COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

Members Present:
Doug Kipp, Chair, District 4 (arrived at 9:18 am)
Beverley Harris, Vice-Chair, District 2
Agnes Fridl Poljak, District 1
Blair Tymchuk, District 3
Bob Craigue, District 5
Bal Dhillon, District 8
Kris Gustavson, Government Appointee
Jeremy Walden, Government Appointee
Ryan Hoag, Government Appointee

Regrets:
Anar Dossa, District 6
Jerry Casanova, District 7

Staff:
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
Pina Naccarato, Executive Assistant to the Registrar
Lori Tanaka, Executive Assistant to the Deputy Registrar

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1. **WELCOME & CALL TO ORDER**

   - Late arrival of Chair due to airport delay

   Vice Chair Bev Harris called the meeting to order at 9: 16 am

   - Chair Doug Kipp thanked Vice Chair and took over the chairing of the meeting at 9:18 am

2. **OATH OF OFFICE**

   - Registrar Nakagawa led the three re-elected Board members, Agnes Fridl Poljak, Blair Tymchuk and Robert Craigue through the oath of office set out in HPA Professions General Regulation: Section 4 Oath of Office, Schedule 1, section 17.11 of the Act.
   - Each member signed 2 copies of the oath of office, one for their records and one for the College.

ELECTION OF CHAIR

- Registrar Nakagawa called for nominations for the position of Chair for the 2013-2014 year. Agnes Fridl-Poljak nominated Doug Kipp.
- Bob Craigue seconded the nomination. Doug Kipp accepted the nomination.
- Registrar Nakagawa called for additional nominations.
- Hearing none, Doug Kipp was declared Chair of the Board of the College of Pharmacists for 2013-2014 by acclamation.

4. **ELECTON OF VICE CHAIR**

- Chair Kipp requested Registrar Nakagawa conduct the election for Vice Chair.
- Registrar Nakagawa called for nominations for the position of Vice Chair for the 2013-2014 year.
- Bob Craigue nominated Bev Harris; Agnes Fridl-Poljak seconded the nomination. Bev Harris accepted the nomination.
- Registrar Nakagawa called for additional nominations. Hearing none, Bev Harris was declared Vice Chair of the Board of the College of Pharmacists of BC for 2013-2014 by acclamation.

5. **CONFIRMATION OF AGENDA**

- B. Craigue suggested that District 7 consultation election results be held in camera.
- Registrar Nakagawa advised that there are conditions and restrictions on what can be held in camera; this does not qualify.

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

Approve the Agenda for the November 22, 2013 Board Meeting as presented.

6. **APPROVAL OF SEPTEMBER 21 2013 MINUTES**

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

Approve the September 20, 2013 Board Meeting Minutes as presented

7. **CHAIR'S REPORT**

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

- He has been in contact with the Registrar at least once every two weeks; and more recently once every two days regarding elections, public appointee and District 7 consultation election and feels all matters have been handled very well.

8.   **REGISTRAR'S REPORT**

- Attached - Appendix 2

a) Registrar Nakagawa reviewed the business arising from the minutes and his report as circulated.

b) Election update
- Thank you to volunteer Scrutineers Trevor Watson and Frank Archer.
- Yet to receive a public appointee from the Ministry; Jeff Slater's term expired in October.
- Registrar Nakagawa has been following up regularly with the Ministry and will continue to do so.

c) Posting of the Board package online update

- Registrar Nakagawa referred to the motion in April 19, 2013 meeting:

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

Approve the posting of non-confidential Board meeting material onto the College website prior to each meeting.

- He noted it had become a challenge as the package changes so frequently; therefore, we will now post the agenda only prior to the meeting (and the material from the Board package will be included in the minutes of the meeting and posted in due course once approved).

d) Other items (discussed at the end of the meeting)
- Registrar Nakagawa updated the Board on his discussions with Loyalty One,
- Registrar Nakagawa will be meeting with LoyaltyOne to address their questions and to listen to the concerns they have of the potential for delays due to software and other issues,
- PharmaNet update provided (regarding I.D.'s); Director of Hospital Pharmacy and Technology, Cam Egli, is working with the Ministry, Lindsay Kislock, Assistant Deputy Minister, Health Sector IM/IT, to get pharmacy Technicians their own I.D.'s.

9.   **DISTRICT 7**

- Attached Appendix 3
- No nominees were received for District 7 as of the deadline for nominations on August 23, 2013.
- In order to advise the board, District 7 pharmacists were polled to determine their preference. This was run similar to an election. Scrutineers Trevor Watson and Norm Thomas oversaw the counting of the ballots. Results:
     Aleisha Thornhill – 45
     Cameron Zaremba – 6
     Keith McDonald – 20
     Michael Conci - 20

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

Appoint a representative for District 7.

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

The Board directs staff to develop options for consideration of actions to take in the event of no nominations being received in a district election.

*B. Tymchuk against

Suggestions: improved communication process (especially if no nominees received; post nominee names as they are received; outgoing Board members encouraged to canvass registrants to run in the vacant district

Special Resolution

It was Moved (B. Craigue), SECONDED (K. Gustavson) and CARRIED that:

Be it resolved that Aleisha Thornhill pharmacist in District 7, be appointed as the District 7 Board member, effective immediately, and expiring at the start of the November Board meeting in 2015.

10.   **COMMITTEE APPOINTMENTS**

- Presentation attached - Appendix 4

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

Appoint Jeremy Walden to the Registration Committee as the Board appointed public member.

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

Appoint Laura Bickerton to the Registration Committee as the public member.

11.   **LEGISLATION REVIEW COMMITTEE UPDATE**

- Attached Appendix 5
- Deputy Registrar Solven presented for Anar Dossa who was absent due to illness.

a) Patient Counselling
- Review of this issue will go through the Legislation Committee process
- At the appropriate point, B. Craigue noted input will be gathered from all committees including Community Pharmacy Advisory Committee; he initially felt that patient counselling would be an issue when the inspection process begins; however, after speaking with staff, he feels this will no longer be the case.
- The issue will be monitored as it goes through the legislative review process.

b) Bylaw Review Schedule
- Attached Appendix 6
- The use of Skype videoconferencing instead of a teleconference in May was suggested by A. Fridl Poljak; Staff will look into using Skype or other video conferencing for meetings that cannot be held in person.
- J. Walden requested an update on the tobacco issue prior to the June meeting; Registrar noted the request and agreed that an update will be brought to the February Board meeting; Deputy Registrar Solven will add it to the plan.
- B. Tymchuk had contact from a registrant regarding restricted terms and asked how to have the Legislation Review Committee look at it this issue. Registrar noted that questions of clarification such as this do not need to go through the committee process; they can just be sent to the College.

12.   **PDAP UPDATE**

- B. Craigue presented a verbal report.
- The Quality Assurance Committee met on November 5, 2013
- Discussions for PDAP were around the 5-6 year timeframe and the Knowledge Assessment exemption, as well as other exemptions, were also looked at.
- The Board had directed that the Registration Committee review the Knowledge Assessment as a Return To Practice requirement; however the Registration Committee's feedback was to perform an environmental scan instead (as they would not be using the KA and RTP) and bring back recommendations to the February 2014 Board meeting for Return To Practice.
- The environmental scan will be utilized to engage registrants and collect feedback on the new inspection process

- The full model for implantation will be brought to the April 2014 Board meeting
- E-therapeutics plus are to be covered under registration fees.
- The Quality Assurance Committee has aligned initiative with the strategic plan and will continue to work with the Registration Committee.
- The environmental scan still needs to be discussed at the CE-Plus Committee
- Staff has determined that the risk based inspections process really falls under the Inquiry Committee domain not QAC. Under HPA, the QAC has the power to perform assessments; however, privacy is a huge issue. The two committees do not share information; therefore, process for the QAC has to be moved into the inquiry process.
- The creation of a subcommittee is being evaluated.
- The CE-Plus Committee will be folded back into the QAC as it may not have much of a role any longer; we will then has a strong program moving forward.

13. UBC, FACULTY OF PHARMACEUTICAL SCIENCES, GRANT PROPOSAL

- Presentation attached – Appendix 7

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

  The Board approves the UBC, Faculty of Medicine, grant proposal entitled, "Solving Drug-related problems through inter-professional collaboration between pharmacists and physicians" for funding from the Ministry provided grant funds.

14. PAIN MANAGEMENT CE INITIATIVE GRANT PROPOSAL

- Presentation attached - Appendix 8

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

  The Board approves the Pain Management CE Initiative to be considered for funding from the Clinical Skills grant fund available to the Registrar provided that sufficient funds are approved in the budget.

15. CORE SURVEY RESULTS PRESENTATION

- Attached - Appendix 9
- Registrar note this is preliminary information was shared with the Board; however, more work still needs to be completed. Final results will be brought back to the Board for consideration.

16. **PROVINCIAL HARM REDUCTION STRATEGY PRESENTATION; MINISTRY OF HEALTH**

- Attached Appendix 10

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

  The Board of the College of Pharmacists of BC supports and endorses harm reduction supply distribution by BC Pharmacists.

  *B. Tymchuk against

17. **NAME OF THE COLLEGE**

- Attached Appendix 11

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

  The Board direct the Registrar to investigate the options available to the College for possible name change and to report back to the April 2014 Board meeting.

  *B. Tymchuk and A. Fridl Poljak against

18. **USE OF THE COAT OF ARMS**

- Attached Appendix 12

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

  The Board approve that the College return to the use of the Coat of Arms in its visual identity.

19. **STRATEGIC PLAN MILESTONES OVER THE NEXT 3 YEARS & SUB-COMMITTEE UPDATES**

- Attached Appendix 13

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

  The Board approves the Three (3) Year Strategic Plan with the following changes to the document presented:

  a) Change order of 1(a) and 1(b) so that it better reflects the dependency of the tasks being worked on.

b) Replace 'Key Performance Indicators'(KPI) section name with 'Key Results Areas' (KRA) for all goals.

c) Objective 3(b) (ii) needs to be corrected to read: 'Remove limits and conditions on pharmacist injection authority', with no reference to technicians.

d) Objective 4(f) needs to be reworded to read: 'Prohibition of tobacco products in premises where a pharmacy is located'.

*B. Craigue abstained

20.   AUDIT AND FINANCE COMMITTEE UPDATE

- Attached Appendix 14

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

The Board approves the Three (3) Year Financial Plan with only the 2014/15 fiscal year being changed from the plan as presented. In 2014/15, the Registrar to develop a budget for consideration at the February Board meeting with total expense, pre-amortization, of $8.35 million.

21.   ROBBERY PREVENTION WORKING GROUP TERMS OF REFERENCE & MEMBERSHIP

- Attached Appendix 15
- In the terms of reference, change standards to recommendations and broaden to include RCMP and all police departments rather than just the Vancouver Police Department; Deputy Registrar Solven noted both requests and will modify the terms of reference accordingly.

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

The Board approve the terms of reference for the robbery prevention working group as discussed.

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

The Board approve the membership of the working group as presented and delegates the appointment of the committee members to the Registrar in consultation with the Board Chair.

22.   **NAPRA UPDATE**

- Attached Appendix 16

23.   **DISCIPLINE CASES UPDATE**

- Deputy Registrar, Suzanne Solven presented.

24.   **2014 BOARD MEETING SCHEDULE**

- Attached Appendix 17
- Noted that due to a prior commitment K. Gustavson will be unable to attend the September 25, 2014 Board meeting.

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

      The Board approve the Board meeting schedule as presented.

25.   **INTER-PROFESSIONAL COLLABORATION IN HEALTH CARE FUNCTIONAL FRAMEWORK: ILLUSTRATIONS AND APPLICATIONS PRESENTATION**

- Attached Appendix 18

      CLOSING COMMENTS

- Director of Public Accountability and Engagement, Mykle Ludvigsen, presented the Board Highlights:
  - District 7 Update
  - Core Survey Update
  - Grants approved today
  - Move back to the Coat of Arms
  - Approval of Strategic Plan
  - Robbery Prevention Working Group
  - 2014 Board Meeting schedule

The College of Pharmacists of British Columbia Board Meeting concluded at 3:20 pm.

