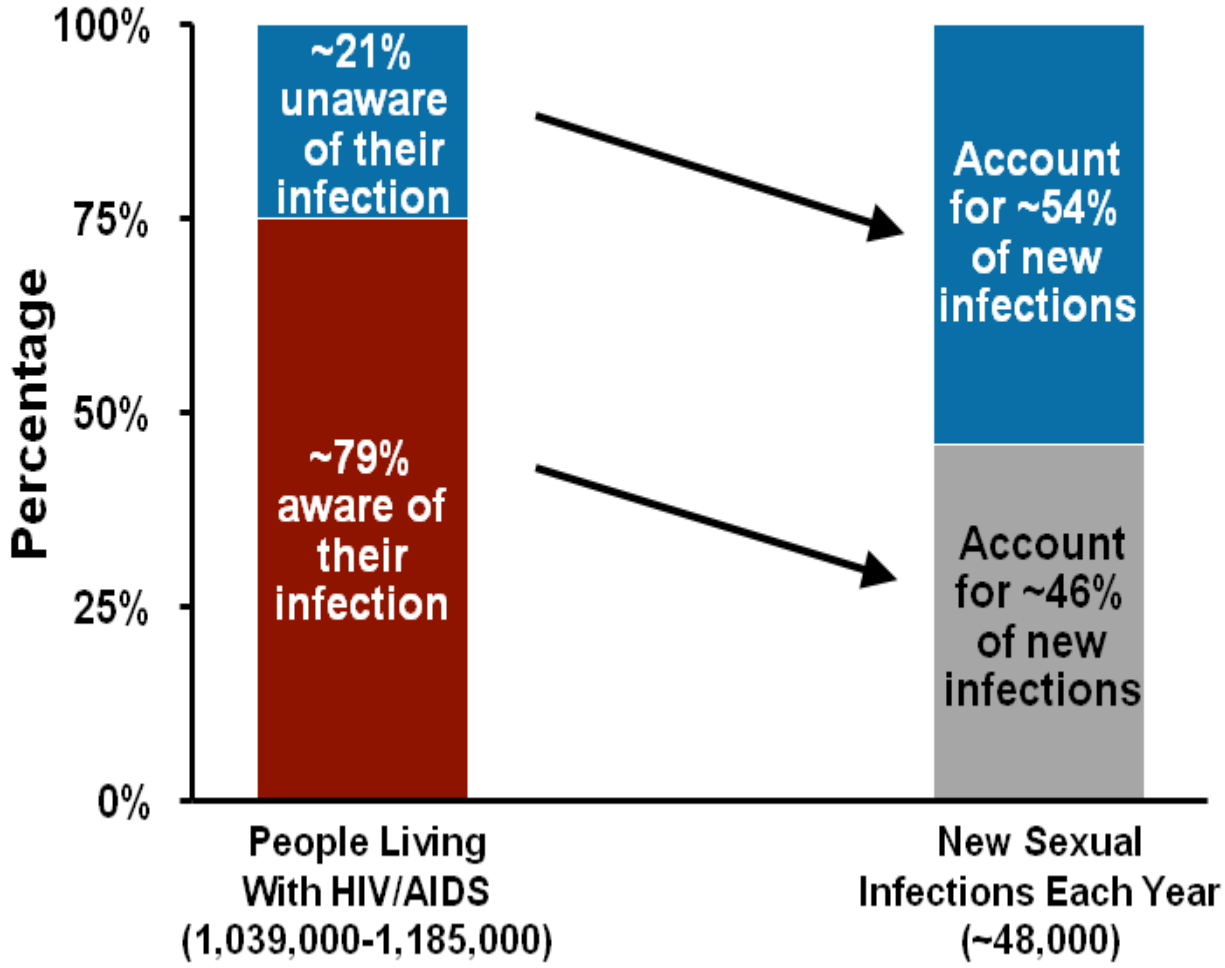
Life expectancy as a function of disease stage at start of treatment:

Disease stage at start of Treatment	Can expect to live to (years)
CD4 < 100	57.9
CD4 100 - 199	61.0
CD4 200 - 350	73.4

Modified from May M et al. *BMJ 2011;343:d6016*

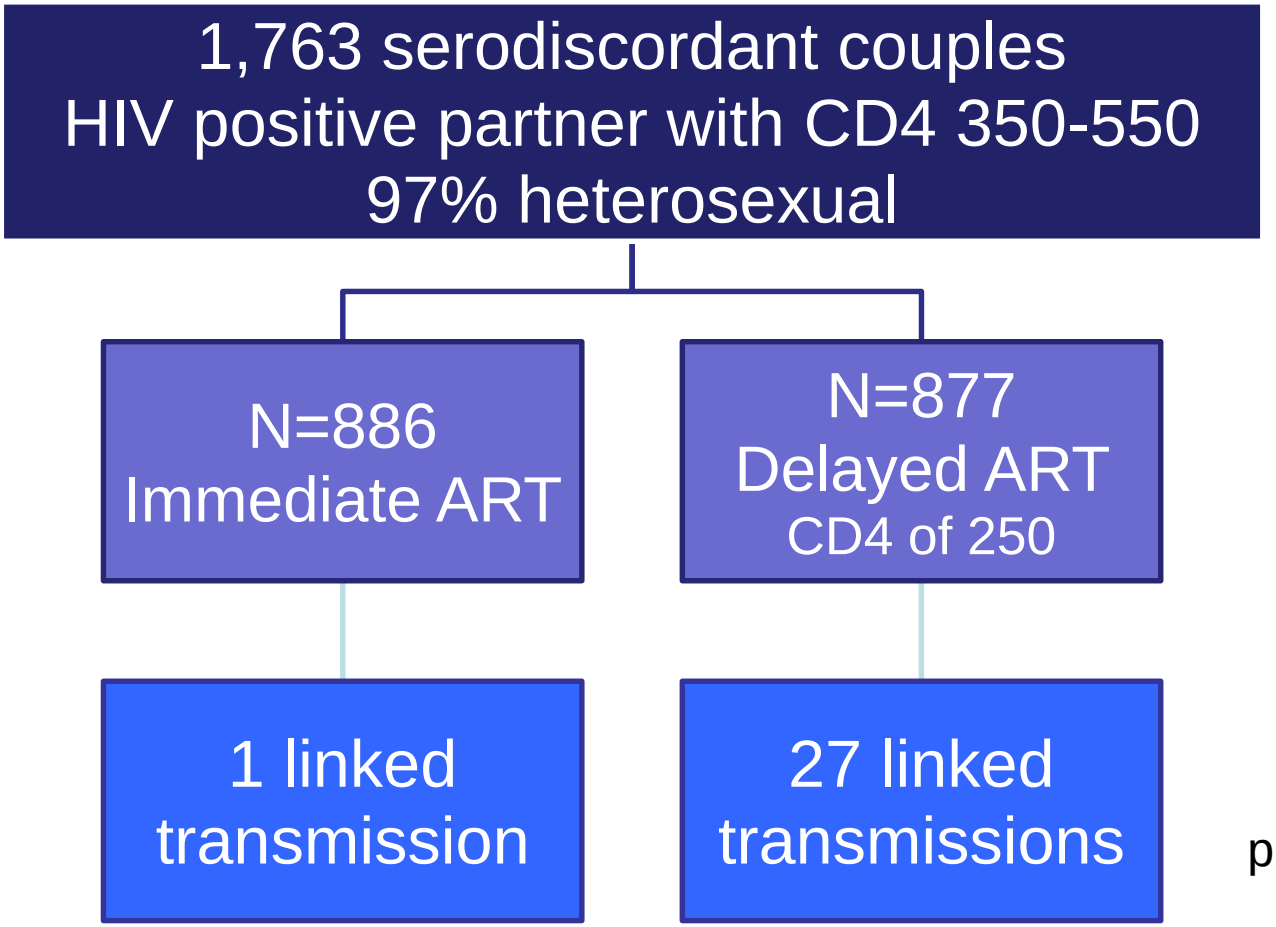
Public Health Rationale for Early Diagnosis and Treatment

Majority of HIV Transmissions From People Unaware of Their Infection



Marks G, et al. *AIDS*. 2006;20:1447-1450; Hall HI, et al. *JAMA*. 2008;300:520-529; Campsmith ML, et al. *J Acquir Immune Defic Syndr*. 2010;53:619-624; Prejean J, et al. *PLoS ONE*. 2011;6:e17502.

Evidence: HIV Prevention Trials Network 052 Study



$p < 0.001$

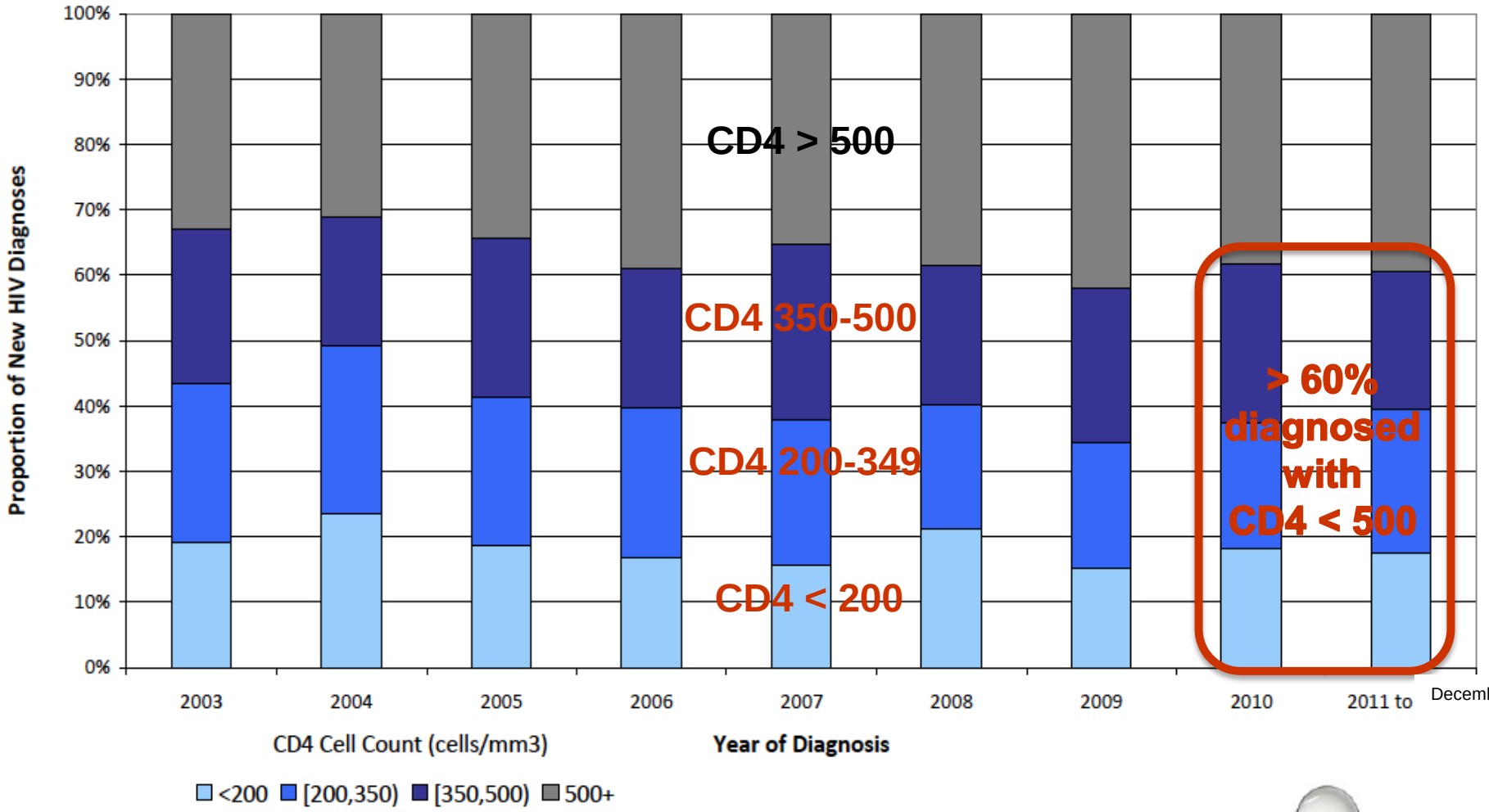
Cohen MS, et al. HPTN052 Study Team Prevention of HIV-1 Infection with Early Antiretroviral Therapy. *N Engl J Med* 2011 Aug 11; 365(6):493-505

Early diagnosis is the goal

Vancouver Coastal Health
Promoting wellness. Ensuring care.

Figure 4a
Proportion of Patients by CD4 Cell Count at Diagnosis and Year of Diagnosis [VCH45]

Providence HEALTH CARE
How you want to be treated.



Source: Public Health Surveillance Unit (HIV Surveillance Data) & BC CfE Drug Treatment Program Data.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit. December 22, 2011.

Public Health Surveillance Unit

Why are We Diagnosing People Late?