7. (Past) Chair's Report

INFORMATION ONLY

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

- Regular meetings with the Vice Chair and Registrar
- Discussions re: Districts 1,5 and 7 positions and issues regarding the elections

8. Registrar's Report

INFORMATION ONLY

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:

- Attended the Alberta College of Pharmacy Board meeting to discuss the status of our incentive prohibition bylaw
- Met with UBC PharmD students to discuss issues facing pharmacy
- Meeting with Dean Mike Coughtrie to welcome him to the province and brief him on the College of Pharmacists' roles and activities
- Attended MMT sessions in Kelowna, Nanaimo, Victoria and Pitt Meadows
- Teleconference with the Deputy Minister of Health and Associate Deputy Minister of Health
- Met with Ted Patterson, ADM – Ministry of Health
- Oversaw the election ballot counting for Districts 1, 3 and 5
- Attended and presented at the Shopper's Drug Mart Western Regional meeting
- Attended and presented at the Pharmacy Technician's conference
- Participated in meetings of the search committee for the Professorship in Sustainable Healthcare at UBC
- Met with Arlene Paton, ADM – Ministry of Health
- Met with Barb Walman, ADM – Ministry of Health on several occasions
- Attended inquiry committee meetings at the College re: undercover operations
- Attended a meeting with the Surrey Business Association re: methadone pharmacies
- Attended CPRC and NAPRA meetings
- Numerous discussions and calls regarding the Districts 1, 5 and 7 positions and issues regarding the elections.
- Q2weekly teleconferences with the Board Chair and Vice Chair

5 (a) Business Arising from Minutes

MOTIONS / ACTION ITEMS	Mtg & Section	Status
Pharmacists Education Program Fund ($150K) Develop method for allocation of Pharmacists Education Program funds e.g. ADAPT	Feb/2013 6.4	In progress
Incorporate recertification of injection authority into the next set of Bylaw revisions	Feb/13 8.1	Complete
Revise loyalty points section of Bylaws for the Sept Board mtg	Feb/13 8.5	Complete
Revise mail order and non-dispensing pharmacy sections of Bylaws		In progress
QAC developing assessment program to be brought back to the Sept Board meeting	Feb 15/13 8.6	Complete
Approve the CPBC Conflict of Interest Standards – Standard 2(e) be revised as noted below: e) Registrants should not dispense prescriptions to their family members except; in an emergency situation, when another registrant is not readily available, or when in their professional judgment it is in the best interest of the patient, and it is properly documented f) Registrants should not dispense prescriptions to themselves except; i. in an emergency situation, or ii. when another registrant is not readily available. Motion CARRIED	Apr 19/13 5.3	Complete
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). • ML communicated Strat Plan	Sep 20/13 5 (c)	Complete
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).	Sep 20/13 5 (d)	Complete
The Board approves the pilot of pharmacy based HIV testing in the Medicine Shoppe Pharmacies.	Sep 20/13 6	Compete
The Board refers consideration of the UBC Clinical Medications Management Training funding to the Registrar, and any funds provided are to come from the 2013/14 budget allocation available for pharmacist skills training.	Sep 20/13 7	Complete
The Board approves the creation of a working group to review minimum pharmacy security standards for robbery prevention.	Sep 20/13 8	Complete
The Board approves the updated PPP-66 Methadone Maintenance Treatment Policy and Policy Guide as presented.	Sep 20/13 9 (c)	Complete
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.	Sep 20/13 9 (c)	Complete

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.	Sep 20/13 9 (c)	Complete
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.	Sep 20/13 9 (c)	Complete
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.	Sep 20/13 9 (c)	Complete
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.	Sep 20/13 9 (c)	Complete
Discuss patient counselling issue at November Board meeting and then send direction to Community Pharmacy Committee	Sep 20/13 9 (d)	In progress
The Board directs staff to take back to the QAC the issue of the previous KA exemptions that registrants had been granted.	Sep 20/13 11	In progress
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.	Sep 20/13 11	In progress
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.	Sep 20/13 11	In progress
The Board directs the Registrar to develop for implementation, the Hybrid model to be conducted by CPBC Staff.	Sep 20/13 11	In progress
The Board directs the Registrar to suspend the use of the KA exam once an alternative assessment tool is implemented.	Sep 20/13 11	In progress
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.	Sep 20/13 12	Complete

The Board approves the new 5 year lease agreement terms as presented.	Sep 20/13 13	Complete
The Board approves the Board Self Evaluation tool and confirms its use going forward.	Sep 20/13 14	Complete
The Board approves Kathy McInnes as Volunteer of the Year for 2013.	Sep 20/13 15	AGM Nov 23

9. District 7

DECISIONS REQUIRED

a) Board Representative Appointment: Under Bylaw 10. (1)
   Does the Board want to appoint?

No nominations were received for the District 7 Board position in the October election. As a result, there will be a vacancy on the Board in November. The Board has the ability to name a pharmacist to that board position, as stated in the HPA bylaws.

10. (1) In the event of a vacancy in an elected board member position, the
board may, by special resolution, appoint a full pharmacist or
pharmacy technician, as applicable, eligible under section 5 for
election to fill the position until the next election.

Since the word "may" was used, it implies that the Board may choose not to appoint anyone to the position. However, section 2 of the HPA bylaws states that the board is comprised of 7 full pharmacist board members, 1 technician board member and the appointed board members. It would be advisable to proceed in as timely a way as possible to fill any vacant positions, to ensure a properly constituted board.

Motion:

The Board appoint a representative for District 7.

b) Review of District 7 Results – Board Appointment

If the decision of the board is to appoint a pharmacist as the District 7 representative, the results of the ballot mailed to District 7 pharmacists will be made available for consideration. Attached are the bios of those pharmacists whose names were included.

SPECIAL RESOLUTION:
Be it resolved, that _____ Pharmacist in District 7, be appointed as the District 7 Board member, effective immediately, and expiring at the start of the November Board meeting in 2015
Moved by
Seconded by

Aleisha Thornhill
DISTRICT 7

Dear Colleagues,

My name is Aleisha Thornhill and I am seeking a seat on the board as a representative of District 7.

I graduated from the University of British Columbia and completed my residency with Northern Health. I am currently working at the University Hospital of Northern BC in Prince George. I practice in both acute care and an ambulatory clinic while also coordinating the Northern Health Pharmacy Practice Residency Program.

In small communities there are unique challenges and opportunities. Suburban and rural pharmacists are often involved in more than one aspect of pharmacy practice including direct patient care along with drug distribution and pharmacy management. I believe pharmacy practice is rapidly evolving and pharmacists in small communities are well poised to embrace upcoming changes.

As a member of the board I would strive to:
- Increase the public profile of hospital pharmacists.
- Promote collaboration with other health care professionals.
- Encourage engagement with the College.
- Advocate for pharmacists to practice within their full scope.
- Promote practical and meaningful continuing education that aligns with safe and effective patient care.
- Support advanced practice with reimbursement for cognitive services.

Please consider voting for me as your District 7 Representative.

Sincerely,

Aleisha Thornhill, BSc, BScPharm, ACPR

CAMERON ZAREMBA
DISTRICT 7

I have been fortunate enough to work in a variety of practice environments over the 28 years of my career. Those sites have included large urban hospitals, oncology hospitals, medium size community hospitals, a foreign hospital, and a community pharmacy (for 10 years). The cumulative experience has been interesting and formative.

I hope to represent District 7 pharmacists on the College Board, and bring the voice of this group to the table. Hospitals of this size have an interface with the communities (patients, staff, health care providers, etc.) they serve that is unique. This can be leveraged for significant impacts/advances for services, as well as providing valuable feedback to the system in general and to regulatory bodies such as the College.

The opportunity for discussions between pharmacists (and other health practitioners) is an important aspect of the dialogue that is necessary to facilitate the progressive and incremental changes that make our profession stimulating and rewarding! I welcome the opportunity to engage in those discussions with you as your Board representative.

KEITH J. MCDONALD
DISTRICT 7

I graduated with my B.Sc. (Pharm) from the University of B.C., completed the hospital pharmacy residency program at St. Paul's Hospital and subsequently obtained an Executive Masters degree in Business Administration. I have over 30 years of experience in various roles as a hospital pharmacist, beginning as a clinical pharmacist at St. Paul's Hospital and moving to a Director role at Richmond Health Services for many years. Since 2006, I have held a regional role in the capacity of Director, in both VCH-PHC Pharmacy Services and now the consolidated Lower Mainland Pharmacy Services. My current portfolio oversees sites and services in 4 health authorities, spanning acute, residential, mental health and community care settings.

I have been active in my profession throughout my career. I held a position on the Canadian Society of Hospital Pharmacists, BC Branch Council for many years, serving two terms as President. I have been a long serving member of the Hospital Pharmacy Committee of the College of Pharmacists and am currently the committee Chair. I have also participated in many College committees and task forces over the years.

It would be an honour and a privilege to represent District 7 on the Board of Directors of the College of Pharmacists.

MICHAEL CONCI
DISTRICT 7
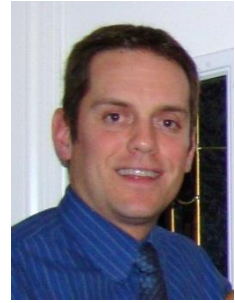
Michael Conci is the Pharmacy Professional Practice Leader in his hometown community located in the Kootenay Boundary.

Upon completion of his Pharmacy degree he caught the first plane flight out of Vancouver to return home and begin his career as a hospital pharmacist. After a decade as a frontline clinical pharmacist, Michael assumed the hospital pharmacy PPL responsibilities for the region, which includes four acute hospitals, seven emergency departments and four residential care facilities.

Increasing the time his pharmacists can spend with their patients is a priority so he promotes technicians working to full scope and leverages technology, like Pyxis automated dispensing cabinets, whenever possible.

In the summer of 2013, he was the preceptor for a pilot project where the primary goal was to provide heart failure education for retail pharmacists so that they could partner with their hospital colleagues to ensure the safe transition of heart failure patients back into their homes. Strengthening this relationship has improved the communication regarding heart failure patients leaving the hospital and helped alleviate the constant pressures to reduce patient's length of hospital stay.

The Kootenay region is also the perfect setting where Michael can enjoy the outdoors and operate his home archery business. Any free time he spends either hunting or at the archery range with his wife Amy and their three daughters. You can reach Michael at mjconci@gmail.com

**COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA**
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10. Committee Appointments

DECISIONS REQUIRED

Update to include consideration of the public representative to the Registration Committee, and if necessary, the Chair and Vice Chair appointments

REGISTRATION COMMITTEE

The Registration Committee is required to have at least 1/3 of its members to be public representatives, of which at least one of whom must be an appointed Board member. The appointed Board public member to the Registration Committee was Jeff Slater, whose term as the Board public member is expired. Jeremy Walden is also a member of the Registration Committee as a public member but not as the appointed Board member. To fulfil the Registration Committee's membership requirement, an appointed Board public member and another public member needs to be appointed by the Board.

A potential public member, Laura Bickerton has expressed interest to be a member of the Registration Committee. Her biography is as follows and the attached Public Committee Member Volunteer Application Form is attached for the Board's consideration:

Laura has a Bachelor of Science degree from UBC, a Master's of Science (Education) from SFU and a PhD (ABD) focusing on professional regulation and standards from SFU. She has a teaching certificate and taught science and math at the secondary level in Coquitlam. Laura was an instructor and administrator in the Faculty of Education at SFU prior to moving to the College of Teachers as Director of Professional Education and Communications and then Deputy Registrar. She is currently the Director of Professional Education and Communications in the Teacher Regulation Branch of the Ministry of Education. Laura has worked as a consultant with the First Nations Education Steering Committee and the First Nations Schools Association to assist them with development of teaching standards and protocols related to certification of teachers in First Nations schools. Laura is married, has two sons and one granddaughter. She lives in Delta.

DECISIONS:

Public Board Member Appointee:

- Appoint Jeremy Walden to the Registration Committee as the Board appointed public member or appoint another public Board member

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Motion:

The Board appoint XXXXX XXXXX to the Registration Committee as the Board appointed public member.

Public Member Appointee:

Option 1:

- Appoint Jeff Slater, Laura Bickerton, or identify another candidate to be appointed to the Registration Committee

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Motion:

The Board appoint Jeff Slater to the Registration Committee as the public member.

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or

Motion:

The Board appoint Laura Bickerton to the Registration Committee as the public member.

Option 2:

- Tabling the appointment to the February 2014 Board meeting

Motion:

The Board table the appointment to the Registration Committee to the February 2014 Board meeting.

Legislation Review Committee Update

Presented By: Anar Dossa, Committee Chair

November 22, 2013

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
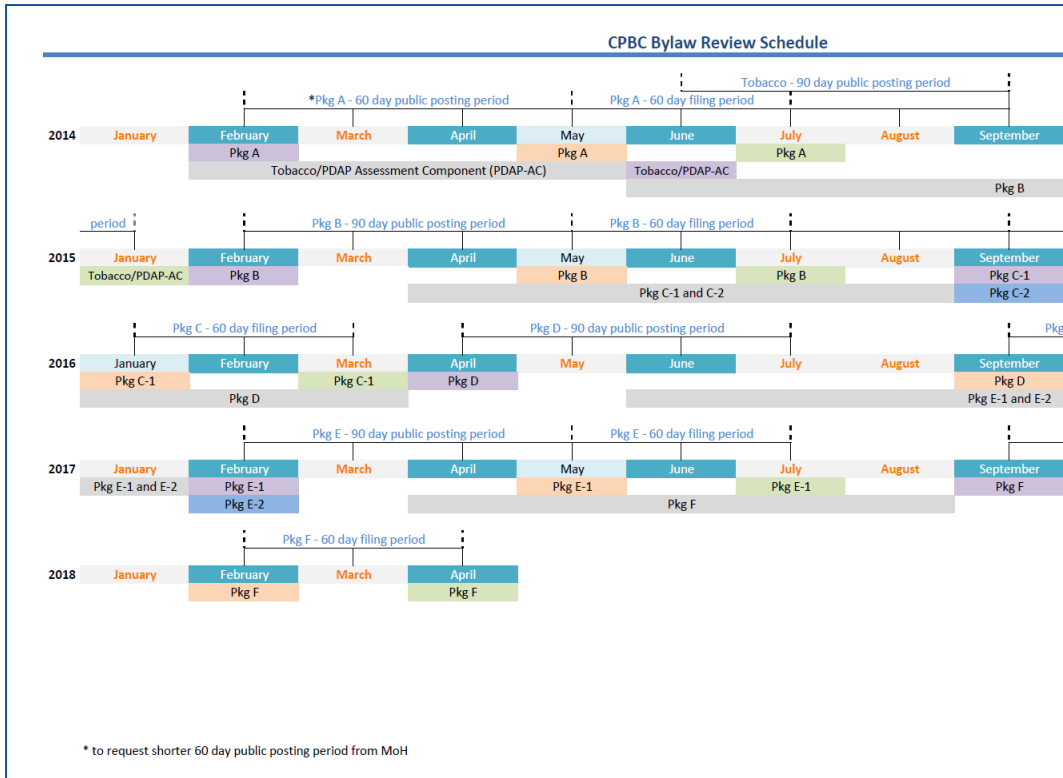
Legislation Review Committee - Update

The Committee met on November 12th to review the Schedule of Bylaw Changes (2014-2018) and the accompanying Board Meeting Mapping document.