HIV testing is routine only in pregnancy

- ✓ Identifies infection early
- ✓ Treatment prevents vertical transmission

Voluntary test counseling for everyone else

- ✗ Based on recognition/acknowledgement of risk by patient and clinician

Risk-Based Testing

Requires care providers to:

- **Ask** about risk related behaviours

or

For patients to:

- **Know** they are at risk
- **Recognize** that risk

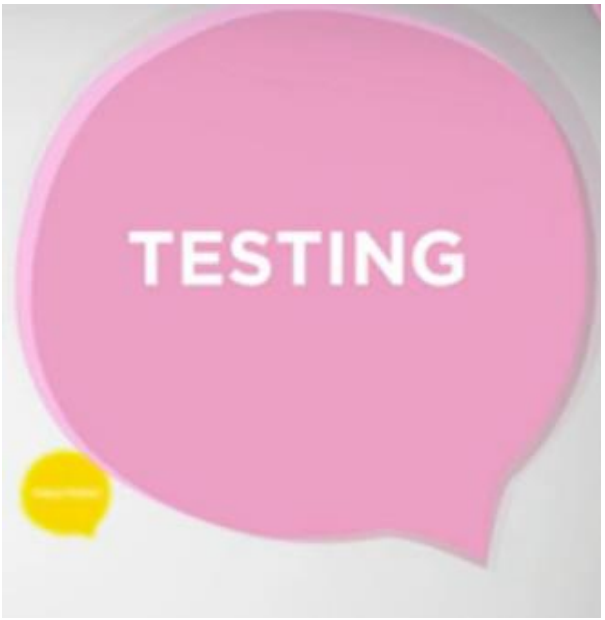
and

- To **disclose** risk to their care provider

Risk-Based Testing

Stigmatizes testing

- Discourages clinicians from offering an HIV test
- Discourages patients from seeking and/or accepting the test



Missed Opportunities for Early Diagnosis

Percent & proportion of new HIV diagnoses with ≥1 prior outpatient, Lab, ER or inpatient encounter, by CD4 count

CD4 Count*	≥ 1 prior encounter
< 200	58% (30/52)
< 350	60% (64/107)
< 500	55% (97/177)

57.5% (291/506) of new HIV Dx had a CD4 count on record at time of Dx

We need to fundamentally change our testing paradigm

HIV meets ALL World Health Organization criteria for a routine screening program

World Health Organization

WHO Criteria for Screening Programs

- The condition sought should be an **important health problem** for the **individual** and **community**.
- There should be an **accepted treatment** or useful intervention for patients with the disease.
- The **natural history** of the disease should be adequately **understood**.
- There should be a **latent or early symptomatic stage**.
- There should be a suitable and acceptable **screening test** or examination.
- **Facilities** for diagnosis and treatment should be available
- There should be an **agreed policy on whom to treat** as patients.
- **Treatment started at an early stage** should be of **more benefit** than treatment started later.
- The **cost should be economically balanced** in relation to possible expenditure on medical care as a whole.
- Case finding should be a continuing process and not a once and for all project.

Cost effective

Conservative threshold for cost effectiveness is estimated to be

1/1000 new diagnoses*

or **2/1000 diagnosed prevalence**

Paltiel AD, et al. Expanded screening for HIV in the United States - an analysis of cost-effectiveness. N Engl J Med 2005; 352(6):586-595.

Paltiel AD, et al. Expanded HIV screening in the United States: effect on clinical outcomes, HIV transmission, and costs. Ann Intern Med 2006; 145: 797–806.

Sanders GD, Bayoumi AM, Sundaram V, Bilir SP, Neukermans CP, Rydzak CE et al. Cost-effectiveness of screening for HIV in the era of highly active antiretroviral therapy. N Engl J Med 2005; 352(6):570- 585.

*Walensky RP, et al. Routine human immunodeficiency virus testing: an economic evaluation of current guidelines. Am J Med 2005; 118(3):292-300.

Yazdanpanah Y et al. Routine HIV Screening in France: Clinical Impact and Cost-Effectiveness. PLoS One. 2010;5(10):e13132.

New HIV Testing Recommendations

BCMJ, 2011, 53:49

***Offer* an HIV test to all adults in your practice who have not had one in the past year**

- ✓ in acute and community care
- ✓ as part of **blood work for any other reason**
- ✓ every time you **test** for **STIs, HCV, tuberculosis**

New HIV Testing Recommendations

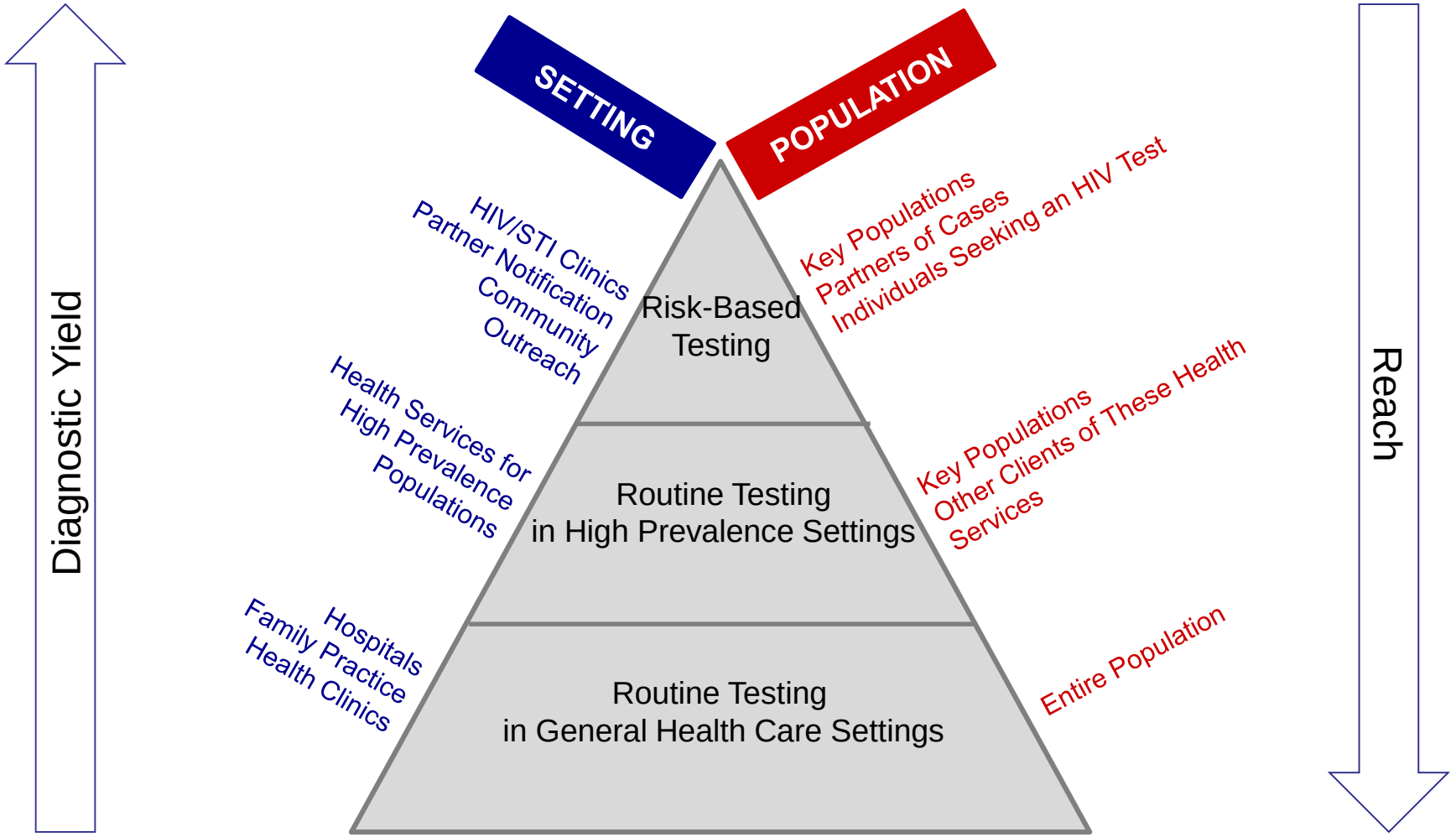
BCMJ, 2011, 53:49

If aware of a specific risk, recommend an HIV test now, and more often

- ✓ clinical symptoms
- ✓ every time you **diagnose another STI**
- ✓ every 3-6 months if you are aware of ongoing high risk

Vancouver Coastal Health Public Health

Vancouver's HIV Testing Strategy



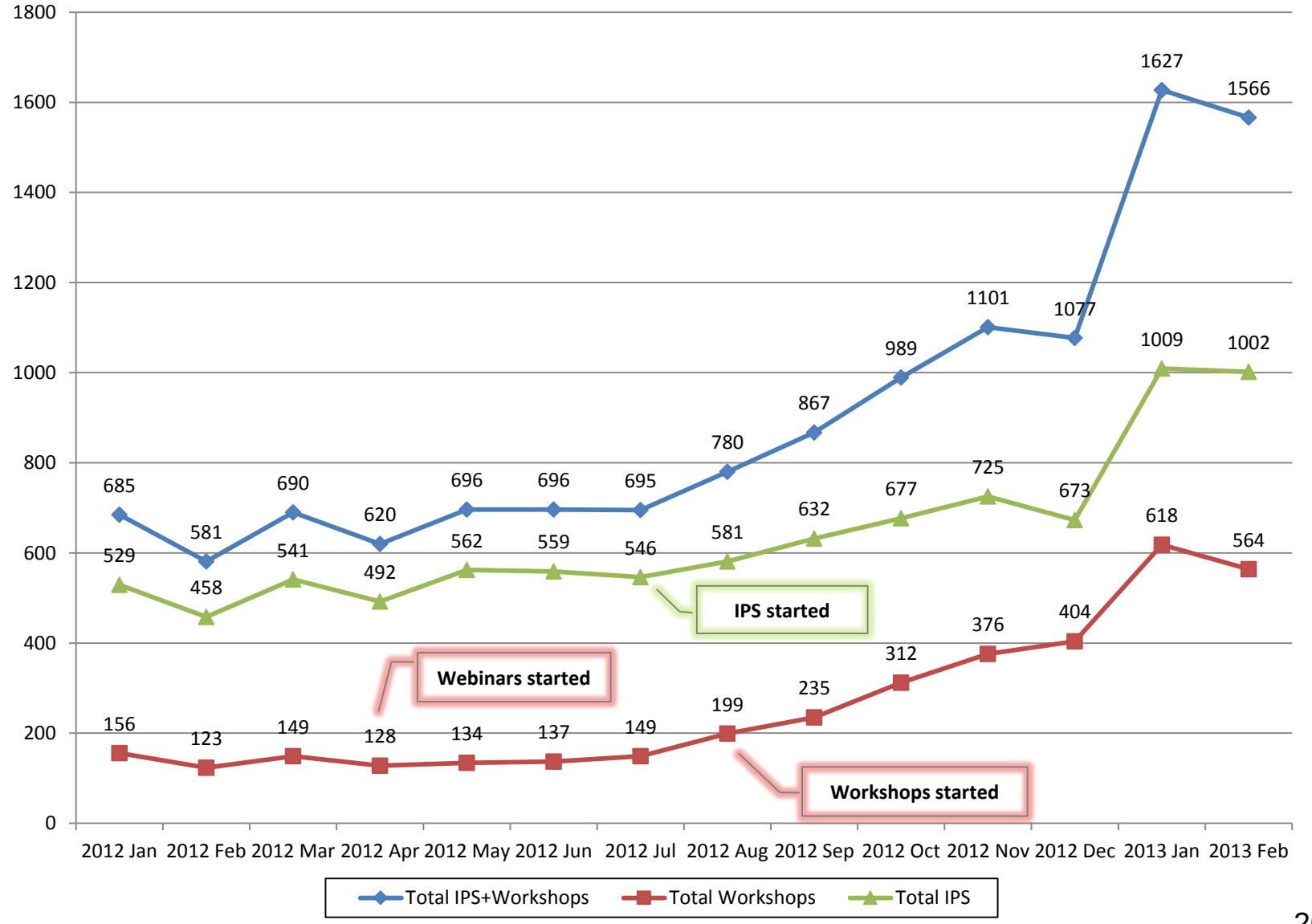
Family Practice Testing

- The HIV Testing Initiative in Family Practice is an ongoing partnership between Vancouver Coastal Health (VCH), Providence Health Care (PHC), and the University of British Columbia Division of Continuing Professional Development (UBC CPD)

- A multimodal education approach was employed to offer education and support on routine HIV testing for family physicians, which included small group workshops, webinars, in-practice support, interactive online articles and resources, and self-directed learning activities

HIV Tests Performed by Vancouver Physicians, Participating in Routine HIV Education, Requesting Their Data

Jan 2012 - Feb 2013



Acute Care Testing

- All four hospitals in the city of Vancouver introduced the offer of a routine HIV for all hospital patients

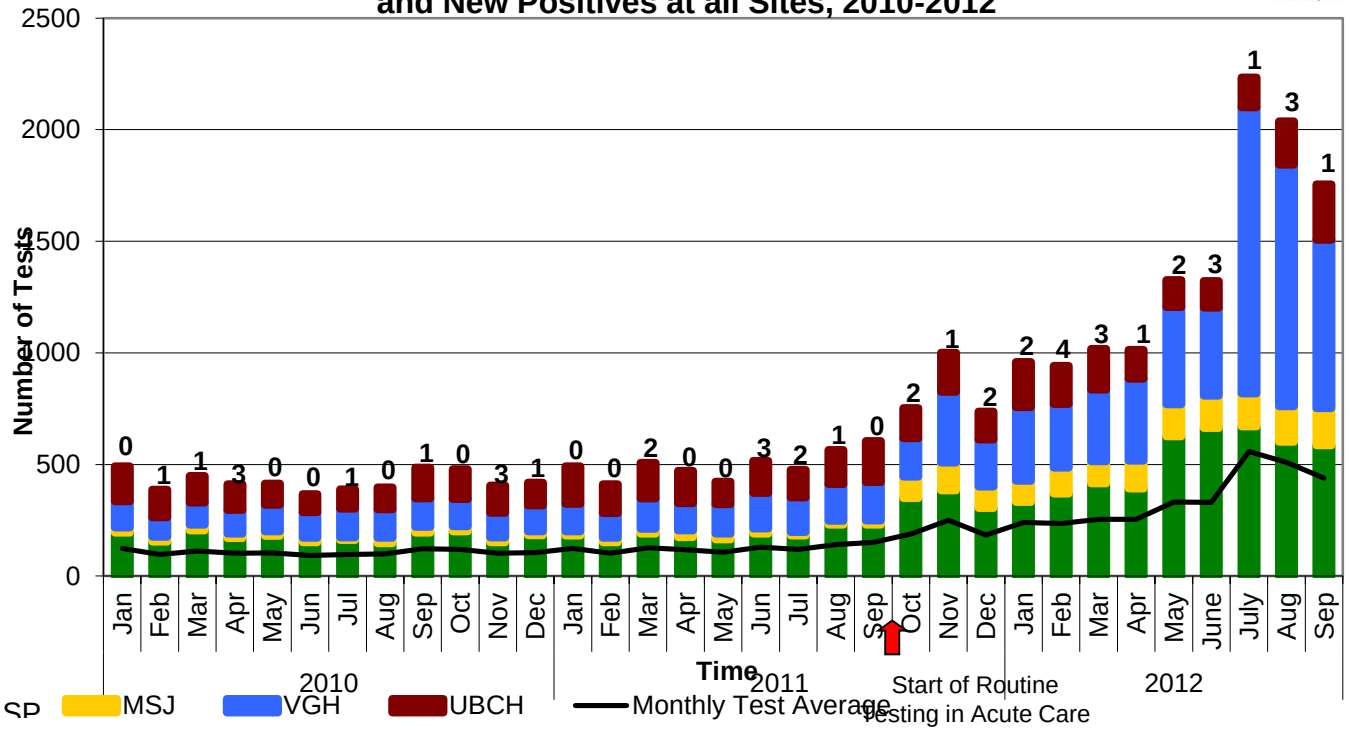
- A single acute care testing implementation team working with all four hospitals➔ **this team remains in place**

Acute Care Testing Summary

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Providence HEALTH CARE
How you want to be treated.

Figure 1. Number of HIV Tests at Vancouver Hospitals by Month and New Positives at all Sites, 2010-2012



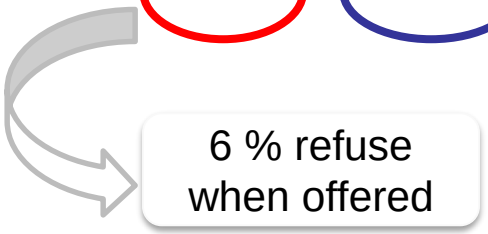
Graph represents all tests ordered (except SPH Immunodeficiency Clinic) in an acute facility regardless of admission status.
Values above bars represent number of positives diagnosed each month from all sites.
Time parameters determined by date of test.
Source: Providence Health Care Virology Laboratory Database & Vancouver General Hospital Laboratory Database.

Public Health Surveillance Unit

Chart Audit Data: Department of Medicine

Department of Medicine: October 2011 – March 3, 2013

Site	Number of Admissions	Number Offered	Number Tested	Acceptance Rate	% Offered	% Tested	Number of Positives	Positivity Rate per 1000
SPH	4250	1996	1666	97%	47%	39%	12	~ 7/1000
MSJ	1895	1174	895	85%	62%	47%	4	~ 4/1000
VGH	5104	1803	1453	96%	35%	28%	4	~ 3/1000
Total	**11249**	**4973**	**4014**	**94%**	**44%**	**36%**	**19**	**~ 5/1000**



Efficiency of Routine and Rapid Testing in Targeted Community Settings (since STOP Project implementation)

Setting	HIV Tests	Percent positivity
Abortion Clinics	1,560	0%
Youth Clinics	1,746	0%
Dentists	60	0%
Health Justice	44	0%

Setting	HIV Tests	# Positives	Percent positivity
Primary Care	17,302	87	0.5%
Addictions and Housing	2,334	7	0.3%
Mental Health	592	1	0.2%
Student Health	3,338	1	0.03%

Over a 25 month period: July 2010 to July 2012		
Total Tests: 26,976	**Total new positives: 96**	**Total % Positivity: 0.4%**

Routine testing cost-effectiveness threshold:
1 positive per 1000 tests (0.1%)[1]

[1]Qaseem, A., Snow, V., Shekelle, P. et al. (2009). Screening for HIV in health care settings: A guidance statement from the American College of Physicians and HIV Medicine Association. *Ann Intern Med* 150:125-131.

Uptake of HIV Testing in Community Settings

(Pre and Post STOP Implementation July 2010)

Program	Pre	Post	% Change
Primary Care	12,759	17,517	+37%
Student & Youth	3,082	5,084	+65%
Dentist	0	60	>100%
Addictions & Housing	1,087	2,334	>100%
Mental Health	379	593	+56%
Health Justice	15	44	>100%
Abortion Clinics	12	1,560	>100%
Total	**17,334**	**27,192**	**+57%**

Efficiency of HIV Testing

Routine Testing

Setting	Percent positivity
Acute Care: Provider - Initiated	0.3%
Acute Care: Patient -Initiated	1.6%
VCH Primary Care	0.5%

Risk-Based Testing

Setting	Percent positivity
STOP Outreach Team	1.0%
DTES Peer Testing	0.2%
Partner Notification	8%
Bathhouse Testing	1.5%

Routine testing cost-effectiveness threshold:
1 positive per 1000 tests[1]

[1]Qaseem, A., Snow, V., Shekelle, P. et al. (2009). Screening for HIV in health care settings: A guidance statement from the American College of Physicians and HIV Medicine Association. *Ann Intern Med* 150:125-131.

PharmacyBC

The Medicine Shoppe® PHARMACY
Your Health. Our Priority.

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

6180 Fraser Street
Vancouver, BC
604.327.3898

2030 Kingsway
Vancouver, BC
604.876.2511

A rapid HIV test has been approved for use in Canada. This newly available finger-stick test provides preliminary results in less than 60 seconds.

Quicker diagnoses and improved access to HIV prevention and treatment. Traditional lab tests can take about two weeks and two visits to provide results. The rapid test can now be done in one visit.

Health Canada estimates that 1 in 4 people living with HIV in Canada do not know their HIV status. HIV testing provides an opportunity for people to access life saving treatment and learn prevention strategies for themselves and their partners.

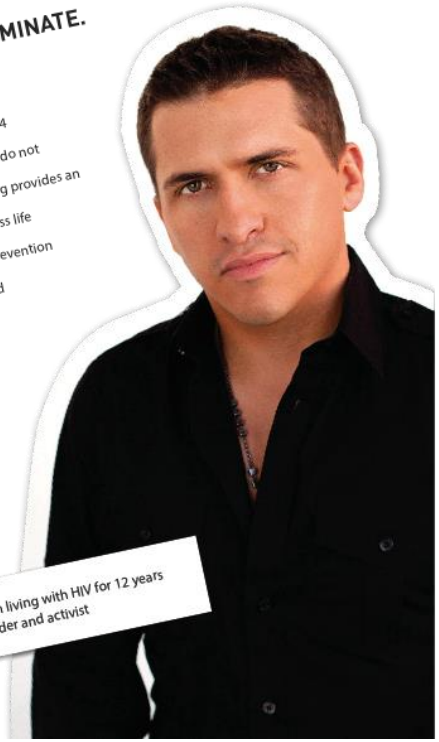
We care beyond prescriptions. We believe that we can make a difference in this epidemic by offering information and testing so that patients can know their status and seek treatment, helping them to live long and healthy lives.

WE CARE BEYOND PRESCRIPTIONS

OUR PHARMACY NOW OFFERS RAPID HIV TESTING

HIV DOES NOT DISCRIMINATE.
NEITHER DO WE.

Health Canada estimates that 1 in 4 people living with HIV in Canada do not know their HIV status. HIV testing provides an opportunity for people to access life saving treatment and learn prevention strategies for themselves and their partners.



Todd has been living with HIV for 12 years and is a HIV leader and activist

SHOULD YOU GET TESTED FOR HIV?

SCAN THIS CODE
TO TAKE THE QUIZ ONLINE

WEBSITE ADDRESS HERE

WE CARE BEYOND PRESCRIPTIONS

OUR PHARMACY NOW OFFERS RAPID HIV TESTING

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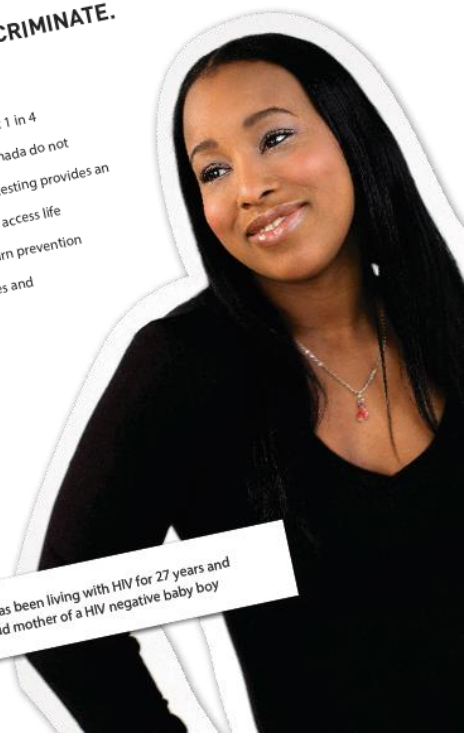

Lolisa has been living with HIV for 27 years and is the proud mother of a HIV negative baby boy

SHOULD YOU GET TESTED FOR HIV?

SCAN THIS CODE
TO TAKE THE QUIZ ONLINE

WEBSITE ADDRESS HERE

PharmacyBC

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Vancouver CoastalHealth
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Rapid HIV Testing

For Pharmacists

PharmacyBC

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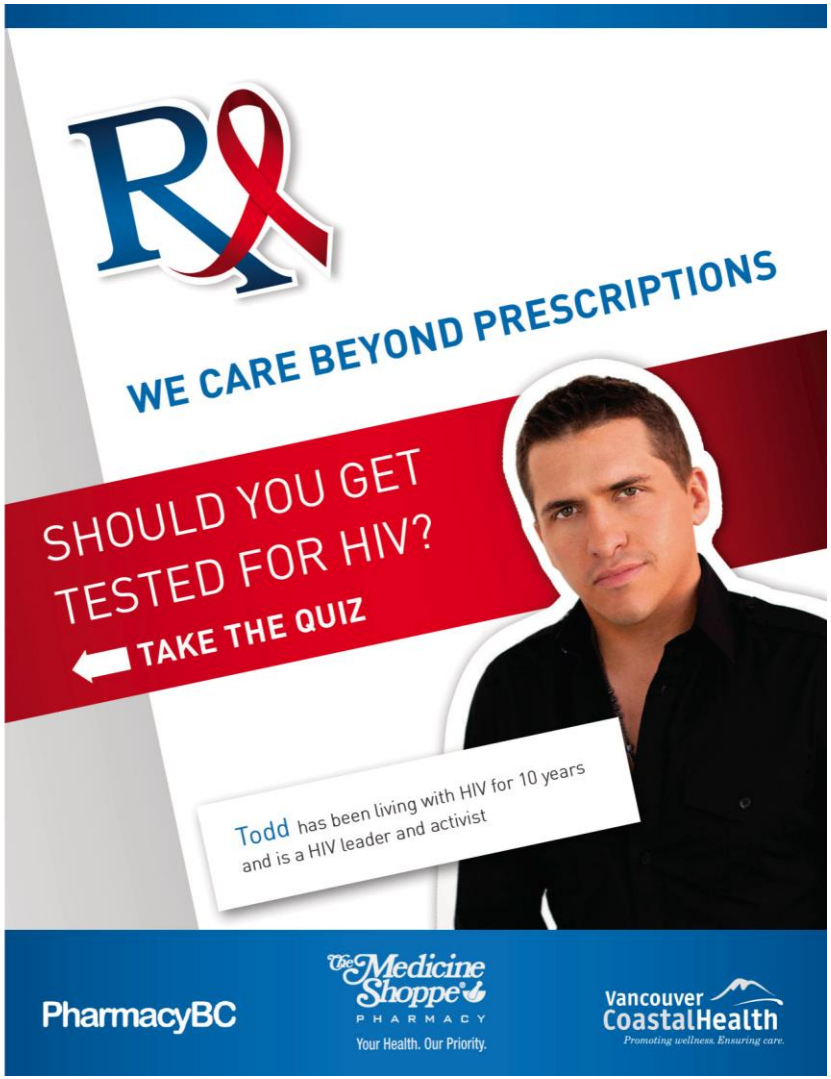

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PharmacyBC

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Have you...