Mapping was completed based on:

- Priorities as set out in the Strategic Plan (2014-2016) and as necessary to complete work

- 5 Board meetings per year

- Additional Board teleconference meetings to approve bylaws

- No delays (CPBC or MoH)

- Changes broken down into manageable packages as recommended by the MoH

- 90 day public posting periods, 60 day filing periods
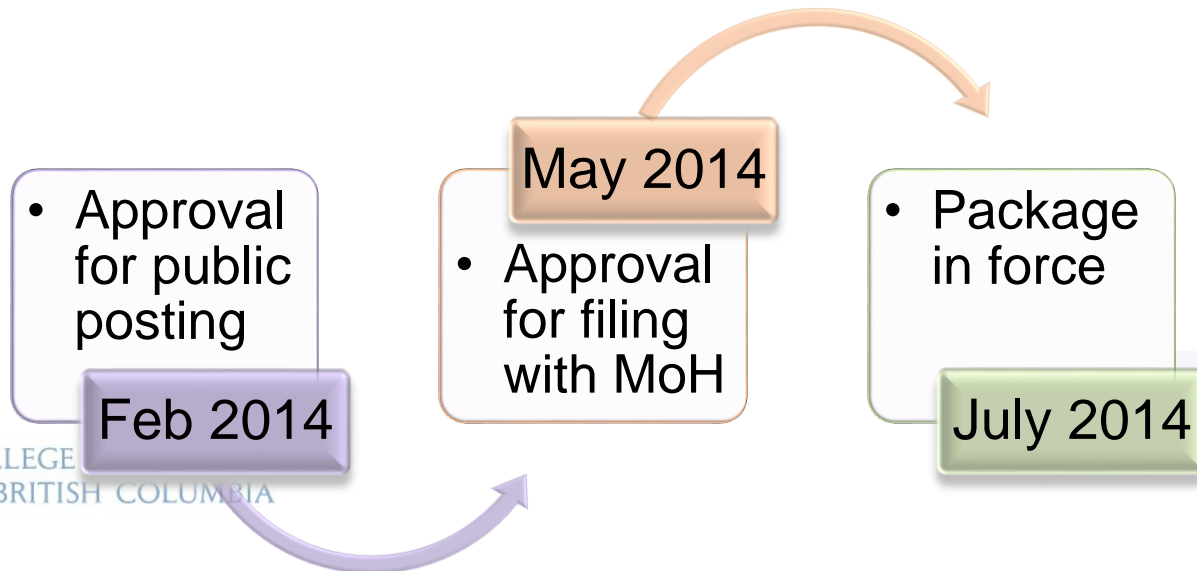
- Appropriate resource allocation to meet timelines

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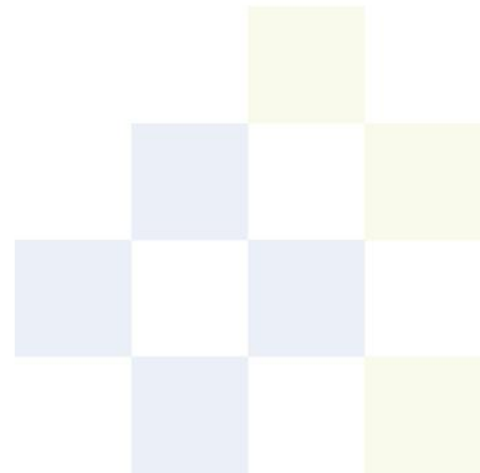
Board Mapping and Schedule

Package A

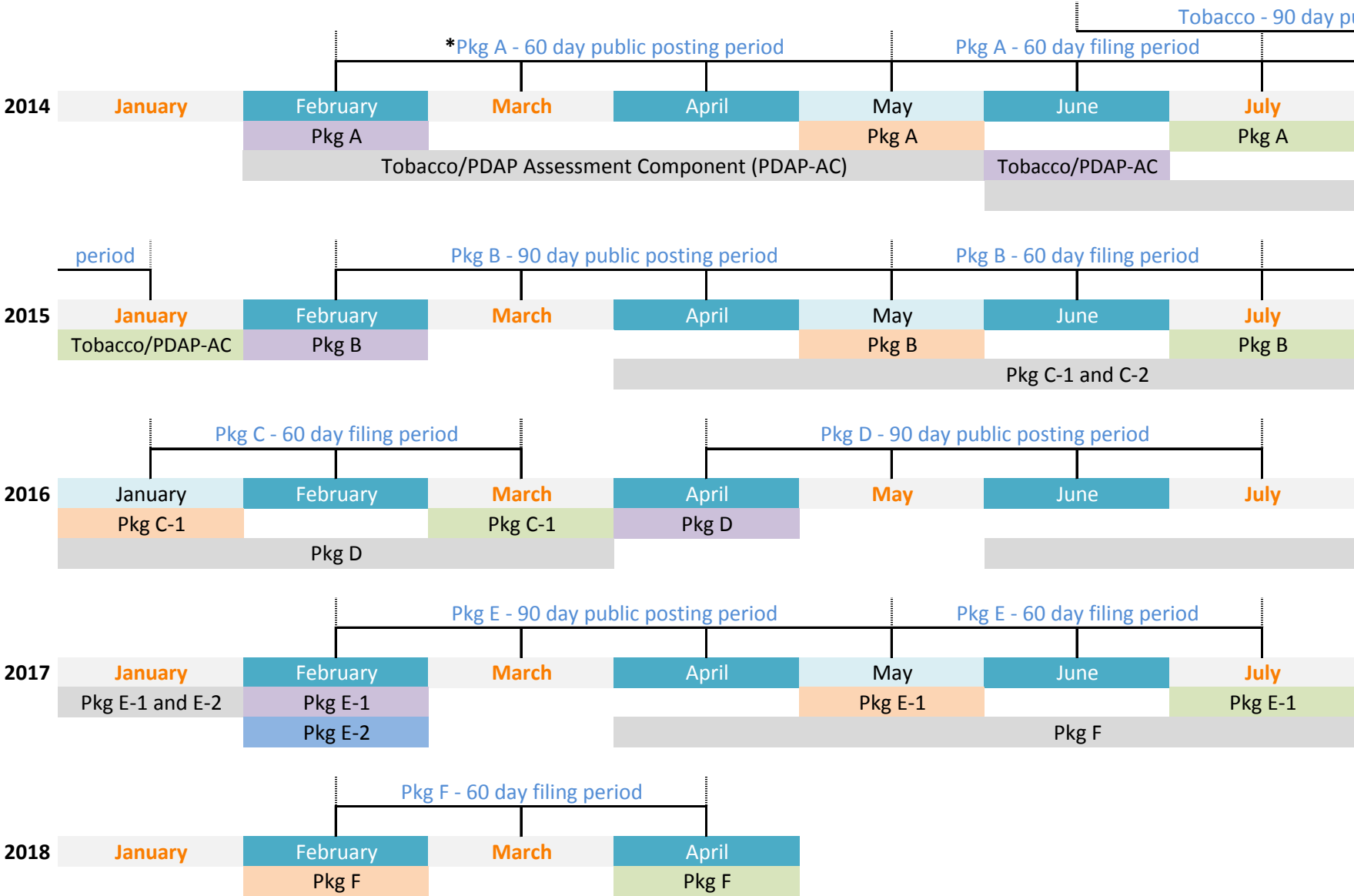| |
|---|
| Electronic voting |
| Electronic prescriptions/digital signature |
| Schedule C updates |
| Publish citations |
| Registrations corrections/Forms and Fee Schedule (CRC) |
| Re-certification of injection authority – new |

- Approval for public posting

Feb 2014

May 2014

- Approval for filing with MoH

- Package in force

July 2014

Questions

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Bylaw Schedule

PACKAGE A

February 2014	May 2014	July 2014
Electronic voting		
Electronic prescriptions/digital signature		
Schedule C updates		
Publish citations		
Registrations corrections/Forms and Fee Schedule (CRC)		
Re-certification of injection authority - new		

TOBACCO

June 2014	November 2014	January 2015

MODIFY PDAP ASSESSMENT COMPONENT

June 2014	November 2014	January 2015

PACKAGE B

February 2015	May 2015 (telecon)	July 2015
Pharmacist/patient consultation (counselling)		
Narcotic reconciliation *(policy change)*		
Document management *(communication)*		
Pharmacy workload standards of practice *(new bylaws)*		

PACKAGE C-1

September 2015	January 2016 (telecon)	March 2016
Changes to standards/limits/conditions for injection authority		
Medication management standards of practice		
Conflict of interest standard – dispensing to family		

PACKAGE C-2

September 2015	n/a	n/a
PPP58 – 1st update to policy re: quality (tied to workload standards of practice)		

PACKAGE D

April 2016	September 2016	November 2016
Access to patient lab information		
Pharmacy technician changes from previous		
Registration/pre-reg clean-up (includes forms)		

APP

June 2016	February 2017	May 2017

PACKAGE E-1

February 2017	May 2017 (telecon)	July 2017
Pharmacy licensure (mail order/telepharmacy/satellites etc)		
Hospital pharmacy standards of practice clean up		

PACKAGE E-2

February 2017	n/a	n/a
PPP58 – 2nd update to policy re: remove restrictions		

PACKAGE F

September 2017	February 2018	April 2018
Residential care standards of practice clean up		

CPBC Bylaw Review Schedule

2014

Tobacco - 90 day p...

*Pkg A - 60 day public posting period   Pkg A - 60 day filing period

January	February	March	April	May	June	July
	Pkg A			Pkg A		Pkg A

Tobacco/PDAP Assessment Component (PDAP-AC)   Tobacco/PDAP-AC

2015

period   Pkg B - 90 day public posting period   Pkg B - 60 day filing period

January	February	March	April	May	June	July
Tobacco/PDAP-AC	Pkg B			Pkg B		Pkg B

Pkg C-1 and C-2

2016

Pkg C - 60 day filing period   Pkg D - 90 day public posting period

January	February	March	April	May	June	July
Pkg C-1		Pkg C-1	Pkg D			

Pkg D

2017

Pkg E - 90 day public posting period   Pkg E - 60 day filing period

January	February	March	April	May	June	July
Pkg E-1 and E-2	Pkg E-1			Pkg E-1		Pkg E-1
	Pkg E-2					

Pkg F

2018

Pkg F - 60 day filing period

January	February	March	April
	Pkg F		Pkg F

* to request shorter 60 day public posting period from MoH

ublic posting period

Tobacco - 60 day filing

August	September	October	November	December

Tobacco/PDAP-AC

Pkg B

Pkg C - 90 day public posting period

August	September	October	November	December

Pkg C-1

Pkg C-2

Pkg D

Pkg D - 60 day fililng period

August	September	October	November	December

Pkg D

Pkg D

Pkg E-1 and E-2

Pkg F - 90 day public posting period

August	September	October	November	December

Pkg F

Board Meeting

Board Teleconference Meeting

Board Approval for Public Posting

	Board Approval for Filing with MoH
	In Force
	Staff to begin work
	Board Approval of PPP

13. UBC, Faculty of Pharmaceutical Sciences, Grant Proposal

DECISION REQUIRED

Solving Drug-related problems through Inter-professional collaboration between pharmacists and Physicians Presentation [**FOLLOWS**]

By Aaron Tejani,
Medication Use Evaluation Coordinator Lower Mainland Pharmacy Services
Clinical Assistant Professor, Faculty of Pharmaceutical Sciences (UBC)
Researcher, Therapeutics Initiative (UBC)

Aaron M Tejani completed his BSc in pharmaceutical sciences at the University of British Columbia and his Doctor of Pharmacy degree from Creighton University (Omaha, Nebraska).

Following his PharmD, he completed a Internal Medicine/Pharmacy Practice residency at St. Joseph's Hospital in Omaha, Nebraska. Aaron's interests include critical appraisal of the biomedical literature, knowledge translation activities and research, and conducting systematic reviews and meta-analyses of health care interventions. He is also involved in teaching critical appraisal skills to undergraduate and graduate students, as well as variety of health care professionals.

Aaron has been the recipient of several CIHR grants for knowledge translation activities specifically for healthcare professionals. He is currently: a member of the Fraser Health Research Ethics Board and the British Columbia Medical Association's Guidelines and Protocols Advisory Committee, an editor for the Cochrane Hypertension Review Group, a peer reviewer for the Canadian Journal of Emergency Medicine, and a clinical assistant professor for the Faculty of Pharmaceutical Sciences (University of British Columbia). Within the Therapeutics Initiative (UBC), he is a researcher and member of the Drug Assessment Working Group, the Education Working Group, the Executive Committee, and the Scientific Information and Education Committee.

Motion:

The Board approves the UBC, Faculty of Medicine, grant proposal entitled, "Solving Drug-related problems through inter-professional collaboration between pharmacists and physicians" for funding from the Ministry provided grant funds.

Title of Proposal:
Solving Drug-Related Problems Through Interprofessional Collaboration Between Pharmacists and Physicians

Request for Funding to:
College of Pharmacists of British Columbia

Total Amount Requested:
$247,581

Principal Applicant:
Aaron M Tejani, BSc(Pharm), PharmD
Faculty of Pharmaceutical Sciences, University of British Columbia

Date:
November 2013

Background

There is evidence that patients, and especially the elderly, often receive suboptimal pharmaceutical care. Suboptimal prescribing can occur when patients do not receive needed therapy, when the chosen medication has a poor overall profile of benefit versus harm or is unnecessarily costly to the patient, when overall patient morbidity and medication use are not taken into account, or when problems of polypharmacy are not adequately addressed. Additionally, patients often do not adhere to prescribed medications.

A recent publication describing pharmacist-led interdisciplinary drug review points out the difficulties and barriers to improvement of contemporary care for patients with multi-morbidity and complex prescription drug regimens.[1] Clearly, most patients facing similar situations would not be able to access this level of specialist intervention, nor could a multidisciplinary team handle many patients if each one required as long as 12 weeks to effect a medication review. This emphasizes the importance of equipping primary care teams with simple, practical, yet productive approaches to improving how we use drugs.

Clinical pharmacy services have improved medication knowledge (among patients and healthcare providers), and appropriateness of therapy.[2] Hospitalist physician programs have reduced medical costs and length of hospital stay while not affecting readmission rates or mortality.[3] In their 2008 joint statement, the American Society of Health Systems Pharmacists (ASHP) and the Society of Hospital Medicine (SHM) stated that pharmacists and hospitalists should collaborate in several ways including "managing medication protocols under collaborative practice agreements and assisting in the development of treatment protocols."[4] In addition they concluded "that hospitalist–pharmacist alliances should be encouraged and that the systems and technologies that enable collaboration, and the incentives for such collaboration, should be enhanced."