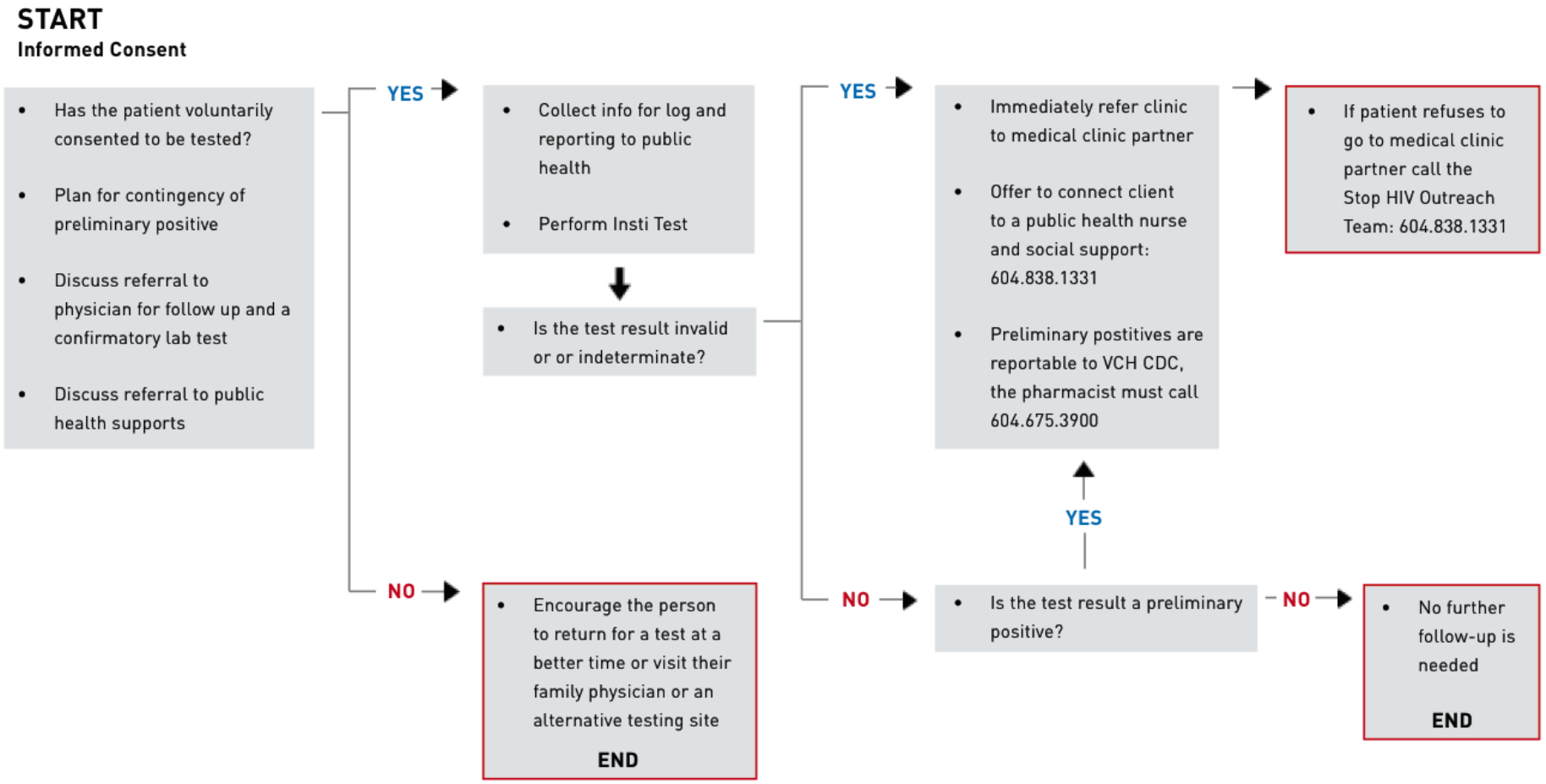
- ☐ Had vaginal or anal intercourse without using a condom (even if in a monogomous relationship)?
- ☐ Been diagnosed with a sexually transmitted infection and not tested for HIV since?
- ☐ Shared needles, syringes or injecting equipment?
- ☐ Had medical procedures in a foreign country?
- ☐ Had blood to blood contact such as blood transfusions in countries where the donated blood is not tested?

Christina has been living with HIV for 27 years and is the proud new mother of a HIV negative baby boy

If you answered **YES** to *any* of these questions, you may have put yourself at risk of HIV transmission. However, this doesn't mean that HIV infection is inevitable. It can be scary to get tested, but it's definitely worth it. Knowing your status early can help you live a longer and healthier life, and give you the knowledge you need to protect your partners.

QUIZ

The Test Work Flow



THE UNIVERSITY OF BRITISH COLUMBIA
PHARMACEUTICAL SCIENCES

Medication Management Training at the Pharmacists Clinic

Glenda MacDonald
Barbara Gobis

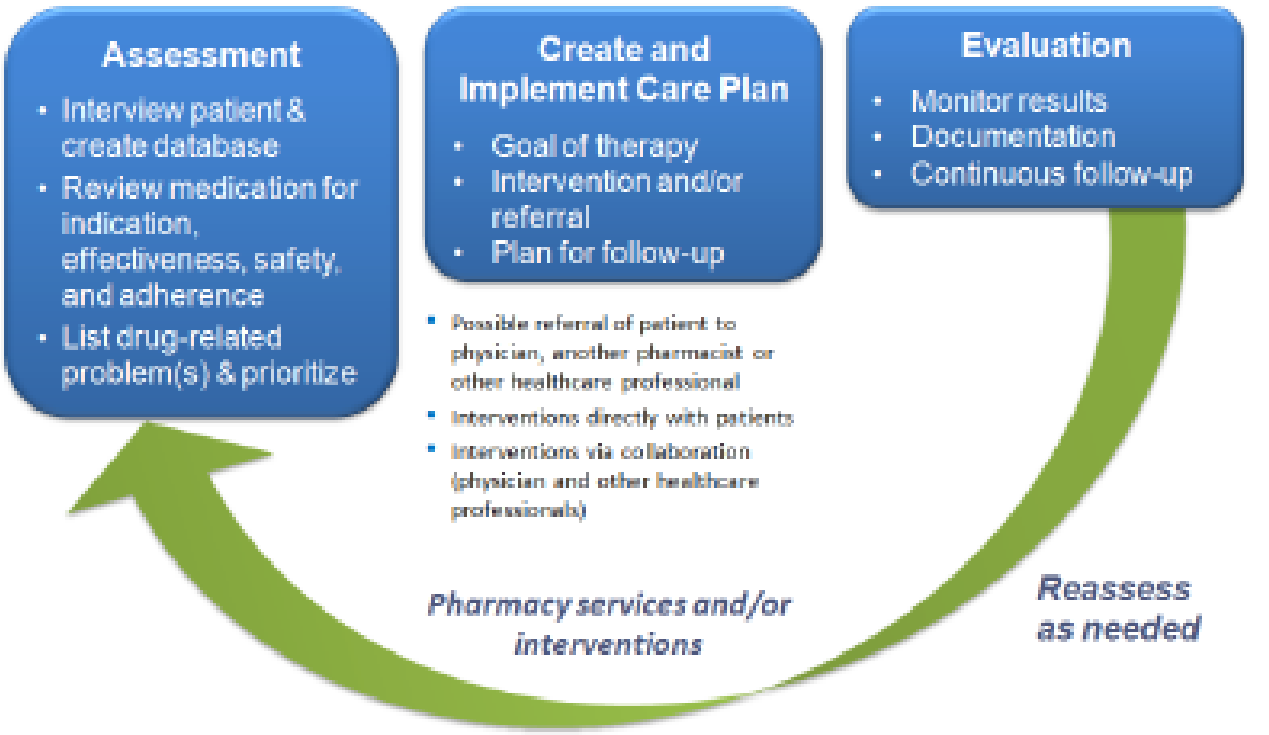
September 20, 2013

- The Pharmacists Clinic
  - A “best practices” patient care environment
  - Where pharmacists
    - Work with patients and health care professionals
    - Provide Comprehensive Medication Management (CMM) to optimize drug therapy outcomes

- UBC Continuing Pharmacy Professional Development
  - Develops, delivers, manages, evaluates and accredits CPD programs for pharmacy professionals in BC

- A Certificate-level Initiative
  - A 30-hour, hands-on experiential immersion with expert practitioners who are caring for patients
  - On-line 2-hour pre-study on key CMM concepts
- Goal
  - Learners rapidly translate theoretical concepts into practical skills and confidence
- Alignment
  - Development and application of pharmacist knowledge, skills and abilities to achieve best possible patient results
  - Blueprint for Pharmacy Definition of Medication Management

Pharmacists' Role in Medication Management



This image has been adapted from the Medication Therapy Management (MTM) format outlined by the American Pharmacists Association and the National Association of Chain Drug Stores

- Target pharmacist audience
  - Learn best by “doing”
  - Foundational knowledge about CMM practice
  - Skills refresher, confidence booster
- Unique value proposition
  - 1:1 with expert pharmacists in the care of real patients
  - Hands-on, practical, with continuous feedback
  - Communication and documentation in EMR
- Pharmacist interest level is high

- Costs and Capacity
  - $3000 per learner
  - 1 learner per week
- Funding Request
  - $1500 per learner

Year	Learners (#)	Funding Request
2014	43	$70,000
2015	47	$75,000
2016	17	$30,000

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Legislation Review Committee Update

Presented By: Anar Dossa

September 20, 2013

Legislation Review Committee
Terms of Reference

Responsibilities

1. Provide advice and guidance regarding proposed legislation/policy changes that have been directed to the committee from the Board, Board committees or College staff.

2. Identify priorities for change within legislation review planning cycle.

The Committee met on August 27th to review the bylaw package and Draft Schedule of Bylaw Changes (2013-2015).

Board Decisions today:

1. **Registrar's Authority (to make changes to forms)**
   a) HPA bylaws

2. **Incentives Prohibition**
   a) HPA & PODSA bylaws

3. **Fee schedules and associated changes to forms**
   a) HPA & PODSA bylaws

1. Registrar's Authority (HPA)

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended as follows:

1. Section 22 is repealed and the following substituted:

Registrar/Deputy Registrar

22. (1) The registrar is authorized to establish, by bylaw, forms for the purposes of the bylaws, and to require the use of such forms by registrants.

(2) If a deputy registrar is appointed by the board,

(a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and

(b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

1. Registrar's Authority (HPA)

MOTION 1 – Registrar's Authority (HPA):

It was MOVED (xxxx) and SECONDED (xxxx) that:
The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the *Health Professions Act*, and subject to filing with the Minister as required by section 19(3) of the *Health Professions Act*, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

Incentives Prohibition

June 21, 2013 Board meeting motion:

The Board Directs the Registrar to complete the drafting of bylaws consistent with Option 2 – Implement Proposed Full Prohibition of Incentives as previously posted with the addition of the following exclusions:

- *Schedule 3 drugs, except on a prescription from a practitioner;*
- *Providing free or discounted parking to patients who are obtaining a Schedule 1 or Schedule 2 drug;*
- *Providing free or discounted delivery services to patients who are obtaining a Schedule 1 or Schedule 2 drug;*
- *Permitting patients or patients' representatives to pay for Schedule 1 or Schedule 2 drugs using major credit cards that are linked to incentives like points, loyalty points or rewards, except where, directly or indirectly, the incentives are awarded specifically for the purchase of a Schedule 1 or Schedule 2 drug.*

2. Incentives Prohibition- HPA

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended as follows:

1. In Part 1 of Schedule F, section 2 is amended by adding the following definition:

   "**incentive**" means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards;

2. The following section is added to Part 1 of Schedule F:

   Prohibition on the Provision of Incentives

   15 (1) A registrant must not provide or distribute, or be a party to the provision or distribution of, an incentive to a patient or patient's representative for the purpose of inducing the patient or patient's representative to
   - (a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or
   - (b) obtain any other pharmacy service from a particular registrant or pharmacy.

   (2) Subsection (1) does not prevent a registrant from
   - (a) providing free or discounted parking to patients or patient's representatives,
   - (b) providing free or discounted delivery services to patients or patient's representatives, or
   - (c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

   (3) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

2. Incentives Prohibition (HPA)

MOTION 2 – Incentives Prohibition (HPA):

It was MOVED (xxxx) and SECONDED (xxxx) that:
The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the *Health Professions Act*, and subject to filing with the Minister as required by section 19(3) of the *Health Professions Act*, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

2. Incentives Prohibition - PODSA

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended as follows:

1. Section 1 is amended by adding the following definition:

   "**incentive**" has the same meaning as in Part 1 of Schedule F of the bylaws of the college under the *Health Professions Act*;

2. Section 3(2) is amended in paragraph (z) by striking out "with that plan." and substituting "with that plan;".

3. Section 3(2) is amended by adding the following paragraph:

   (aa) ensure that no incentive is provided to a patient or patient's representative for the purpose of inducing the patient or patient's representative to
   - (a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or
   - (b) obtain any other pharmacy service from a particular registrant or pharmacy.