Although different with respect to acuity of patients clinical pharmacists in hospitals are also very similar to their counterparts in primary care pharmacy practice. Hospitalist physicians (i.e. physicians who work in hospitals and serve as the non-specialist most responsible physician) and primary care physicians are very similar as well. Both groups of physicians are generalists without specialty training, and both deal with a variety of medical problems in the patients they care for. Based on these recommendations, it seems reasonable to suggest that interprofessional collaboration between community pharmacists and primary care physicians may also lead to improvements in patient outcomes as well as efficiencies in the delivery of healthcare. Interprofessional collaboration has been assessed in a variety of ways in order to determine if this mode of care delivery leads to the aforementioned benefits to the system and directly to patients. Interprofessional collaboration is generally defined as two or more individuals from different professions working together, each within their scope of practice, in order to achieve a common goal; in this case the goal would be to optimize outcomes for patients and improve efficiencies within the delivery of primary healthcare. Primary healthcare teams which usually are comprised of pharmacists working with physicians, nurses and

other allied health professionals are the ideal environment for interprofessional collaboration to take place.

One remaining but important question is whether primary care teams of pharmacists and physicians working together through an interprofessional collaboration framework can improve the outcome of patients and improve the delivery of healthcare. A Cochrane systematic review entitled "Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes" suggested that interprofessional collaboration has the potential to improve patient outcomes and reduce healthcare utilization but there is a paucity of literature to know for sure.[5] Specifically, they found that:

- "multidisciplinary meetings with an external facilitator, who used strategies to encourage collaborative working, was associated with increased audit activity and reported improvements to care", and that
- (based on one study) "daily interdisciplinary rounds in inpatient medical wards at an acute care hospital showed a positive impact on length of stay and total charges, but another study on daily interdisciplinary rounds in a community hospital telemetry ward found no impact on length of stay. Monthly multidisciplinary team meetings improved prescribing of psychotropic drugs in nursing homes."

Another Cochrane systematic review found that interventions to improve outcomes in patients with multi-morbidity have had mixed effects in studies to date, although in general interventions improved prescribing and increased medication adherence.[6] What seems most relevant based on this review was that "…targeting specific problems experienced by patients with multi-morbidity may be more effective" and "interprofessional collaboration was embedded in all interventions. This is worth building on for future intervention development."

While signals in the existing research literature are promising, limitations in the evidence do not allow firm conclusions to be drawn with respect to whether enhanced interprofessional collaboration would substantially improve health outcomes and/or be cost-effective. One aspect of this issue that has not been addressed explicitly in research literature to date is the involvement of clinician researchers on the interprofessional teams.

This suggests two important linked research questions:

1. Can clinician researchers who are expert in synthesizing and critically appraising scientific evidence help interprofessional teams interpret and incorporate best evidence into direct patient care?

2. Can such involvement lead to better patient outcomes and a decrease in unnecessary or pointless healthcare utilization and/or costs?

In British Columbia, there is an ideal opportunity to fill gaps in the literature with regards to the potential benefits of interprofessional collaboration, by combining knowledge of

the current structure and issues in primary care, with an exploration of new opportunities for interprofessional collaboration.

Proposal

Goals
Conduct research and evaluation on the impact of interprofessional rounds for complex patients involving primary healthcare teams made up of and community pharmacists and physicians, using expert clinician researchers as external facilitators.

Objectives
1. Determine whether externally facilitated interprofessional primary care teams that discuss and work through problems related to their complex patients can strengthen the relationships between primary care clinicians with the hope that:
   a. The quality of medication reviews by community pharmacists improves (as judged by documentation of clinical reasoning and/or cost reductions);
   b. The quality of medical care to patients improves (as judged by documentation of clinical reasoning and/or cost reductions or improved clinical outcomes);
   c. Patient satisfaction with care (self-rated);
   d. Interactions between pharmacists and physicians become more productive and sustainable.
2. Assess the current medication review system:
   a. Assess community pharmacist and physician suggestions for ways in which the current system can be improved;
   b. Gauge physician awareness of the current system and ways in which they can participate;
   c. Determine if resources for pharmacists are useful;
   d. Determine what information sources are currently used by community pharmacists when conducting medication reviews.
3. Create a collaborative knowledge exchange environment between community pharmacists and primary care physicians who work in similar practice environments and encounter similar clinical scenarios. This will specifically address the issue of enhancing interdisciplinary relationships, which has been identified as a goal in the College of Pharmacists of BC Strategic Plan.
4. Facilitate the exchange of high quality knowledge syntheses between expert researchers and front-line clinicians (i.e. community pharmacists, primary care physicians, and other allied health professionals), determined in large part by self-expressed knowledge gaps or frequent and important issues, in an ethically sound environment.
5. Set the groundwork for an ongoing collaboration between the expert researchers and primary care clinicians in an effort to continue the knowledge exchange relationship with similar events on an annual basis.

6. Determine the feasibility of conducting future mixed qualitative and quantitative research to assess the effects on prescribing quality of interprofessional primary care teams dealing with complex patients.

Structure of Events

- Events will be planned for each of the 6 health authorities within BC: Fraser Health, Vancouver Coastal, Providence Health, Interior Health, Northern Health, and Island Health.

- Events will be case-based, interactive discussions between expert clinician researchers and primary care teams consisting of physicians, pharmacists and other allied health professionals. The focus will be to enable teams to conduct high quality medication reviews in an effort to identify and resolve drug related problems.

- We hope to have at least interdisciplinary 4 teams per event, which will consist of at least 2 members from different disciplines. Each event will last up to 4 hours depending on registration.

- Each team will be given one of three options:

    1. Prepare a case describing a current patient that the team is responsible for that is complex and has drug or therapy related problems that need to be resolved;

    2. Prepare a case of a past patient or that describes a "common" patient that was complex and had drug or therapy related problems that required resolution, illustrating typical issues within the clinicians' practice setting or patient population;

    3. Prepare one or two examples of common conditions or drug/therapy related issues that commonly come up in their practice, for group and expert discussion.

- For each event, the interdisciplinary teams will be asked to submit cases to a team of expert clinician researchers ahead of time. The clinician researchers will review in advance any scientific or evidence issues related to possible practical solutions to the identified problems. At the event, the clinician researchers and the primary care teams will work together to work through the thought process for solving the problems.

- Members of the expert clinician researcher group will assist local interdisciplinary teams by presenting results from knowledge syntheses and will guide an interactive discussion that will help participants to interpret effectively and subsequently to use evidence in the management of the clinical cases. The rationale for this design is based on evidence that interactive sessions lead to evidence-informed practice (enhanced professional practice).[4]

- For submitted cases that do not involve current patients, discussions on what could have been done to improve the care, better identify solutions for problems, or how evidence could have been used will be discussed. For cases related to common problems, discussion will focus on goals of therapy, evidence for

possible solutions to these common clinical problems, and possible solutions when participants encounter these problems in the future.

- Time frame: 18 months

Utilizing Technology to Access Wider Audience

- We will hire a web developer to create a website for the project which will describe the proposal and will provide a listing of upcoming events with information on registration procedures.

- Registrants will be offered the chance to sign onto the website to share resources, share interesting cases, and discuss topics related to the management of complex patients. Educational resources in terms of evidence will be provided on the website.

- Submitted cases and drug-related problems will be assessed for possible future newsletter topics.

- De-identified cases may be utilized on the website to share knowledge and understanding and to encourage registration and attendance at future events.

Inviting Interdisciplinary Teams

- Academic detailers
    - Academic detailing pharmacists work within all health authorities in the province and have connections with primary care physicians. We will provide Ads with brochures and link to our website for distribution to primary care physicians and community pharmacists.

- Email distribution list
    - We currently have an email distribution list consisting of over 1500 clinicians within BC who have agreed to be contacted regarding upcoming educational events. They will be sent a e-brochure and a link to the website.

- Community pharmacies and primary care physician offices and clinics
    - Brochures for events will be emailed to these locations

- College of Family Practice Physicians of BC, BCMA, College of Pharmacists of BC
    - Our communications assistant will set up meetings with key people from both organizations to discuss the project and ask that they distribute brochures, send emails, or include advertisements in publications or emails that go to their members

An Ethically Sound Program

Ashley Wazana published a systematic review of the evidence assessing the impact of drug industry sponsored continuing medical education and found a bias in information provision, and shifts in prescribing following attendance at sponsored continuing medical education that consistently favoured the sponsor's drug.[7] In order to avoid these effects,

the faculty/external facilitators have made a deliberate choice to have no actual or perceived financial conflicts of interest with the pharmaceutical industry.

Ensuring Target Audience is Reached and Event is Well-attended

An application for accreditation to the Canadian Council on Continuing Education in Pharmacy will be submitted in order to provide community pharmacists with continuing education credits (1 credit per hour in the "conference" category) for attending events and for completing the evaluations. The College of Family Physicians of Canada (CFPC) requires all family physicians to acquire 125 Mainpro M-1 continuing education credits every 5 years. Accreditation from CFPC will be applied for in order to provide each physician with 1 credit per hour. Physicians may also be eligible for additional credit for time preparing cases.

Measureable Outcomes
1. Number of resolved drug related patients and problems (individual case patients may have more than one problem amenable to resolution);
2. Potential healthcare utilization savings (including direct drug dispensing and ingredient costs and, where relevant, diagnostic testing or professional follow-up costs) from resolved drug related problems;
3. Identification of barriers to forming primary healthcare teams in BC and success in overcoming such barriers;
4. Identification of issues with the proposed format of events in terms of usefulness and sustainability, or generalizability, including potential to enhance the effectiveness of provincial academic detailers;
5. Identification of ways in which current medication review processes can be enhanced.

Methodology

1. Evaluation
    a. Quantitative (outcomes 1 and 2)

For each case that is assessed at each event the number of identified drug-related problems will be recorded. On completion of the assessments, the groups will then record the number of potential solutions to these problems that have come about as a result of the work done during the event. The proportion of drug related problems with potential solutions would then be calculated.

Teams will be sent an on-line evaluation that lists their potential solutions and will be asked to comment on how many of these were actually implemented in their patients.

In addition, if the potential solution to the drug-related problems has a potential financial impact, an approximation of the net financial effect will be calculated, both from estimated drug dispensing and ingredient costs, and any other identified or potential savings (e.g. diagnostics).

b. Qualitative (outcomes 3 and 4)

Participants will be given an on-line evaluation to complete after the event and asked to comment on interprofessional collaboration and primary healthcare teams. They will be challenged to assess specifically the perceived usefulness of activities that occurred during the event(s) they attended. In addition, the evaluation will ask questions related to the current medication review system in order to meet the aforementioned objectives.

Key questions will include:

Pharmacist-directed questions
1. What value does the physician being to the medication review process?
2. Do you feel it is appropriate for the College of Pharmacists of BC to fund the medication review process? If not, please explain.
3. Does the medication review process contribute to your professionalism and to your practice as a pharmacist?
4. What information sources do you use when conducting a medication review?
5. What training do you need to be able to conduct quality medication reviews?

Physician-directed questions
1. What value does the pharmacist bring to the medication review process?
2. Were you aware of all aspects of the medication review process? (e.g. physicians can request a medication review)

Joint Questions
1. What would enable or encourage you to participate in this kind of interprofessional event on an ongoing basis?
2. What cost would you be willing to pay to attend events like this in the future?
3. How often should events like this be held in your community?
4. Did the event add value to your practice as a healthcare provider?

Additional or improved questions may be derived both before project initiation and during the project at the suggestion of professional bodies (e.g. College of Pharmacists, College of Physicians) and of participants, or others.

2. Follow-up Report

After all assessments and evaluations are complete, a detailed report on the outcome of events will be prepared, including recommendations for further research/evaluation in the future. Particular focus will be placed on the value of educational events like this, how to sustain an interprofessional collaboration, the role of the College of Pharmacists in the medication review process, and what further support is required by pharmacists in order to produce quality medication reviews.

Description of Faculty/External Facilitators Group

Experts who have extensive experience in-patient care, research, and in knowledge translation will guide the exchange of knowledge with the community-based clinicians. Members of the group have extensive experience, both locally and internationally, communicating with health professionals and consumers about the rational use of medication. They have presented over 250 seminars on drug therapy over the last 15-20 years. In addition, they have published numerous articles in the medical literature on rational drug therapy and have been editors for internationally recognized textbooks on appropriate/rational drug therapy. Examples of the knowledge exchange products they produce include "closer to home" community small group drug therapy educational sessions. The focus of these is on "optimizing patient benefit" using interactive techniques to demonstrate evidence based and cost-effectiveness practices. Another testament to their knowledge exchange expertise is the "Therapeutics Letter." This is a bi-monthly letter targeting important therapeutic issues with brief, simple, practical messages.

Group members have received four separate CIHR Dissemination grants to offer continuing education events to primary clinicians in the Lower Mainland. These events were structured to allow physicians, pharmacists, nurse practitioners, naturopaths, nurses, and other allied health professionals to sit together while working through complex composite patient cases. Clinician researchers then help groups work through the cases by providing clinical insight as well as presenting current best evidence related to the clinical problems in the case. The educators and the groups then work through case-based issues by applying the evidence to patient care decisions.

Outside of grant funded continuing educational events, members of the group have travelled to all parts of British Columbia and provided interactive educational sessions to pharmacists and physicians for the last 15 years. These sessions have always been structured as interactive and case-based discussions involving evidence and common clinical problems. Recent examples include Salmon Arm, Dawson Creek, Prince George, Terrace, Nanaimo, Parksville-Qualicum, Chilliwack, and Surrey.

The clinician researchers come from a variety of disciplines:
- Three clinical pharmacists with experience in community and hospital pharmacy practice (at least two of which will attend all events).
- Two practicing internal medicine physicians trained in clinical pharmacology.
- Two primary care physicians.
- One clinical epidemiologist with extensive knowledge translation experience.

Budget (18 month timeframe)

	Description	Itemized Cost	Total Cost
Airfare			
4 Faculty Members Return airfare	Prince George, BC	4 @ $500.00	$2,000
	Nelson, BC	4@ $600.00	$2,400
	Victoria, BC	4 @ $300.00	$1,200
	Nanaimo, BC	4 @ $300.00	$1,200
	Kelowna, BC	4 @ $400.00	$1,600
	Kamloops, BC	4 @ $500.00	$2,000
Transportation			
	Taxi fare for out of town venues	6 @ $200.00	$1,200
	Mileage for in town venues for 4 faculty members	5 venues @ (4 X $25.00)	$500
	Parking	5 venues @ (4 X $10.00)	$200
Faculty			
Pharmacist and Project Lead (Aaron M Tejani)		11 events X (3 days @ $500.00/day) Plus Content Development, Organization, agenda setting, case review, etc.	$40,000
Physician Lead		11 events X (3 days @ $750.00/day)	$24,750
Researcher		11 events X (3 days @ $500.00/day)	$16,500
Community Pharmacist		11 events X (3 days @ $500.00/day)	$16,500
Other			
Administrative Support	Event coordinator	11 events X (3 days @ $400.00/day)	$13,200
	Planning and organizing prior to and after events	40 hours per event X 11 events ($50/hour)	$22,000
Research assistant	Searching and interpreting literature based on submitted cases	$50/hour	$25,000
Room Rental	Venue suitable for 40-50 people	$500 X 11 events	$5,500

Equipment	Projector for presentations		$1,000
Catering	Beverages, light meals	40 people per event @ $25.00/person X 11 events	$11,000
Handouts	Printing, formatting		$3,000
Website development for creating network	1 year	12 months @ $500.00	$6,000
Canadian Council on Continuing Education in Pharmacy	Pharmacist CE credits		$750
College of Family Physicians of Canada	Physician Mainpro C credits		$565
Sub-total			$198,065
University of British Columbia Overhead (25%)			$49,516
Total			$247,581

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3. Interprofessional education & core competencies (literature review). Canadian Interprofessional Health Collaborative. Available at http://www.cihc.ca/files/publications/CIHC_IPE-LitReview_May07.pdf. Accessed October 2011.

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Harnessing the Power of BC's Pharmacists to Reduce the Burden of Pain

Maria Hudspith, Executive Director

BC College of Pharmacists, November 22, 2013

PAIN BC

Pain BC: Our Story

Mission: to reduce the burden of pain – through engagement, education, advocacy and knowledge translation

Why Focus on Chronic Pain?

- High prevalence – 1 in 5

- Pathology not always visible: nervous system sustains it

- Biopsychosocial impact

- Affects a heterogeneous group

- Health care system response inadequate, HCP education insufficient

- Invisible, stigmatized, invalidated condition

- Greatest impact on quality of life: depression X 5, suicide X 2, job loss, strain on relationships, functional impairment, potential for addiction

PAIN BC

Significant driver of healthcare consumption

- 4 x GP visits

- 2 x hospital admissions and increased LOS

- Inappropriate use ED for treatment – inadequate response

- More (and potentially unnecessary) medications

- More (and potentially unnecessary) surgeries and procedures

Societal Impact of Chronic Pain

- Increased (and inappropriate) use of pain medications – MVAs, overdoses, prescription drugs as party drugs for teens, diversion to street-based drug trade, law and order issues – reinforces stigma…

- Lost productivity and tax revenue, increased benefit payments

Pain BC - Strategies

•**Educating**, developing skills, and **building hope** and confidence for both people living with pain and health care providers

•**Facilitating** innovation and improvement through partnerships between MOH, Health Authorities, NGOs, patients, and healthcare providers

Building a System of Care for People in Pain

BCMA Practice Support Program for Pain

- **Train-the-trainer model launching Dec. 5**

- **Targets both GPs and specialists**

- **Interdisciplinary faculty and participation**

- **500 MD participants expected in 2014 (and beyond)**

- **System redesign initiatives**

  - Creation of new secondary and tertiary programs

  - Fostering interdisciplinary networks across BC

  - Removing barriers to optimal care

Building a System of Care for People in Pain

Momentum for Practice and System Change

- **Creation of Pain Specialty in Medicine – BC residency program in 2014**

- **Provincial Academic Detailing on Opioids**

- **Physiotherapy Pain Champion program being developed**

- **Health Authority Engagement – new pain initiatives, embedding into clinical records (guidelines, tools)**

Developing Pharmacist Pain Champions - Roles

1. Pain Management Consultation – patients and MD

2. Management of side effects from pain medication

3. Prevention of pain related disabilities and conditions

4. Member of a larger, interdisciplinary team (virtual network, informal, co-located or integrated)

Pharmacists Education Initiative

Chronic Pain 101 for Pharmacists

- **8-hour accredited live session**

- **Mentoring and assessment of medication reviews**

- **Pilot targeting 250 Pharmacists in 2014**

- **Developed and taught by 2 PharmD pain experts**

- **Peer reviewed**

- **Only program of its kind in Canada**

- **CCCEP accreditation expected**

PAIN BC

Program Goals

- **Improve patient safety** through thorough counselling and improved compliance

- **Improve pharmaceutical care** through rationalising and optimising medication use

- **Enhance patient care** through improved medication reviews

- **Improve patient health outcomes** by empowering patients to manage their pain and providing them with available resources

- **Improve system safety** through improving alerting processes to the provider team

- **Increase patient access** to pain related healthcare services

- **Improve collaborative relationships** with other members of the healthcare team

- **Improve the management of pain** through shared clinical care

Course Content

Modules include:

1. Understanding and communicating with the patient in pain

2. Pathogenesis of pain and assessment of pain

3. Pain management (pharmacology and other approaches)

4. Opioid related issues

5. Management of the chronic pain patient (self management, community and other resources)

Faculty

Dr. Marylene Kyriazis BPharm PharmD

- Consultant clinical pharmacist, QR Clinic Vancouver

- Co-director Pharmacy Program, CHANGEpain

- Clinical Instructor, UBC

Dr. Thuy Nguyen BSc (Pharm) PharmD

- Pharmacy Advisor, WorkSafeBC

- Co-director Pharmacy Program, CHANGEpain

- Consultant clinical pharmacist, Bradric Consulting

Proposed Locations and Participant #s

10 sessions = 250 participants

|	
Kamloops	**Kelowna**
Nelson	**Prince George**
Courtney /Comox	**Nanaimo**
Victoria	**Vancouver**
Maple Ridge	**Abbotsford**

Pilot Budget – Option 1

Budget item	Cost
Faculty fees ($1500 per faculty per workshop + GST)	$31,500
Faculty travel and accommodation	$25,000
Post-workshop mentoring and evaluation of medication reviews	$78,750
Venue rental/AV/catering	$20,000
Print materials	$7,500
Accreditation fee	$2,200
18 % Pain BC Project Management Fee (includes coordination, contract management, fundraising, registration, logistics, evaluation, reporting to funders etc.)	$29,691
Total funding required	**$194,641**
Request from BC College of Pharmacists (50 % subsidy)	**$97,320**
Registration fees (30 %)	$58,392
Other subsidy (20 %)	$39,328

Pilot Budget – Option 2 (reduced mentoring option)

Budget item	Cost
Faculty fees ($1500 per faculty per workshop + GST)	$31,500
Faculty travel and accommodation	$25,000
Post-workshop mentoring and evaluation of medication reviews	$52,500
Venue rental/AV/catering	$20,000
Print materials	$7,500
Accreditation fee	$2,200
18 % Pain BC Project Management Fee (includes coordination, contract management, fundraising, registration, logistics, evaluation, reporting to funders etc.)	$24,966
Total funding required	**$163,666**
Request from BC College of Pharmacists (50 % subsidy)	**$81,833**
Registration fees (35 %)	$57,283
Other subsidy (15 %)	$24,550

Alignment with College's Strategic Directions

✓ **Foster Interdisciplinary relationships**

✓ **Encourage best practice in patient care**

✓ **Support pharmacists and pharmacy technicians to practice to their full scope and to enroll in programs that support best practice**
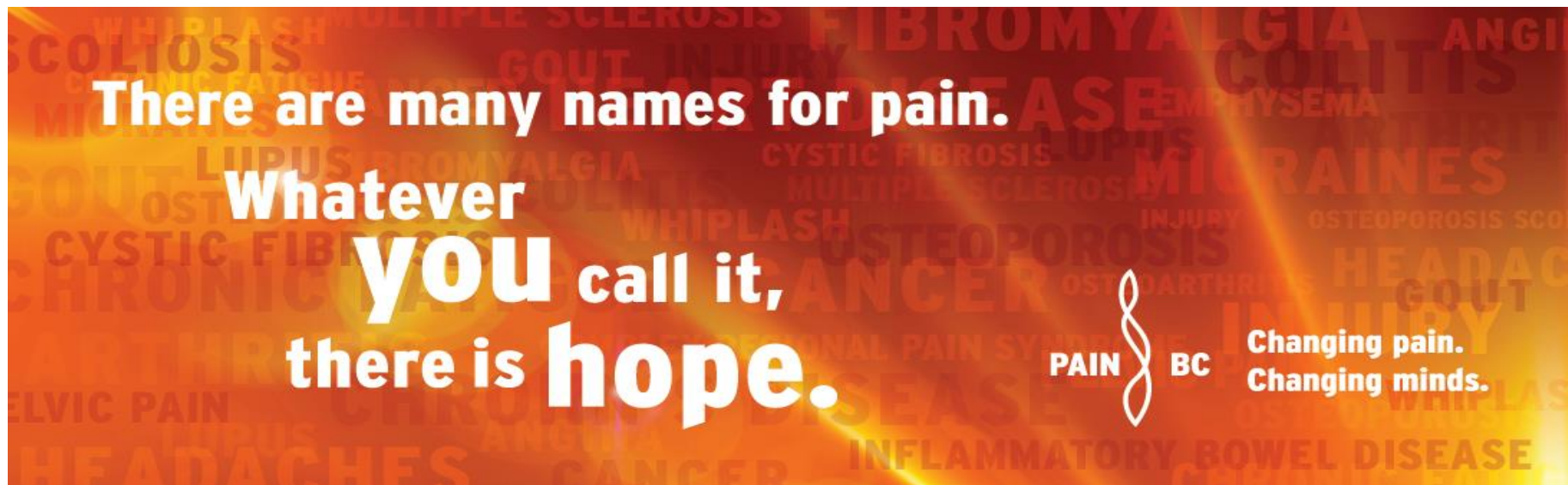
Pharmacists – Key to Reducing the Burden of Pain

- **Important discipline in health care**

- **Working across the continuum – all contexts**

- **Key role in patient care/education and shared care**

Questions?

With gratitude to www.painexhibit.org for the use of art by people in pain

maria@painbc.ca

www.painbc.ca

PAIN BC

15. CORE Survey Results Update

INFORMATION ONLY

Presenter Larry Lynd, B.S.P., Ph.D. received his BSP from the University of Saskatchewan in 1986. He is Associate Professor, Faculty of Pharmaceutical Sciences and School of Population and Public Health, at UBC and Associate Director, Collaboration for Outcomes Research and Evaluation Scientist, Centre for Health Evaluation and Outcomes Sciences, at the Providence Health Research Institute.

CORE Survey Results Presentation

The College has heard concerns regarding working conditions in the pharmacy from a number of pharmacists over the past few years. In April, 2013 the Board heard from Gary Schnabel, Executive Director of the Oregon State Board of Pharmacy on that agency's experience of legislative changes based on results of a survey of working conditions conducted there.

After review of the Oregon experience, the College Board voted to conduct a survey of pharmacy work conditions based on the Oregon survey tool. The College then contracted with UBC's Collaboration for Outcomes Research and Evaluation (CORE) group to conduct this survey. The CORE team is a multidisciplinary group of researchers with expertise in clinical pharmacy, pharmacoepidemiology, health economics, health services research, program evaluation and health promotion research.

The survey was launched this past September for input from pharmacists across BC. At the time of the survey close date on October 31, over 1100 BC pharmacists had taken the time to respond to the survey. This presentation will outline the initial survey results for the information of the Board. CORE will continue to analyze the results in time for a final report to the College to be provided later this year.

Provincial Pharmacy
Harm Reduction Supply Distribution

College of Pharmacists of BC
November 22, 2013

James Pauly, B.Sc. (Pharm),
Cool Aid Community Health Centre
River Chandler, Policy Analyst, MoH

Harm Reduction

- Harm reduction refers to policies, programs and practices that aim to reduce the adverse health, social and economic consequences of psychoactive substance use for people unable or unwilling to stop using immediately.

- Harm reduction is a pragmatic response that focuses on keeping people immediately safe and minimizing death, disease and injury from high-risk behaviour.

- It involves a range of strategies and services to enhance the knowledge, skills, resources and supports for individuals, families and communities to be safer and healthier.

Background

- International practices
- British Columbia
- Evidence for pharmacy-based harm reduction

Pharmacy Harm Reduction Pilot

- 5 Pharmacies in Victoria
- Supported by AIDS Vancouver Island
- Findings
  - Pharmacists
  - Patients

Pharmacists' Perspectives

- Jim Pauly, B.Sc. (Pharm)
  - Cool Aid Community Health Centre, Victoria

Pharmacist Quotes from the Pilot Review:

- Paying attention to clients and building relationship with them makes a difference to peoples' quality of life, particularly during times of crisis.

- Distributing supplies builds customer loyalty.

- There are no problems with clients-when pharmacy staff treats clients with respect, clients treat the facility with respect.

Provincial Harm Reduction Program

- BC Centre for Disease Control

  http://www.bccdc.ca/prevention/HarmReduction/default.htm

- BC Harm Reduction Strategies and Services Committee (HRSS)

  http://towardtheheart.com/

Information for...   GO

DISEASES & CONDITIONS | FOOD & YOUR HEALTH | HEALTH & YOUR ENVIRONMENT | IMMUNIZATION & VACCINES | OUTBREAKS & EMERGENCIES | PREVENTING INFECTION | SEX... HEA...

You are here: Home > Preventing Infection > Harm Reduction

Text Size: S M L

Print   Email   Share

IN THIS SECTION

Antibiotic Resistance

Hand Hygiene

▸ **Harm Reduction**

   Questions and Answers

   Canadian Best Practices

   Research Articles

   Agranulocytosis Associated with Levamisole in Cocaine

   Yip Project

Resources

Harm Reduction

"Harm reduction" aims to keep people safe and minimize death, disease, and injury from high risk behaviour.
Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.