4. Section 3 is amended by adding the following subsections:

   (3.1) Subsection (2)(aa) does not prevent a manager or director, or an owner, from
   - (a) providing free or discounted parking to patients or patient's representatives,
   - (b) providing free or discounted delivery services to patients or patient's representatives, or
   - (c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

   (3.2) Subsection (2)(aa) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

5. Section 3(4) is amended by striking out "(w), and (x)." and substituting "(w), (x) and (aa)".

2. Incentives Prohibition (PODSA)

MOTION 3 – Incentives Prohibition (PODSA):

It was MOVED (xxxx) and SECONDED (xxxx) that:
The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the *Pharmacy Operations and Drug Scheduling Act*, and subject to filing with the Minister as required by section 21(4) of the *Pharmacy Operations and Drug Scheduling Act*, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

Fee schedules and Forms (HPA & PODSA)

To ensure December 1, 2013 implementation timeline – fee changes are only those previously approved.

February 15, 2013 Board meeting motions:

The Board approve changing to a single registration fee for all pharmacists of $530 per year, by December 1, 2013.

The Board approve discontinuing all student registrant fees by December 1, 2013.

The Board approve increasing the community and hospital pharmacy licensing fee to $1331 by December 1, 2013.

That the Board approve discontinuing the following fees by December 1, 2013:

- *Application fee for new pharmacy, telepharmacy, satellite hospital pharmacy*
- *Change of manager, director, operating name, corporate name, ownership*, location/renovation*
- *Follow up inspections*
- *Late application for re-instatement*

Fee schedules and Forms (HPA & PODSA)

April 19, 2013 Board meeting motion:

That the Board approve adoption of a fee schedule for an annual fee for pharmacy technicians that is 2/3 of the annual fee for full pharmacists.

3. Fee Schedule and Forms (HPA)

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by repealing Forms 4A, 4B, 6A, 6B, 7A, 10A, 10B, 10D, 10E, and 11E and Schedule D and substituting the attached new Forms 4A, 4B, 6A, 6B, 7A, 10A, 10B, 10D, 10E, and 11E and new Schedule D.

3. Fee Schedule and Forms (HPA)

MOTION 4 – Fee Schedule and Forms (HPA):

It was MOVED (xxxx) and SECONDED (xxxx) that:
The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 19(1) of the *Health Professions Act*, and subject to filing with the Minister as required by section 19(3) of the *Health Professions Act*, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

3. Fee Schedule and Forms (PODSA)

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of *the Pharmacy Operations and Drug Scheduling Act* are amended by repealing 1A, 1B, 1C, 2, 3, 4, and 5 and Schedule A and substituting the attached new Forms 1A, 1B, 1C, 2, 3, 4, and 5 and new Schedule A.

3. Fee Schedule and Forms (PODSA)

MOTION 5 – Fee Schedule and Forms (HPA):

It was MOVED (xxxx) and SECONDED (xxxx) that:
The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the *Pharmacy Operations and Drug Scheduling Act*, and subject to filing with the Minister as required by section 21(4) of the *Pharmacy Operations and Drug Scheduling Act*, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

Draft Schedule 2013-2015 Bylaw Changes

- **Intent is to prioritize and plan work of legislation review committee**
- **Document is still a work in progress – provided now to give Board a preview of work ahead**
- **First "cut" at prioritization was done in the following manner:**
  - Pull out priorities from repealed Spring 2013 bylaw package – break into workable chunks
  - Determine what has already been publicly posted (vs what has to be publicly posted) – group posted priorities together
  - New work added

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

BOARD MEETING
September 20, 2013

9 (d) Patient Counseling

Board member Robert Craigue will discuss issues brought forward from pharmacists regarding bylaw requirements in relation to patient counseling. The applicable sections of the bylaws are noted below:

HPA Bylaws, Schedule F, Part 1 Community Pharmacy Standards of Practice

(6)(4) At the time of dispensing, a prescription must include the following additional information:
(a) the prescription number;
(b) the date on which the prescription was dispensed;
(c) the manufacturer's drug identification number or the brand name of the product dispensed;
(d) the quantity dispensed;
(e) the handwritten identification of each registrant and pharmacy assistant involved in each step of the dispensing process;
(f) written confirmation and identification of the registrant who
(i) reviewed the personal health information stored in the PharmaNet database,
(ii) reviewed the drug usage evaluation messages (DUE) from the PharmaNet database,
(iii) performed the consultation in accordance with section 12 of this Part, and
(iv) performed the final check including when dispensing a balance owing.

(12)(1) Full pharmacist/patient consultation for Schedule I, II and III drugs should occur in person if practical, or by phone and must respect the patient's right to privacy.

(2) Full pharmacist/patient consultation is required for all prescriptions.

(3) Subject to subsection (6), a full, limited or student pharmacist must engage in direct consultation with a patient or the patient's representative regarding a Schedule I drug, and must
(a) confirm the identity of the patient,
(b) identify the name and strength of drug being dispensed,
(c) identify the purpose of the drug,
(d) provide directions for use of the drug including the frequency, duration and route of therapy,
(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
(f) discuss storage requirements,
(g) provide prescription refill information,
(h) provide information regarding

(i) how to monitor the response to therapy,
(ii) expected therapeutic outcomes,
(iii) action to be taken in the event of a missed dose, and
(iv) when to seek medical attention, and

(i) provide other information unique to the specific drug or patient.

(4) If a drug-related problem is identified during full pharmacist/patient consultation, the full pharmacist must take appropriate action to resolve the problem.

(5) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the Canada Vigilance Program Regional Office.

(6) A full, limited or student pharmacist must use reasonable means to comply with subsections (1), (2) and (3) for patients or the patient's representatives who have language or communication difficulties.

9. (b) DRAFT – Schedule 2013-2015 Bylaw Changes

Suggested Order of Priority

1. For Approval at September 20, 2013 Board Meeting

Legislation	Details	Feb 2013 Submission/Proposed	Deadline
Loyalty Programs	As per Board motion	Feb	
Forms	(do not include housekeeping)	Proposed	December 1, 2013
Fees	As approved at the Feb/13 Board meeting	Proposed	December 1, 2013
Registrar – change of forms authority	HPA Bylaws Section (22)	Feb	

- None of the items in the table require posting because they have either already been posted or they do not require posting (forms/fees)
- Due for submission to briefing package September 2, 2013 (end of August)
- If bylaws are accepted for filing by the ministry, earliest effective date is end of November 2013 (if doesn't have to go for posting and if ministry reviews and approves in august)

2. For Approval at February 2014 Board Meeting

Legislation	Details	Feb. Submission/Proposed	Deadline
New section: Publish Citations	HPA Bylaws Section (59)	Feb	
Notice of Election	HPA Bylaws Section (4)(5)(6)(9)	Feb	
Electronic Voting	HPA Bylaws Section (4)(5)(6)(9)	Feb	
Electronic Prescriptions		Feb	
Part VI - PharmaNet Definitions	Electronic prescription and electronic signature	Feb	
Section 28 – electronic prescription	New section	Feb	
Re-certification of injection authority	See Feb 2013 Board meeting motion	Feb	September 2014
Definition of Medication Management		Feb	
Section 10 – Patient Record	To include med mgmt, etc	Feb	
Schedule F – Part 5	New "Medication Management"	Feb	
Schedule F – Part 5 – Med Management	Review consent and documentation requirements	Feb	

Registration/Pre-Registration	12 month timeline (redo documentation)	Feb	
Schedule C	Update with current list (from Doreen Apr/13)	Proposed (requires posting)	

- Most of the items in the table don't require posting because they have already been posted
- Due for submission to briefing package January 31, 2014
- If bylaws are accepted for filing by the ministry, earliest effective date is the beginning of May 2014 (if doesn't have to go for posting and if ministry reviews and approves by January)

3. For Approval at June 2014 Board Meeting

Legislation	**Details**	**Feb. Submission/Proposed**	**Deadline**
HPA Schedule F – Part 1 - Throughout add references to	Hosp phmcy remote and telephmcy remote	Feb	
Section 10 - Pharmacy Licenses	Added telepharmacy remote and central site, hospital pharmacy satellite, remote site	Feb	
PODSA Mail order pharmacy		Feb	
PODSA Non-dispensing pharmacy		Feb	
PODSA License types: Mail Order, non-dispensing		Feb	
Changes to prescription transfers	Pharmacist vs. Technicians scope	Feb	
Changes to pcist/patient consultation	Noted in standard subcommittee for review	Feb	
"Limits on Practice for Pharmacy Technicians"	Section heading change from "Pharmacy Technician Registration"	Feb	
Pharmacy Technician Scope	Slight change in wording re: Verbal prescriptions	Feb	
Ptech Scope moved to main bylaws		Feb	
Section 5 – Prescription		Feb	
Section 12 – Documentation	Deleted and moved to ???	Feb	

9. (b) DRAFT – Schedule 2013-2015 Bylaw Changes

Section 14 – Compounding Sterile preps	Deleted and moved to ???	Feb	
Section 30 – Marketing and Advertising	Changes to homepages around reporting complaints to college vs. pharmacy	Feb	

- None of the items in the table require posting because they have already been posted
- Due for submission to briefing package May 31, 2014
- If bylaws are accepted for filing by the ministry, earliest effective date is the beginning of September 2014 (if doesn't have to go for posting and if ministry reviews and approves by May)

4. For Approval at September 2014 Board Meeting

Definitions added		Feb	
Section 3 – Drug Distribution	Deleted and moved to ???	Feb	
Returned Drugs	New section added	Feb	
Inpatient Leave of Absence and Emerg Take-Home Drugs	Section re: labels deleted	Feb	
Drug Repackaging and Compounding	Re-wording	Feb	
Hospital Pharmacy Technicians	Deleted and moved to ???	Feb	
Patient Oriented Pharmacy Practice	Section (13) Subsections (9) and (10) removed	Feb	
Documentation	Subsection added re: telephone order documentation	Feb	
Schedule F – Part 3			
Definitions	Changed	Feb	
Section 5 - Pharmacy Technicians	Deleted and moved to ???	Feb	
Respite Care	Changed to "Short Stay or Late Admissions", etc.	Feb	
Definitions		Feb	
Section 3 – Responsibilities of	Several but also includes splitting of	Feb	

9. (b) DRAFT – Schedule 2013-2015 Bylaw Changes

Pharmacy Managers, owners and directors	pharmacy closure/renovation requirements		
Section 4 – Sale and disposal of drugs	Tightened requirements around store transfers, etc	Feb	
Section 5 – Drug Procurement/inventory management	Tightened requirements around store transfers, etc	Feb	
Section 6 – Sterile products and hazardous drugs	Removed specific standards and indicated policies approved by the board	Feb	
Hospital pharmacy manager – quality management	Changes to documentation	Feb	

- None of the items in the table require posting because they have either already been posted
- Due for submission to briefing package August 31, 2014
- If bylaws are accepted for filing by the ministry, earliest effective date is the beginning of December 2014 (if doesn't have to go for posting and if ministry reviews and approves by August)

5. For Approval for public posting at February 2015 Board Meeting

Bylaws (81)	Liability coverage for students administering injections	Proposed (requires posting)	
New section: hospital pharmacy licensure requirements	Facility and Equipment	Proposed (requires posting)	
Section (12)(2) – Community pharmacy premises	Add lighting and ventilation	Proposed (requires posting)	
Schedule F – Part 1	Digital Signature	Proposed (requires posting)	
Schedule F – Part 1 – Section (6)(4)(c)	Rx transfers clarify narcotic or controlled drugs can not be faxed	Proposed (requires posting)	
Schedule F – Part 3 – Section (5)(9)(a)	Allow emergency narcotic prescriptions for residential care	Proposed (requires posting)	
Definitions	Full pharmacist – remove full and replace with a 'new' term	Proposed (requires posting)	

9. (b) DRAFT – Schedule 2013-2015 Bylaw Changes

	Registrant – split classes of registrant ie. Pharmacist or pharmacy technician	Proposed (requires posting)	

- All of the items in the table require public posting
- Due for submission to briefing package January 31, 2015
- February Board meeting approval is for public posting for 90 days which would end at the end of May 2015
- Compile feedback, meet with ministry and other stakeholders, amend proposal/re-draft by end of August 2015
- Target September 2015 Board meeting for approval for filing with the Ministry
- If bylaws are accepted for filing by the ministry, earliest effective date is the beginning of December 2015

Appendix 8

BRITISH COLUMBIA

PharmaNet Modernization Project Update

Ministry of Health

September 20th, 2013

Lindsay Kislock, ADM HSIMIT

Barbara Walman, ADM PSD

Agenda

- PharmaNet Release 2.0
- Early Adopter Deployment to Howe Sound Pharmacy (Gibsons)
- General Deployment Status
- Next Steps