A range of services is available to prevent harms from substance use. Some examples include:

- **Impaired driving prevention campaigns**: Create awareness of the risks of driving under the influence of alcohol and other legal or illegal substances

- **Peer support programs**: Groups for people who use substances - to improve their quality of life and to address gaps in services

- **Needle distribution programs**: Distribute clean needles and other harm reduction supplies and educate on their safe disposal

- **Outreach and education**: Make contact with people who use substances to encourage safer behaviour

- **Substitution therapies**: Substitute illegal heroin with legal, non-injection methadone or prescription heroin

- **Supervised consumption facilities**: Prevent overdose deaths and other harms by providing a safer, supervised environment for people using substances

SUPPLY REQUISITI...

Authorised Distributi...
To Order Supplies U...

Harm Reduction Sup...
Requisition Form Nov...
[pdf 44 KB]

Policy on Receiving S...
One-off Distribution S...
including Order Form...
[pdf 100 KB]

One Off Event(s) form...
Mar 2012 [pdf 52 KB]

RELATED PAGES

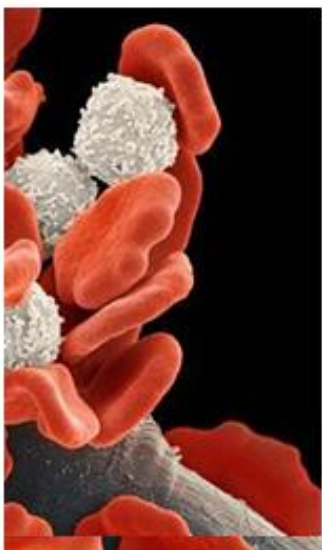Toward the Heart: BC...
Reduction Program's...
Knowledge Exchang...
Webpage

History of Harm Red...
British Columbia Aug...
[pdf 189 KB]

Harm Reduction Trai...

toward THE heart

TOGETHER
REDUCING
HARM

FEATURED PROJECTS

Health Effects from Tainted Cocaine

Cocaine in B.C. has been found to contain a substance called levamisole which can cause a condition called agranulocytosis that dramatically reduces white blood cells.

We are doing a study to find out more about it, and help doctors better treat patients after

ALERTS

a) CCENDU Alert on Illicit Fentanyl across Canada.
b) BC's provincial health officer warns about the dangers of Fentanyl. It's an increasing concern in BC.
c) Here is the Fentanyl Information Bulletin from the Ministry of Health.

READ OUR EZINE
SEP 2013

NEWS

Webinar: New recommendations for the delivery of harm reduction programming in Canada

November 7th, 2013   f Like 0   Tweet 0

A new best practice recommendations document is now available for harm reduction programs that provide services to people who use drugs and are at risk for HIV, HCV and other harms. This document was created to help Canadian programs keep pace

Health Authorities

- Harm reduction education/training for pharmacists and pharmacy staff
- Supply delivery
- Some potential for disposal

Questions?

17. Name of the College

DECISION REQUIRED

The College exists to protect the public by regulating pharmacists and pharmacy technicians, and the pharmacies they work in. Our job is to ensure that pharmacy care that is delivered in British Columbia is safe and effective and that pharmacists and pharmacy technicians are accountable for the work that they do. The College, in turn, is accountable to the public and does its work in their interest.

The name of the College is a subject that has been raised in a number of venues, particularly amongst pharmacy technicians. While it is true that the name identifies only one of the two types of professionals that it regulates, the name is also silent on the responsibilities it holds for the licensure and inspection of both hospital and community pharmacy sites. This is a unique feature of this College, and it is not known whether a member of the public with a concern in this particular area would contact us. What is clear is that the current name does not reflect the full scope of responsibility held by the College.

No comprehensive review has been completed to see what steps might be required to effect a change in the name. While a legal name change will require a change to the *Health Professions Act*, and other Acts in which the College's name is specifically mentioned, the College could consider taking on an operating name separate from its legal one. Other agencies with this type of arrangement include WorksafeBC, Translink, and Metro Vancouver.

Motion:

The Board direct the Registrar to investigate the options available to the College for possible name change and to report back to the April 2014 meeting of the Board.

18.   Use of the Coat of Arms

DECISION REQUIRED

Use of Coat of Arms

Staff is proposing a return to the College's Coat of Arms for use as its visual identity and the phasing out of the College's current 'squares' visual identity. This move would return the College to an established visual identity, but also support the College's focus on quality enhancement in its strategic plan and link the College's visual identity to its long history of supporting and encouraging quality in the practice of pharmacy. This decision is being brought to the Board now to ensure that this change could be incorporated into a number of other communications initiatives coming out of the Board-approved Strategic Plan and presented at this meeting.

In the last few years the College has moved away from the previous traditional brand to embrace the current "squares" logo and other visual identity elements related to the logo. The following, paraphrased from the 2008 design brief, outlines the communications objectives outlined for the current visual identity:

- more people oriented and incorporate a human element
- a balance of warmth and professionalism
- relatable by registrants; not threatening to them
- support that they are living up to their commitment
- strong, professional, current, relevant, not intimidating
- easy to recognize with its own distinct value
- use colours similar to flowers and trees
- rounded curves as opposed to rigid; no strong edges
- communicate knowledge, expertise
- gender and ethnicity-neutral
- linked to the concept of integration
- less business-like but more approachable; about service
- about public health and pharmacy care "safe & effective pharmacy"
- about pharmacists using their knowledge

Our Message

The issue with our current visual identity is that it moved us away from some of the key elements of our long-existing "brand" as an organization. It does not reflect the following strengths about our organization which were lost in the change to the "squares" and where the focus of the strategic plan takes us:

1. We're an established, trusted regulator with over a century of experience
2. We have always played a key role in the health system in British Columbia
3. We are as integral to the health system as other regulated health professionals
4. Our authority is derived directly from legislation and we are accountable to the public

Confusion and Identification

Our current visual identity is also vague. Our current logo looks like any number of health-care related entities, and it is simply not memorable or recognizable to either registrants or to the public. Our current visual identity uses a look that is very current, but may not stand the test of time as a long-term identifier of the College.

Coat of Arms in Use Pre-2011

That the College return to the use of the Coat of Arms in its visual identity

Motion:

The Board approve that the College return to the use of the Coat of Arms in its visual identity.

19. Strategic Plan Milestones over the next 3 years & Sub-Committee Updates

DECISION

MOTION:

The Board approves the Three (3) Year Strategic Plan with the following changes to the document presented:

a) Change order of 1(a) and 1(b) so that it better reflects the dependency of the tasks being worked on.
b) Replace 'Key Performance Indicators'(KPI) section name with 'Key Results Areas' (KRA) for all goals.
c) Objective 3(b)(ii) needs to be corrected to read: 'Remove limits and conditions on pharmacist injection authority', with no reference to technicians.
d) Objective 4(f) needs to be reworded to read: 'Prohibition of tobacco products in premises where a pharmacy is located'.

Audit and Finance Committee Meeting

November 21st, 2013

9:00 am – 11:00 am

Henderson Room

Participants

Committee:

- Doug Kipp (Chair)*
- Bev Harris (Vice-Chair)*
- Ryan Hoag
- Blair Tymchuk

College Staff:

- Bob Nakagawa (Registrar)
- Mike Stonefield (COO)
- Evangeline Ilumin (Staff Accountant)

* Doug will be participating by teleconference. Bev will Chair the meeting on-site.
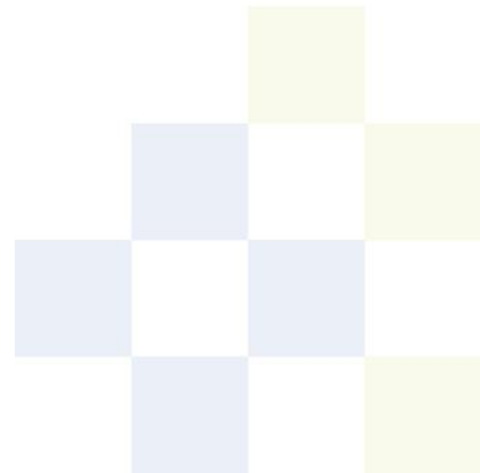
COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Agenda

#	Item	Who (time)
1	Call to Order	Bev Harris (2 min)
2	Review and Approval of the September 2013 Audit and Finance Committee Minutes	Bev Harris (3 min)
	Drug Related Problems through Interprofessional Collaboration Between Pharmacists and Physicians	(10 min)
6	Any Other Business	All (5 min)
7	Summary of Key Decisions and Actions	Mike Stonefield (5 min)

September 2013 Minutes

Decision required:

The Audit and Finance Committee approves the September 2013 Audit and Finance Committee Minutes as presented.

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Agenda

#	Item	Who (time)
1	Call to Order	Bev Harris (2 min)
2	Review and Approval of the September 2013 Audit and Finance Committee Minutes	Bev Harris (3 min)
3	Review of the Proposed Financials for the 3 Year Strategic Plan: Fiscal Years 2014/15 to 2016/17 and Options Considered	Mike Stonefield (85 min)
	Any Other Business	(5 min)
7	Summary of Key Decisions and Actions	Mike Stonefield (5 min)

Strategic Plan Financials

($, millions)	2013/14 BUDGET	2014/15	2015/16	2016/17	2017/18	2018/19
Licensure and registration	5.91	5.43	5.69	5.98	6.09	6.21
Non Licensure	1.71	2.16	1.90	1.81	1.81	1.82
TOTAL REVENUE	7.62	**7.59**	**7.59**	**7.79**	7.90	8.03
TOTAL EXPENSES BEFORE AMORTIZATION	7.22	**8.72**	**8.43**	**8.54**	8.70	8.86
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	0.40	(1.13)	(0.84)	(0.75)	(0.80)	(0.83)
Amortization expenses	0.28	0.30	0.29	0.30	0.28	0.22
TOTAL EXPENSES AFTER AMORTIZATION	7.50	**9.02**	**8.71**	**8.84**	8.98	9.09
NET SURPLUS(DEFICIT)	0.12	(1.43)	(1.13)	(1.05)	(1.08)	(1.06)

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Simplify Review

Focus *initially* on first year of strategic plan because decisions that impact first year can be easily extrapolated out to remaining two years

Split budget into
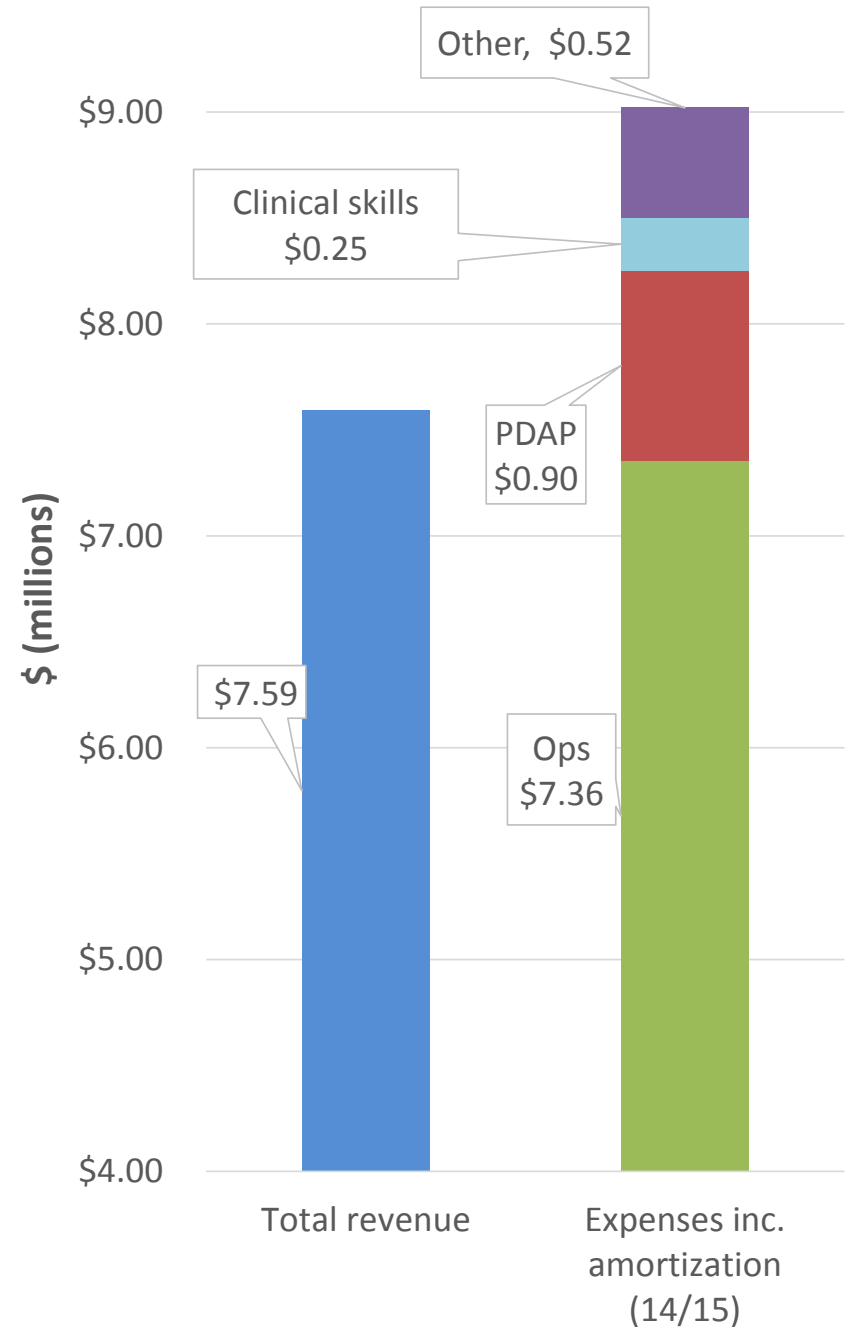
- ongoing operations
- new strategic initiatives