PharmaNet Release 2

- PharmaNet Infrastructure Upgrade
  - New servers for increased capacity
  - New process to simplify creation of ad hoc reports
    - New web access for CPBC, CPSBC, PSD
  - New PharmaNet system administration platform
    - New web based admin user access
    - Improved security

Release 2 Update

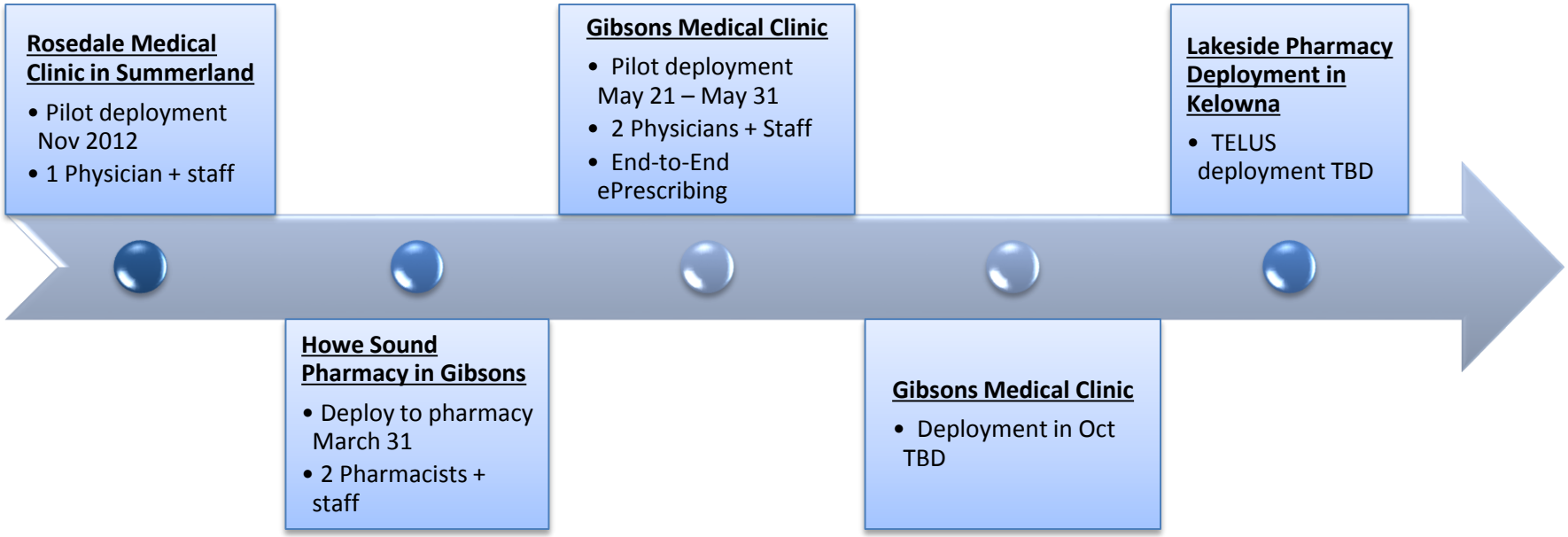
- PharmaNet down 15 hours for upgrade
  July 6, 10:00pm until July 7, 1:00pm
  - Pharmacies provided with plans to maintain all services during outage
- July 7, 2013: Release 2.0 Go Live
  - All pharmacies in British Columbia connected to Release 2.0
  - Minimal operational impact to community pharmacies and patient care
  - The College played an important role in meeting this milestone

Release 2 Stabilization

- Stabilization period: July 7th – Aug 30th
  - Payments – functioning successfully without errors
  - There are no known defects in Release 2
  - Stabilization completed on August 30, 2013

PMP Early Adopter Deployments

Vendors - Pharmacy: Applied Robotics & TELUS
- Medical Clinic: Med Access



Howe Sound Pharmacy
Lessons learned to date

- Ensure pharmacy training material is adequate
- Vendor application test cases need improvements
- Ensure all support resources are fully trained

Howe Sound Pharmacy Deployment Next Steps

- Continue review of Medication Management Framework workflow and claims processing
- Monitor current implementation and make changes to PharmaNet or Applied Robotics Inc. software as required
- Update conformance specifications as required
- Final conformance testing of ARI

General Deployment Status

- Additional site deployments for ARI and Med Access applications are dependent on:
  - Completion of Financial Risk assessment of PharmaNet
  - Completion of conformance testing for Med Access and ARI
  - New Privacy and Security requirements must be met
- General deployment is envisioned to begin in 2014

Next Steps

- PharmaNet Road Map
- PharmaNet Financial Risk Assessment (Deloitte)
  - Business Rules
  - Access
  - Vendor Governance

Conclusion

- PharmaNet's new infrastructure set the stage for province wide adoption
- The Early Adopter deployment provided opportunities to identify and address gaps, in preparation for the general deployment of new functionality province wide
- College and Pharmacy support are key enablers

Questions?

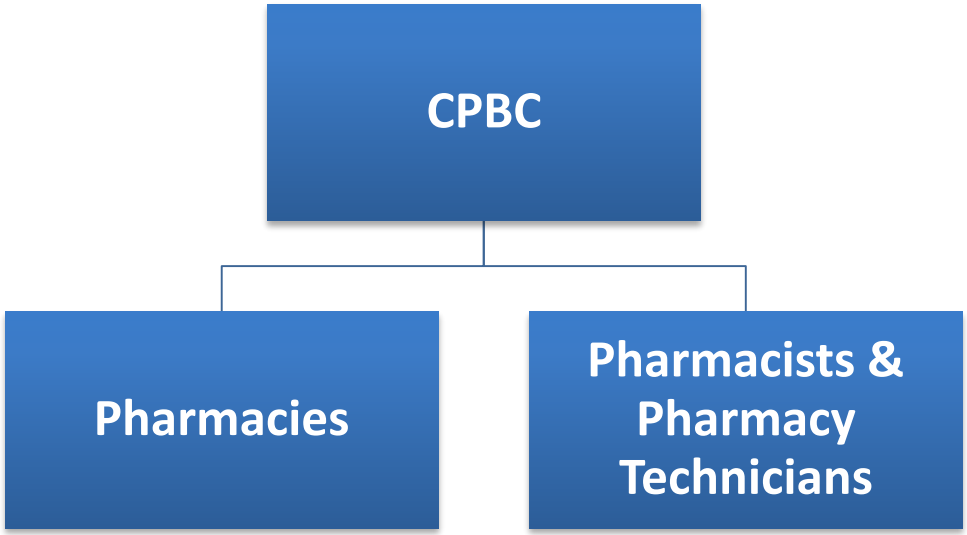
COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Revised Assessment Program

Presented by: Bob Craigue

September 20, 2013

College Mandate

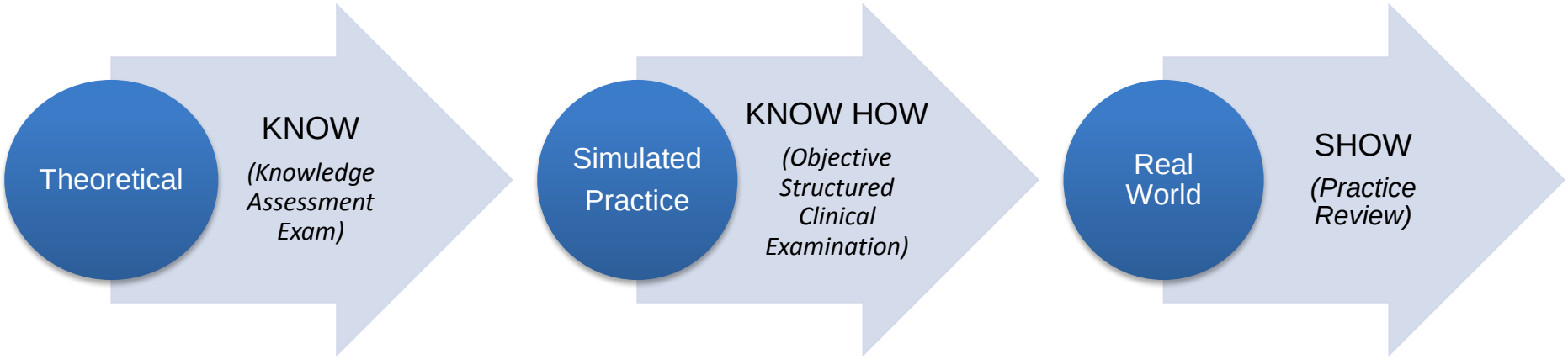


COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Current Assessment

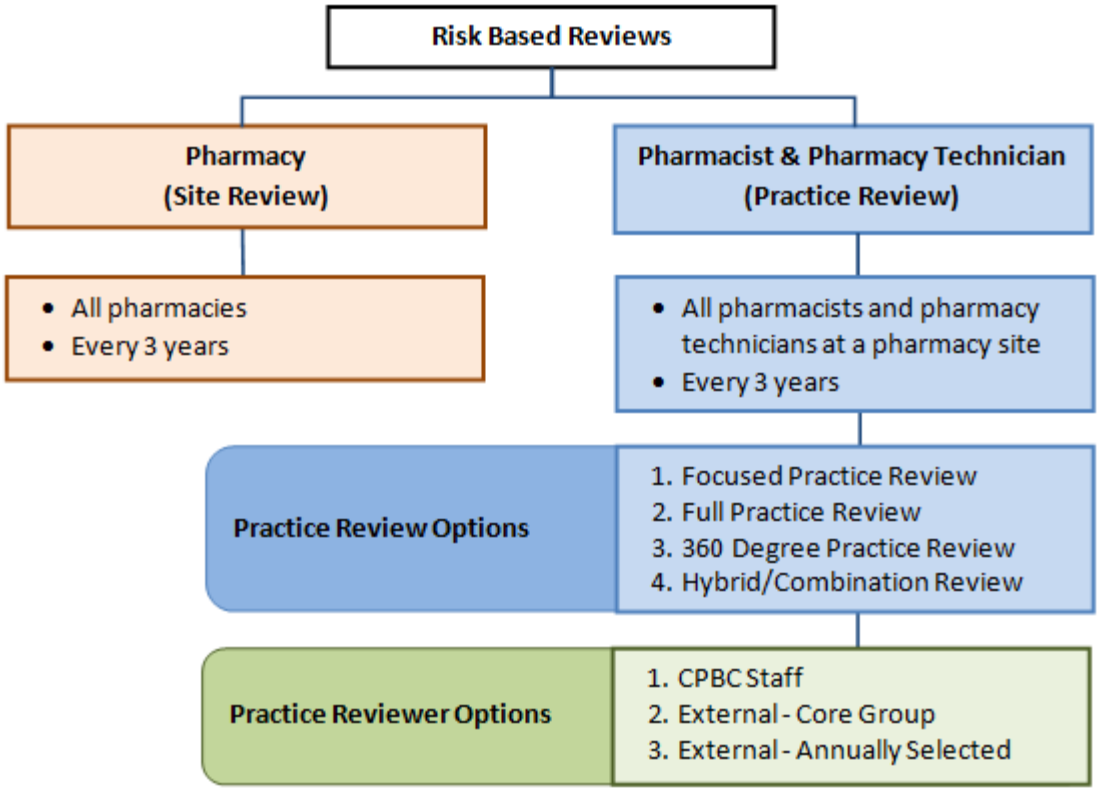
Pharmacy	Pharmacist
Pharmacy Inspection	**Knowledge Assessment**
3-5 year cycle	10 year cycle
Unannounced	Random selection, 6 month notification
Emphasis on the legislated physical requirements of the pharmacy premise with a global glance at practice issues/ processes (drug distribution, clinical practice)	Assesses knowledge in hypothetical cases (drug distribution, clinical practice)
Average of 4-7 hours	Knowledge Assessment = 3 hours
Post-inspection report to identify deficiencies	Assessment results will determine if additional attempts are needed (3max)
Follow up after 30 days for deficiencies to be corrected	Peer review and remediation after 2 unsuccessful attempts

Evolution in Evaluation



COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Proposed Assessment Process



Board Decision #1

Proposed Pharmacy Site Review:
• 3 year cycle prioritized by risk factors
• Pre-notification to pharmacy manager including pre-inspection form completion
• Restricted solely to the legislated physical requirements of a pharmacy premise
• Average of 3-4 hours to complete each pharmacy
• Post-inspection report to identify deficiencies
• Follow up after 30 days for deficiencies to be corrected

Board Decision #1

MOTION 1:

The Board directs the Registrar to develop for implementation, the proposed site review process whereby a site review is conducted for all pharmacies every 3 years.

Board Decision #2

Characteristics of Proposed Practice Review Options

Focused or Full or 360 Degree or Hybrid
• 3 year cycle
• Prioritized by risk factors , pre-notification to pharmacy manager
• Assesses application of knowledge
• Actual practice in real time
• Practice review results provided
• Follow up reviews (if needed)
• Peer review and remediation if deficiencies are not corrected after follow up reviews

Board Decision #2

Option 1 – Focused Practice Review

A Focused Practice Review is an onsite practice review that focuses on critical standards of practice identified by the Board from time-to-time, for example:

- Patient Identification Verification
- PharmaNet Profile Check
- Counseling
- Documentation

Board Decision #2

Option 2 – Full Practice Review

A Full Practice Review is an onsite practice review that is based on all standards of practice (HPA Bylaws), for example:

- Expertise in medications and medication use
- Collaboration
- Safety and Quality
- Professionalism and Ethics

Board Decision #2

Option 3 – 360 Degree Practice Review

A multisource feedback review that utilizes surveys to assess pharmacy competency, co-worker relations, communication skills and patient interaction.

Surveys are completed by:

1. The pharmacist or pharmacy technician being reviewed
2. Pharmacy colleagues
   - Supervisor/pharmacy manager if applicable, and
   - Pharmacist/pharmacy technician.
3. Patients or their family members
4. Other allied healthcare professionals

Board Decision #2

Option 4 – Hybrid

The Board may consider hybrid models including:

- Focused Practice Review with follow-up by Peer Review Committee
- 360 Degree Practice Reviews combined with a sampling of Focused/Full Practice Review
- Other

Board Decision #2

Practice Review Options Analysis

QAC Assessment Principles:	Focused Practice Review	Full Practice Review	360 Degree Practice Review
Is fair, effective and applies to all pharmacists/pharmacy technicians	✔	✔	✘
Meets acceptable technical requirements :			
• Valid	✔	✔	✔
• Reliable	✔	✔	✘
• Breadth of assessment	✔	✔	✔
The assessment program's methodology is to observe and assess (real time, real practice) to ensure pharmacists and pharmacy technicians meet the standards of practice by applying their knowledge, skills and abilities to improve patient outcomes, rather than focus on the assessment of knowledge and skills in a hypothetical setting	✔	✔	✔
Supports and promotes quality improvement in pharmacy practice by highlighting areas of excellence and identifying opportunities for professional development and growth	✔	✔	✔

✘ Does not meet principle
✔ Adequately meets principle
✔ Fully meets principle

Board Decision #2

Practice Review Options Analysis – Continued

Other Considerations:	Focused Practice Review	Full Practice Review	360 Degree Practice Review
Operational impact on the pharmacy/pharmacist/pharmacy technician	2	3	1
Operational impact on the College: • Development and implementation resources and timeline	1	3	2
Operational impact on the College: • Ongoing resources and efficiency	2	3	1

1 Lowest Impact
2 Medium Impact
3 Highest Impact

Board Decision #2

Staffing Budget Summary per Year

OPTIONS	Focused	Full	360 Degree	Hybrid*
Total # Reviewers (FTE) (Includes 3 FTE's for site reviewers)	7	11	3	8
Estimated Cost per year ($,000)**	800	1200	600	900
Additional FTE's	4	8	0	5
Additional cost over current budget per year ($,000)	400	800	200	500

* Estimate based on deficiencies identified. May be comprised of 10% requiring follow-up.

**Includes travel and accommodation and excludes management, administrative and committee support. Based on a 3 year cycle.

Board Decision #2

QAC's Preferred Practice Review Option – Hybrid

- All pharmacists and pharmacy technicians undergo a Focused Practice Review
- If a pattern of deficiencies is identified, follow up will be conducted by a Peer Review Committee, consisting of external peers, that may include:
  - Remediation
  - Reassessment with a Full Practice Review
  - Referral to Inquiry if needed

Board Decision #2

Rationale for QAC's Preferred Option – Hybrid

- Directly assesses practice
- Perceived as less biased and more valid than 360 Degree Practice Review
- Focused on critical standards with greatest impact on public safety
- Initial screen- further follow-up and investigation if needed
- Efficient use of resources

Board Decision #2

MOTION 2:

The Board directs the Registrar to develop for Board review, an alternative model for competency assessment that will utilize the proposed Hybrid Model whereby all pharmacists and pharmacy technicians undergo a focused practice review every 3 years with follow-up by the Peer Review Committee.

Board Decision #3

Proposed Practice Reviewer Options

Option 1 - CPBC Staff

Reviews are conducted by CPBC staff whose main role is practice reviews.

Option 2 - External – Core Group

Reviews are conducted by a core group of external reviewers, who practice in a patient care role.

Option 3 - External – Annually Selected

Reviews are conducted by an annually selected group of external reviewers, who practice in a patient care role.

Board Decision #3

Practice Reviewer Options Analysis

QAC Assessment Principles:	CPBC Staff	External-Core Group	External-Annually Selected
Is transparent and straightforward to understand and administer	✔	✔	✔
Meets acceptable technical requirements :			
• Valid	✔	✔	✔
• Reliable	✔	✔	✔
Is continuously reviewed, evaluated and enhanced to reflect best and current practices	✔	✔	✔
Other Considerations:			
Operational impact on the pharmacy/pharmacist or pharmacy technician	1	2	3
Operational impact on the College: • Development and implementation resources and timeline	1	2	3
Operational impact on the College: • Ongoing resources and efficiency	1	2	3

✘	Does not meet principle	1	Lowest Impact
✔	Adequately meets principle	2	Medium Impact
✔	Fully meets principle	3	Highest Impact

Board Decision #3

QAC's Preferred Practice Reviewer Option – CPBC Staff

- CPBC staff reviewers conduct the Focused Practice Reviews for all pharmacists and pharmacy technicians
- If a pattern of deficiencies is identified, follow up will be conducted by a Peer Review Committee which consists of external peers

Board Decision #3

Rationale for QAC's Preferred Option – CPBC Staff

- Increased consistency, validity and reliability
- Increased accountability to the College
- Efficient use of resources
- Consistent and ongoing nature of the CPBC Staff position allows for:
  - Retention of "institutional" memory
  - Increased opportunities to identify practice trends and issues
  - Improved ability to continuously review, evaluate and enhance processes

Board Decision #3

MOTION 3:

The Board directs the Registrar to develop for implementation, the Hybrid model to be conducted by CPBC Staff.

12. NAPRA IPG Gateway

DECISION REQUIRED

Issue

Board approval is required to authorize sharing of private information between the College and a soon to be established national database that will coordinate international pharmacy graduate (IPG) applications to practice in BC and the rest of Canada.

Background

NAPRA secured funding of $3.7M over three and a half years from the Government of Canada's Foreign Credential Recognition program to establish and maintain a plain language website in addition to developing new tools which will provide international pharmacy graduates with a single point of access to information they need to become licensed to practice pharmacy in Canada.

The IPG project will assist all provincial and territorial regulatory authorities (PRAs) to streamline and standardize registration requirements and will create a single point of access. It will also support some of the resolutions made by the PRAs which led to the signing of the *Mobility Agreement for Canadian Pharmacists*. In addition, the IPG project is NAPRA's contribution to some of the recommended actions of the Moving Forward Pharmacy Human Resources and the Blueprint initiatives led by the Canadian Pharmacists Association during the past few years. Studies show that immigration will account for all net labour force growth in Canada over the next several years, therefore PRAs will benefit from improvements to the credential recognition process.

NAPRA is developing a website that will not only provide plain language information, but includes two components:

- Readiness tool which will help IPGs determine their preparedness and readiness to proceed with a request for licensure to practice in Canada.
- Assessment tool which will help foreign graduates review their credentials, identify gaps and prepare a learning plan.

Applications received will feed into a national shared database which will collect general information on international applicants, provide statistical reports and be accessible to all PRAs.
Once the information is available, NAPRA will develop a comprehensive communication and marketing plan to ensure that IPGs are aware of the new single access point (Gateway) to enter pharmacy practice in Canada.

Advantages for candidates:

- Provides single point of entry for information related to registration in Canada
- Provides readiness and assessment tools to assist them to become "successful" in licensing/registering in Canada
- Avoids duplication of documents provided to different organizations

Advantages for PRAs:

- Minimizes queries from candidates regarding pre-entry requirements ie. Immigration requirements, pharmacy practice in Canada, etc.
- Avoids duplication of documents provided to different organizations
- Ensures authenticity of documents by those organizations with the expertise

A legal framework for the cooperation required between the various parties (PRAs and PEBC) contributing to the IPG Gateway was drafted by NAPRA. The College reviewed the agreement terms and assessed obligations under BC legislation (Freedom of Information and Protection of Privacy Act (FIPPA) and Health Professions Act (HPA)) to protect the privacy of information of the IPG shared between the College and the IPG Gateway. David Loukidelis, QC (former BC Privacy Commissioner) was commissioned to conduct a privacy assessment.

Loukidelis concluded that the College has the authority under FIPPA to collect, use and disclose personal information for the purposes of the agreement and the IPG Gateway.
Loukidelis identified the confidentiality provisions of s. 53 of the HPA as requiring specific action from the Board. Paragraph s. 53 requires College management to keep confidential information that comes into their knowledge while exercising a power or performing a duty unless the disclosure is necessary to exercise the power or perform the duty. That section also allows disclosure information if it is authorized as being in the public interest by the College's board. Loukidelis's assessment of the situation is that: "*neither licensing nor registrant information disclosures through Gateway are readily characterized as 'necessary' to exercise power or perform duties of the College under BC law that relate to registration. It seems to me {Loukidelis} that it would not ordinarily be 'necessary' for the College to share with another pharmacy regulator, for the College's own registration purposes, the personal information of someone who applied to the College, through whatever channel. The multi-party nature of Gateway does not, on the surface, change this.*"

However, Loukidelis stated that section 53(1)(b) enables the College's board to authorize such disclosures as being in the public interest and recommended that College management should seek this formal authorization from the board.
In determining whether or not something is in the public interest Loukidelis referred College management to the following information:

a) Is the disclosure of the information related to the exercise of one of the College's powers, duties or functions under the HPA or other legislation governing or empowering the College? For example, is the College proposing to disclose the information to a third-party agency, regulator or government for a purpose directly related to, or necessary for, the discharge of the third party's powers, duties or functions? (This also is consistent with the s. 53(1)(b) reference to exercise of the College's powers or duties.)
b) Is the information third-party personal information or confidential third-party commercial information? In either case, is the College able to assess the sensitivity of the information or what if any harm could reasonably be expected to flow from its disclosure as proposed?
c) Is the disclosure for the purpose of protecting the health or safety of the public or an individual or group of individuals where the risk or threat is a material one or greater?

In this case, it is hard to argue that (a) or (c) apply. However, in a teleconference with College management Loukidelis indicated that he believed that it would be reasonable under the criteria of (b)

given that the information received from and provided to the IPG Gateway will be in secured databases with access limited to staff directly associated with the registration process within the College and the national registration process. Also, the information on the national database can only be viewed by the candidate and the pharmacy licensing organizations that the candidate authorizes to view the information, for example specific pharmacy regulatory authorities (PRAs) and the Pharmacy Examining Board of Canada (PEBC). Therefore disclosure of information between these parties and the College is not expected to be harmful to the IPG.

Motion:

The Board authorize as being in the public interest, College management sharing International Pharmacy Graduate (IPG) registration information with NAPRA, the PEBC and other PRA's via the proposed national IPG Gateway.

13	Second Quarter (Q2) Financials and Latest Estimate (LE2) for Full Year 2013/14	

Q2 Actuals vs YTD Budget (Summary)

FOR THE SIX MONTHS ENDED AUGUST 31, 2013 (Q2) AND FULL YEAR FORECAST (LE2)

	YTD Budget	YTD Actual	Variance (BUD vs. ACT) $	Variance (BUD vs. ACT) %
	6 mth	6 mth	6 mth	6 mth
TOTAL REVENUE	**3,933,756**	**4,132,044**	**198,288**	**5%**
TOTAL EXPENSES	**3,610,728**	**3,102,521**	**508,207**	**14%**
NET SURPLUS (DEFICIT) BEFORE AMORTIZATION EXPENSES	**323,028**	**1,029,523**	**706,495**	
Amortization Expenses	141,188	115,839	25,349	18%
Joint Venture Expenses	122,511	122,511	0	0%
TOTAL EXPENSES AFTER AMORTIZATION	**3,874,427**	**3,340,871**	**533,556**	**14%**
NET SURPLUS (DEFICIT)	**59,329**	**791,173**	**731,844**	

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Q2 Actuals vs YTD Budget – Revenue

FOR THE SIX MONTHS ENDED AUGUST 31, 2013 (Q2) AND FULL YEAR FORECAST (LE2)

	YTD Budget	YTD Actual	Variance (BUD vs. ACT) $	Variance (BUD vs. ACT) %
	6 mth	6 mth	6 mth	6 mth
Licensure revenue				
Pharmacy Fees	791,079	804,595	13,516	2%
Pharmacist Fees	1,926,910	1,989,203	62,293	3%
Pharmacy Technician Fees	236,634	141,058	(95,577)	(40%)
	2,954,624	2,934,856	(19,768)	(1%)
Non Licensure revenue				
Other	520,496	607,636	87,140	17%
Grants	200,000	288,034	88,034	44%
Investment Income - GIC	71,128	114,011	42,883	60%
Investment Income - JV	187,508	187,508	(0)	(0%)
	979,132	1,197,188	218,056	22%
TOTAL REVENUE	**3,933,756**	**4,132,044**	**198,288**	**5%**