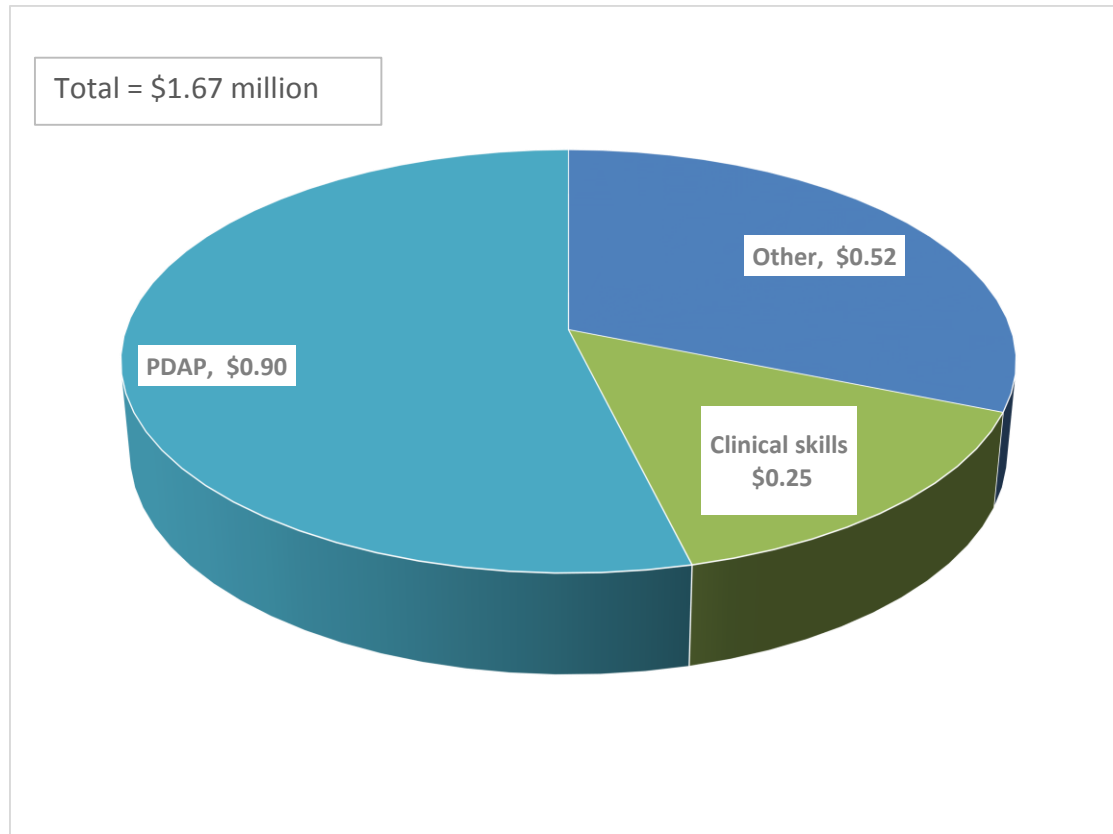**Compare revenue from current fiscal year to 1st year of strategic plan (2014/15)**

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Revenues and Expenses

	2013/14 BUDGET	2014/15
TOTAL REVENUE	7.62	7.59
TOTAL EXPENSES AFTER AMORTIZATION	7.50	9.02
NET SURPLUS(DEFICIT)	**0.12**	**(1.43)**

 * All $ in millions

COLLEGE OF PHARMACISTS
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Other, $0.52

Clinical skills $0.25

PDAP $0.90

$7.59

Ops $7.36

$9.00

$8.00

$7.00

$6.00

$5.00

$4.00

$ (millions)

Total revenue

Expenses inc. amortization (14/15)

Strategic Goals Budget 2014/15 ($, millions)

Total = $1.67 million

Other, $0.52

PDAP, $0.90

Clinical skills $0.25

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Contingency Reserve Target

- **Feb 2013 Board meeting**
  - contingency reserves defined
- **Using the financials of this 3 year plan as the baseline**
  - 2018/19 expenses of $8.8 million
  - Target contingency reserve = $5.4 million

	$ (millions)
Other	0.5
RBF	0.3
JV	0.2
Sub-total	1.0

PLUS		of budgeted expenses
Policy 3.1.9	50%	(pre-amortization)
	contingency	
TOTAL	target	
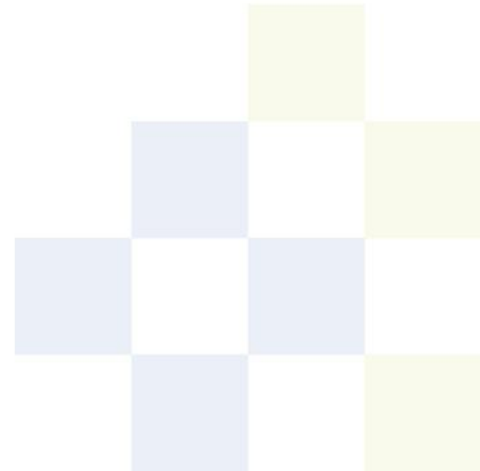
Draw Down of Cash Reserves over 5 Years
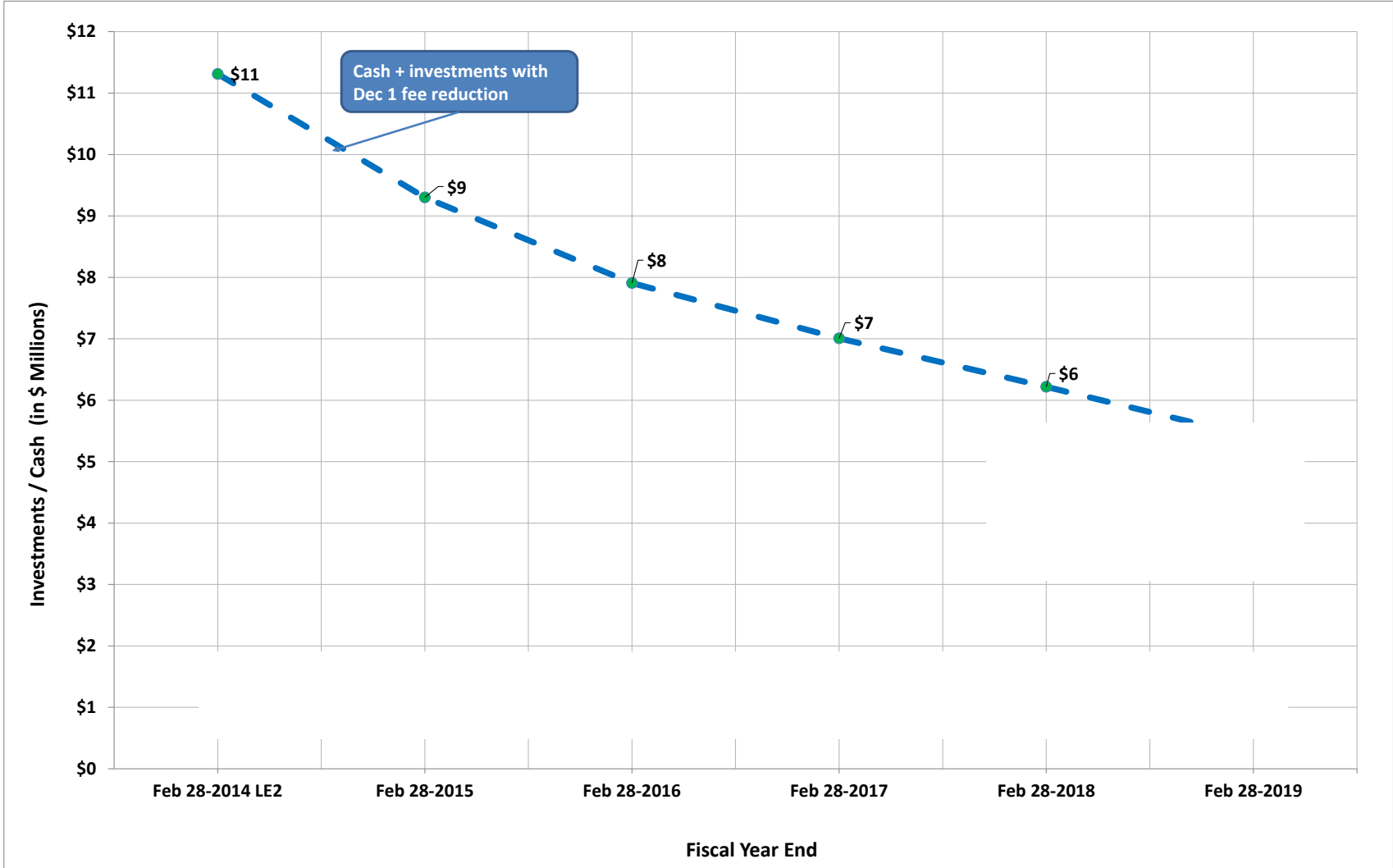
Back to a Balanced Budget - Options

Projected deficit in fiscal year 2018/19: $1.1 million

Options for returning to balance budget include

1. **Reduce expenses by $1.1 million**
   - Take out clinical skills - $0.85 million deficit

2. **Increase fees**
   a) Increase registrants fees : $500-600K revenue / $100 increase
   b) Increase pharmacy fees: $1.3 million / $1K increase
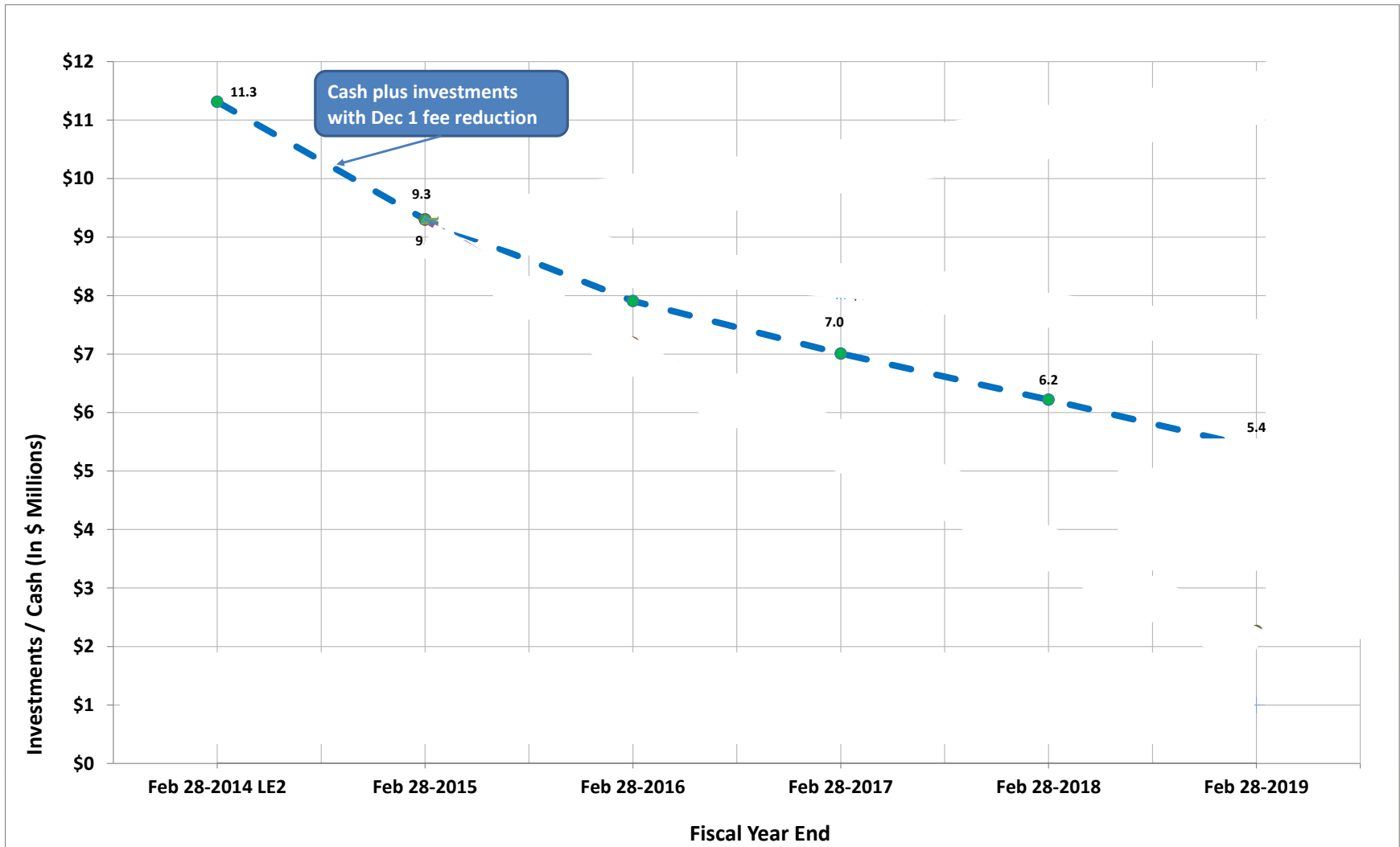
Adjust expenses and revenues over time

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What If – Changed Fees?

- **Concept of different fee structures**
  - raise fees from pharmacies and use revenue to offset registrant fees and/or the deficit

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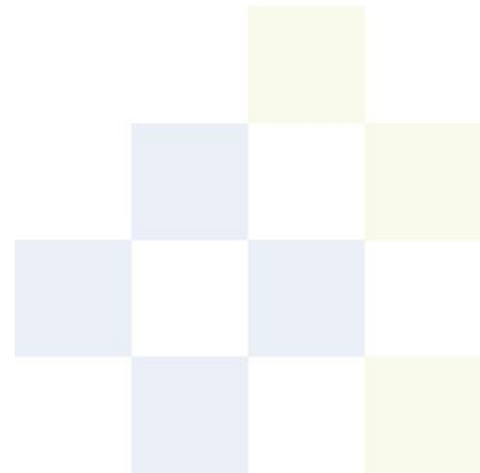
Tailor Budget to Hit Target Contingency

Steps to Achieving a Balanced Budget

Many options on how to move back to a balanced budget

Recommend

1. **Review year end actuals to confirm forecasts**
   - Use to drive fiscal budgets during annual review

2. **In future years align fees/budgets with new priorities**

3. **Committee ask management to evaluate impact of changing the balance of revenues between pharmacies and registrants**
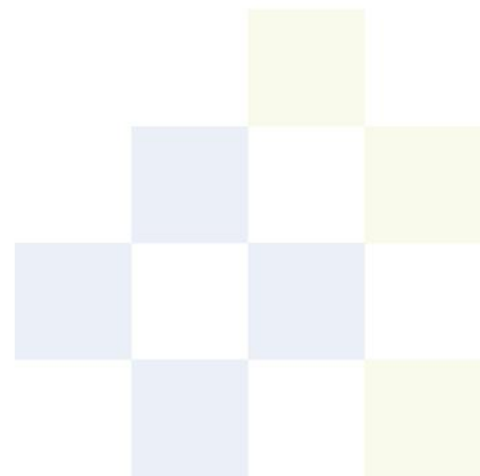
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Proposed Options And 2014/15 Impact

	Full budget	Operations + PDAP	Operations + PDAP + Clinical Skills
Revenue	7.6	7.6	7.6
Expenses (inc. amortization)	9.0	8.25	8.5
Deficit	(1.43)	(0.65)	(0.90)

* All $ in millions

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Options for Decision - Discussion

Decision required:

The Audit and Finance Committee have reviewed the financials supporting the 3 year strategic plan and recommend

Option 1:

Approve the financial plan as presented and circulated

Option 2:

Approve the operations and PDAP components of the financial plan as circulated, and defer the decision on the balance of the plan to the February Board meeting.