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Q2 Actuals vs YTD Budget – Expenses

FOR THE SIX MONTHS ENDED AUGUST 31, 2013 (Q2) AND FULL YEAR FORECAST (LE2)

	YTD Budget	YTD Actual	Variance (BUD vs. ACT) $	Variance (BUD vs. ACT) %
	6 mth	6 mth	6 mth	6 mth
EXPENSES				
Board & Registrar's Office	182,666	169,097	13,569	7%
Grant Distribution	281,000	319,986	(38,986)	(14%)
Registration and Licensing	166,894	121,984	44,911	27%
Quality Assurance	101,324	40,108	61,216	60%
Inspections	27,011	7,611	19,400	72%
Legislation, Discipline and Investigations	410,542	217,750	192,792	47%
Hospital Pharmacy and Practice	52,674	48,203	4,471	8%
Public Accountability and Engagement	72,046	52,656	19,390	27%
Finance & Administration	551,934	461,445	90,488	16%
Salaries & Benefits	1,764,638	1,663,681	100,957	6%
TOTAL EXPENSES	**3,610,728**	**3,102,521**	**508,207**	**14%**

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Balance Sheet – Q2 (6 months, Aug 31) and LE2

	2013/14 Aug 31 Q2 ($)	Full Year LE2 ($)
Assets		
Current		
Cash	1,078,222	755,541
Short term investments	10,297,976	10,555,791
Receivables	180,902	102,879
Prepaids and deposits	104,737	48,338
Investment in Joint Venture	1,591,392	1,630,015
	13,253,227	13,092,563
Development costs	100,510	119,610
Property and equipment	450,696	478,380
	13,804,434	**13,690,553**
Liabilities and Net Assets	$	$
Liabilities		
Current		
Payables and accruals	426,721	460,000
Current portion of capital lease obligations	24,727	50,493
Deferred revenue	3,071,476	2,946,814
Unearned revenue	870,083	866,685
	4,393,008	4,323,992
Capital lease obligations	76,462	25,968
	4,469,469	4,349,961
Net Assets		
Opening Balance	8,543,791	8,543,791
Unrestricted Surplus (Deficit)	733,790	710,727
Restricted Surplus (Deficit)	57,383	86,074
Closing Balance	9,334,964	9,340,592
	13,804,434	**13,690,553**

Cash Flow - Q2 (6 months Aug 31)

Cash derived from (used in)	
Operating	
Excess of revenue over expenditures	$ 791,173
Amortization	115,839
Change in non-cash operating working capital:	
Receivables	(159,921)
Prepaids and deposits	(47,846)
Payables and accruals	(152,079)
Deferred revenue	179,799
Deferred contributions	(250,534)
	476,431
Financing	
Capital lease repayments	**(23,536)**
Investing	
Purchase of property and equipment	(19,866)
Increase in development costs	(18,802)
Decrease in investment in JV	12,584
Increase in short term investments	(1,440,219)
	(1,466,303)
Net increase (decrease) in cash	(1,013,408)
Cash, beginning of year	2,091,629
Cash, Aug 31st 2013	**$1,078,222**

Summary

- **Q2 and LE2 surplus up by $0.7MM from budget**
  - Revenue: $0.2MM ⇧
  - Expenses (pre amortization): Q2 $0.5MM ⇩ LE2 $0.4MM ⇩
- **LE2 considerations that were not factored in**
  - New pharmacist/pharmacy technician and site reviews ($0.2MM)
  - Other grants
  - Accelerating activities e.g. IT initiatives
- **Reduction in fees in 2013/14 factored in (from Dec 1)**
  - Will see some impact on Cash Flow and Balance sheet

13 (a)	New Lease Agreement for CPBC in College Place	

Summary

Board provided with summary of financial elements of the contract

Reviewed financial terms with the Committee in detail

- **Contract aligns rent and parking to current and future Fair Market Value**
- **Improved clarity of terms in contract**

Dentists have reviewed and signed new lease agreement that has same core terms

Recommendation

The Audit and Finance Committee recommend the Board approve the new 5 year lease agreement.

Motion:

The Board approves the new 5 year lease agreement.

Board Self-Evaluation

(Adapted from existing tools – Elements of governing from the College of Pharmacists Board Reference, Accreditation Canada, Health Authority & Board Governance best practice literature)

Task Group: Anar Dossa, Bal Dhillon, Kris Gustavson

Model for Improvement

Aim: Complete an annual board self-evaluation in order to:
- Reflect on individual and shared responsibilities.
- Identify different perceptions and opinions among board members.
- Point to questions that need attention.
- Use the results as a springboard for board improvement.
- Increase the level of board teamwork.
- Clarify mutual board/staff expectations.
- Demonstrate accountability as an important organizational value.
- Display credibility to internal and external audiences.

Plan: Based on the results of the evaluation, consider what can be done to improve.

Measures: “How will we know that the change is an improvement?”
Measure annually over time (longitudinally) to see trends and opportunities

Answers to this survey will be kept confidential. Individual responses will not be shared with anyone. The questions serve to assess awareness and knowledge in addition to individual

views and perspectives. The information will be compiled into a report designed to address perceived gaps and create actions to improve the effectiveness of the board.

The word “College” will refer to the College of Pharmacists of BC.

The Board and Policy

A. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don’t Know
1. Our board develops policy to enable general oversight of the operations of the College.						
2. Our board has a policy concerning conflict of interest.						
3. Our board takes steps to mitigate risk to itself and the College.						
4. As a board member, I am covered by liability insurance.						
5. Our board is guided by a code of conduct and oath of office.						
6. I am aware of the confidentiality policies of the College.						
7. I receive regular updates to my board reference manual.						
8. Our Board, in collaboration with the Registrar has scanned the environment to identify changes, threats, weaknesses and opportunities.						

Board Members and Fiduciary Responsibility

B. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. I receive the information I need about the College's finances.						
2. I understand all the financial information I receive.						
3. I feel comfortable asking questions about the budget and finance.						
4. The College has the right financial policies in place.						
5. Our board ensures for suitable internal controls and financial information systems.						
6. I am confident that the College is in good shape financially.						
7. Our board annually reviews a multi-year financial plan (2-5 years).						
8. Our board reports on its performance on an annual basis.						

The Board and its Relationship with the Registrar

C. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. Our board delegates responsibility to the Registrar and does not interfere inappropriately.						
2. Our board (or a delegated group of board members) conducts an annual performance review of the Registrar.						
3. Our board ensures the Registrar's compensation is in line with others in comparable sectors.						
4. Our board has a succession plan for the Registrar.						
5. Our board monitors the Registrar's performance regarding achievement of results/expectations of the board.						
6. In general, there is a positive and supportive day-to-day relationship between the Registrar and the board.						

How the Board Manages Itself

D. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. Our board conducts an annual self-assessment.						
2. Our board acts on the results of the self-assessment making necessary adjustments accordingly.						
3. All board members have a comprehensive orientation and reference manual.						
4. Board members understand the time commitment of being on the board.						
5. I feel that my own time is respected and well used as a board member of the College.						
6. Our board has systems in place to deal with behavioural issues and challenges.						

Board Meetings

E. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. We set and adhere to an annual meeting schedule.						
2. In advance, we establish clear agendas and time limits for each item on the agenda.						
3. I receive a board information package at least seven days in advance of each board meeting.						
4. The amount of information I receive is enough without being too detailed.						
5. At board meetings, agenda items are designed to promote discussion and involvement.						
6. Routine reports are received in writing with questions discussed at the board meeting						
7. My time is respected with meetings that begin and end of time.						
8. I find our board meetings interesting and feel that my time is well spent.						

The Board and Decision Making

F. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. I receive enough information to make informed decisions.						
2. There is sufficient time to discuss and ask questions before making a decision.						
3. Members of the board maintain solidarity with other board members in support of a decision made at a board meeting.						

Individual Board Member Effectiveness

G. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. I attend meetings almost all the time, making my commitment to the College a high priority.						
2. I am prepared for meetings (do my homework).						
3. I ask questions and contribute to board meetings.						
4. I remember to thank staff and other board members for their efforts.						
5. I believe that most other board members also take their responsibilities seriously.						

Committees and Task Forces

H. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. We have the right number & types of committees.						
2. Our committees all have clear terms of reference and carry out their responsibilities effectively.						
3. We never strike a new committee when a task force is sufficient.						
4. We use committees to do detailed work and bring recommendations to the board.						
5. My committee work is meaningful.						

Other Board Functions

I. For each statement below, please select the appropriate response.

	Completely Agree	Agree	Neutral	Disagree	Completely Disagree	Don't Know
1. I have enough data about the quality of the programs delivered by the College.						
2. The College has a clear sense of direction as evidenced by a current strategic plan.						
3. The board is meeting the College Mission: To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.						
4. The board is meeting its targeted goals as stated in the strategic plan.						

List 1-3 board achievements that you are most proud of:

_____
_____
_____
_____

Identify 1-3 issues or challenges that could have been managed better:

_____
_____
_____
_____

Identify at least 1 suggestion as an opportunities for the future:

_____
_____
_____
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Please add any further comments you have about any section in this questionnaire, or feedback you think is important in evaluating the board and its function:

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16. Public Awareness Campaign: The Role of Professional Regulation in BC Healthcare (Video)

INFORMATION ONLY

Background

The BC Health regulators (22 BC Health Profession Colleges and the BC College of Social Workers) have collaborated on the development of a public awareness campaign. The purpose of the campaign is to deliver a common message about the role of professional self-regulation, inform the public that health professionals work under legislation and professional standards and ethics, and why and how the public can contact a regulator.

What to expect

The campaign will launch on September 16, 2013 and the first phase will run for 12 months. The target audience is the public.
The campaign will be delivered in English, French, Spanish, Cantonese/Mandarin, Punjabi, Korean, Vietnamese, Tagalog, and Farsi.
Campaign materials include print, television, speaking engagements, a 6-12 week advertising plan in bus shelters (90 in total: 72 Vancouver, Chilliwack, Abbotsford; 5 Kelowna; 5 Prince George; 9 Victoria; 5 Nanaimo), community/ethnic newspaper ads, cinema slides, BCTV close captioning sponsorship, the launch of a new website (www.bchealthregulators.ca), news print articles and posters (attached) which will be distributed to health authorities, community service providers and locations, MLA offices, etc.
The success of the campaign will be monitored and evaluated by the BC Health Regulators communications staff and reported regularly back to the BC Health Regulators group.

Key Messages

- On September 16, B.C.'s health regulators will launch a campaign called "our purpose, your safety". The campaign will let people know which professions are regulated, why it's important to choose a regulated health provider, and what can be done if they think care they received was harmful.
- BC's health regulatory colleges want the public to know how they help protect the public by setting standards so that patients and clients receive acceptable care and treatment.
- BC has 23 health regulatory colleges that regulate almost 100,000 health care experts in British Columbia.


Care
Make sure your health professional is regulated, licensed and accountable.
Regulated Health Professionals
Our purpose, your safety
Audiologists, Chiropractors, Certified Dental Assistants, Dental Hygienists, Dental Technicians, Dentists, Denturists, Dietitians, Hearing Instrument Practitioners, Licensed Practical Nurses, Massage Therapists, Midwives, Naturopathic Physicians, Nurse Practitioners, Occupational Therapists, Opticians, Optometrists, Pharmacists, Pharmacy Technicians, Physicians and Surgeons, Physiotherapists, Podiatrists, Psychologists, Registered Psychiatric Nurses, Registered Nurses, Social Workers, Speech-Language Pathologists, Traditional Chinese Medicine Practitioners and Acupuncturists
For more information visit www.bchealthregulators.ca


Safe
Make sure your health professional is regulated, licensed and accountable.
Regulated Health Professionals
Our purpose, your safety
Audiologists, Chiropractors, Certified Dental Assistants, Dental Hygienists, Dental Technicians, Dentists, Denturists, Dietitians, Hearing Instrument Practitioners, Licensed Practical Nurses, Massage Therapists, Midwives, Naturopathic Physicians, Nurse Practitioners, Occupational Therapists, Opticians, Optometrists, Pharmacists, Pharmacy Technicians, Physicians and Surgeons, Physiotherapists, Podiatrists, Psychologists, Registered Psychiatric Nurses, Registered Nurses, Social Workers, Speech-Language Pathologists, Traditional Chinese Medicine Practitioners and Acupuncturists
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Trust
Make sure your health professional is regulated, licensed and accountable.
Regulated Health Professionals
Our purpose, your safety
Audiologists, Chiropractors, Certified Dental Assistants, Dental Hygienists, Dental Technicians, Dentists, Denturists, Dietitians, Hearing Instrument Practitioners, Licensed Practical Nurses, Massage Therapists, Midwives, Naturopathic Physicians, Nurse Practitioners, Occupational Therapists, Opticians, Optometrists, Pharmacists, Pharmacy Technicians, Physicians and Surgeons, Physiotherapists, Podiatrists, Psychologists, Registered Psychiatric Nurses, Registered Nurses, Social Workers, Speech-Language Pathologists, Traditional Chinese Medicine Practitioners and Acupuncturists
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