Option 3:

Approve the operations plus PDAP and Clinical Skills components of the financial plan as circulated, and defer the decision on the balance of the plan to the February Board meeting

Budget

	2013/14 BUDGET	2014/15	2015/16	2016/17
TOTAL REVENUE	**7,622,491**	**7,591,877**	**7,587,266**	**7,789,581**
EXPENSES				
Board & Registrar's Office	365,332	409,546	419,262	429,251
Grant Distrn Internal	294,500	574,000	574,000	574,000
Grant Distribution MoH	267,500	375,000	152,000	-
Registration and Licensing	333,788	238,000	219,330	183,688
Quality Assurance	202,647	348,532	350,473	412,931
Inspections	54,022	226,760	195,597	199,509
Discipline and Investigations	798,143	673,437	633,074	683,403
Legislation	22,941	133,300	125,724	128,196
Hospital Pharmacy and Practice	105,347	142,437	65,993	73,112
Public Accountability + Engagement	144,092	311,648	299,371	336,128
Finance and Administration	1,103,867	1,083,772	1,098,524	1,144,101
Salaries and Benefits	3,529,277	4,207,774	4,291,930	4,377,768
TOTAL EXPENSES BEFORE AMORTIZATION	**7,221,457**	**8,724,206**	**8,425,277**	**8,542,088**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	401,034	(1,132,330)	(838,011)	(752,507)
Amortization expenses	282,376	296,734	288,980	300,976
TOTAL EXPENSES AFTER AMORTIZATION	**7,503,833**	**9,020,940**	**8,714,257**	**8,843,064**
NET SURPLUS(DEFICIT)	**118,658**	**(1,429,064)**	**(1,126,991)**	**(1,053,483)**

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4	Funding Request for Chronic Pain Continuing Education Program	Bob Nakagawa (10 min)
6	Any Other Business	All (5 min)
7	Summary of Key Decisions and Actions	Mike Stonefield (5 min)

Chronic Pain CE Program

Decision required:

The Audit and Finance Committee reviewed the request for funding of the Chronic Pain Continuing Education Program in the context of next year's fiscal budget and the strategic plan, and there will be funds available to support this request if the Board approve the strategic plan budget as presented. Subject to Board approval, the Registrar would negotiate terms within the $97,320 requested.

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

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5	Research Funding Request for UBC Faculty of Pharmaceutical Sciences – Solving Drug Related Problems through Interprofessional Collaboration Between Pharmacists and Physicians	Bob Nakagawa (10 min)

Research Funding Request - UBC

Decision required:

The Audit and Finance Committee reviewed the UBC Pharmaceutical Sciences request for research funding in the context of a grant made available to the College by the Ministry of Health for research. There are funds available to support this request ($247,581) if the Board decides to support this research proposal.

Agenda

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Audit Committee Meeting Dates in 2013/14

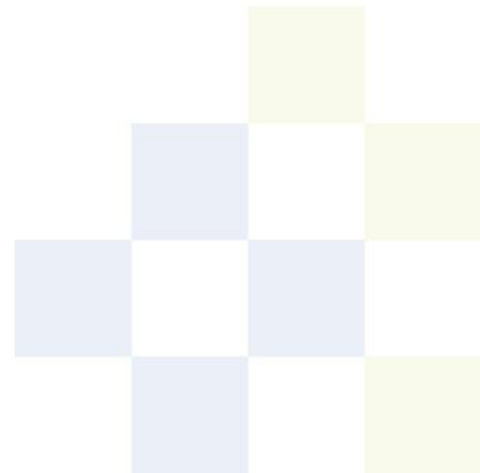| Date (time)	Key tasks
February 2014 (4 hrs)	Q3 actuals vs budget, LE3 Proposed fiscal budget 2014/15 Auditor's plan

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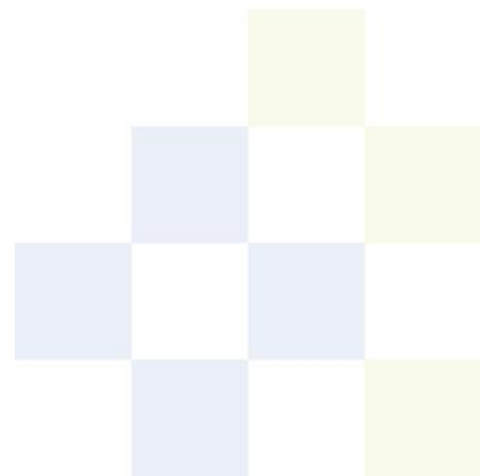
Summary - Key Decisions and Actions

To be summarized at end of meeting

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Backups

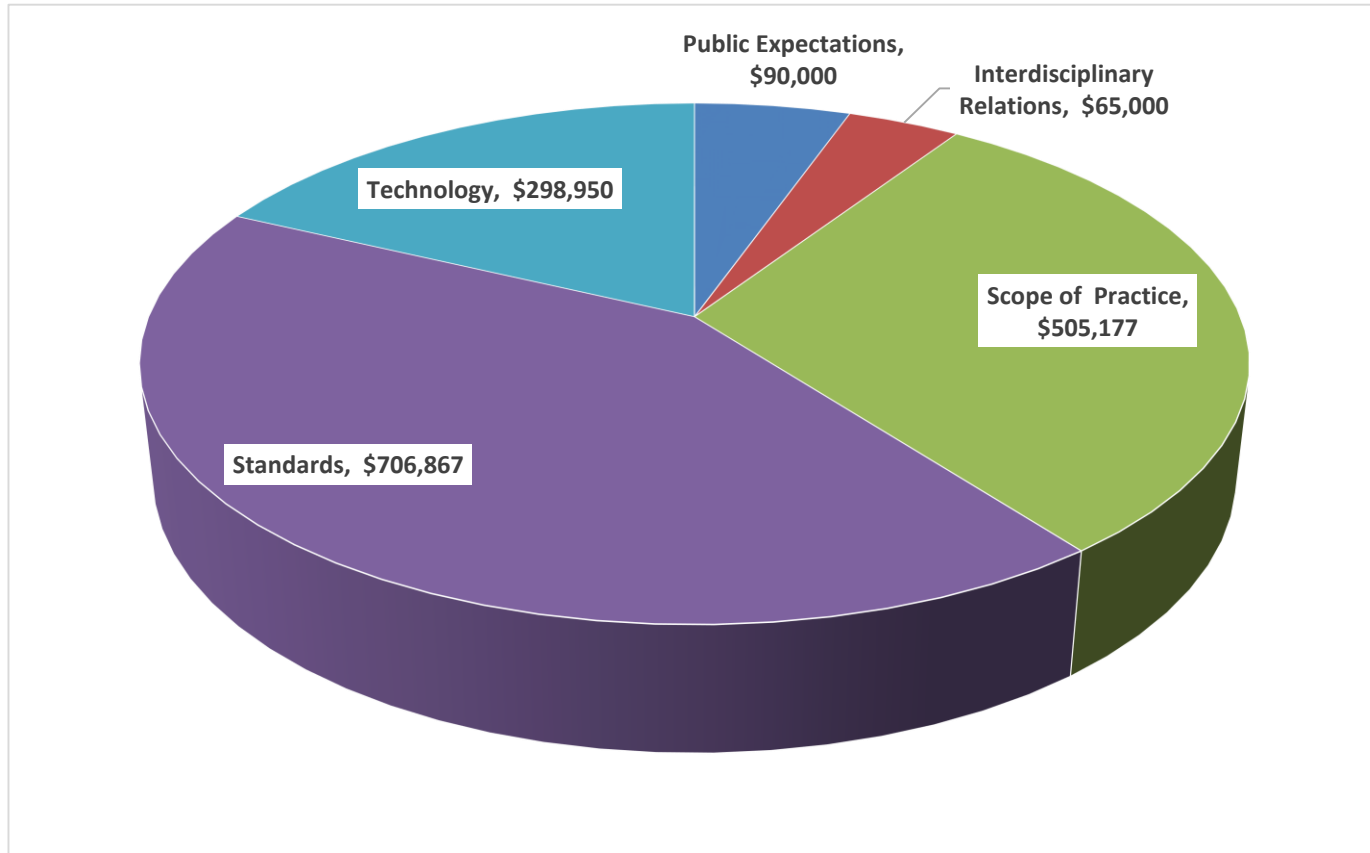# Budget by Strategic Goal

Public Expectations, $90,000

Interdisciplinary Relations, $65,000

Technology, $298,950

Scope of Practice, $505,177

Standards, $706,867

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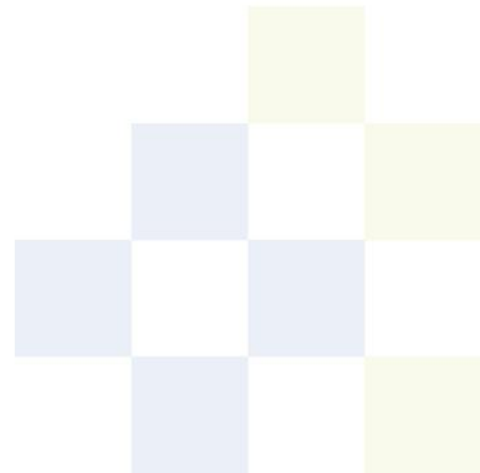
Cost by Strategic Goal

Value?
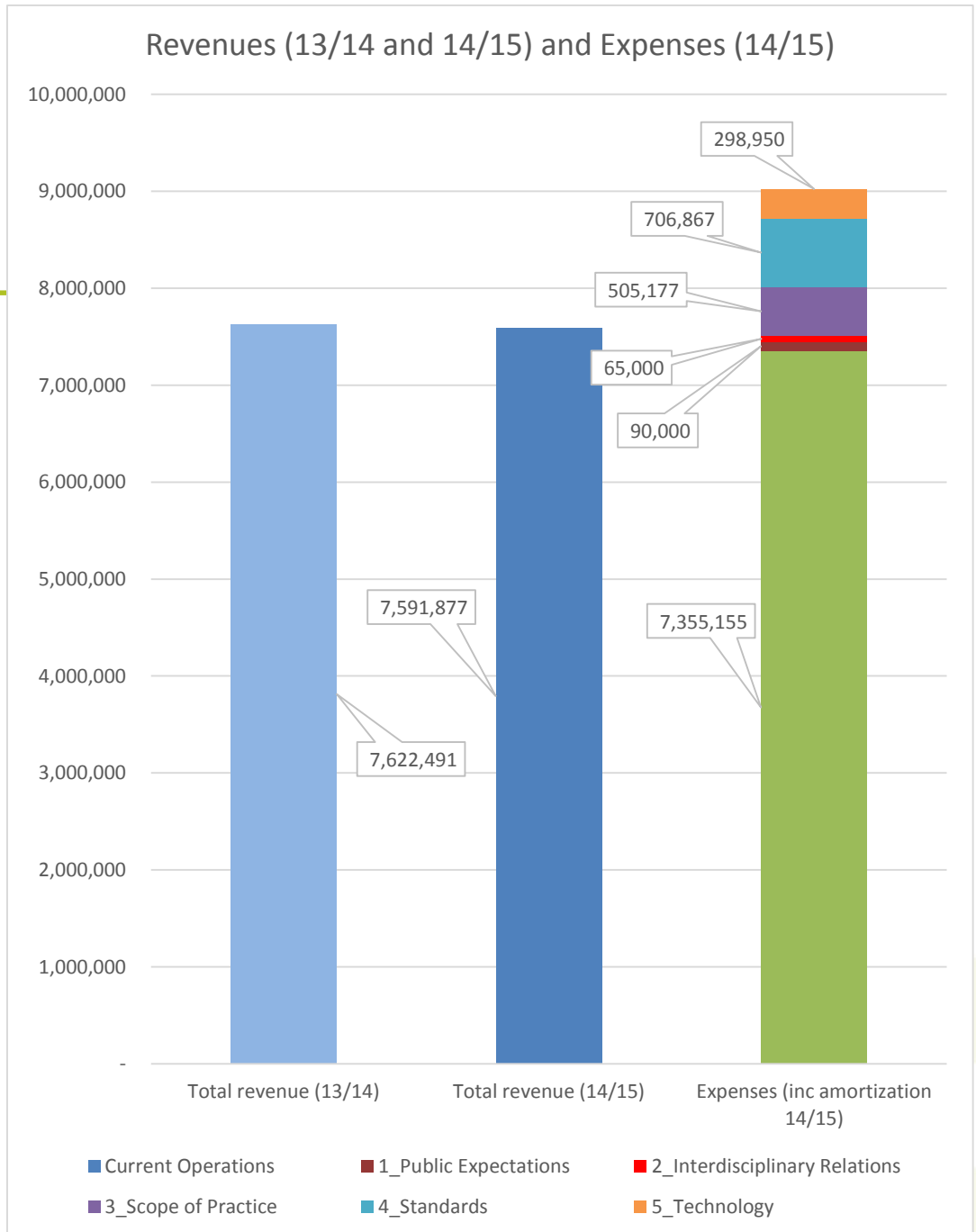
Revenues (13/14 and 14/15) and Expenses (14/15)

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

21. **Robbery Prevention Working Group Terms of Reference & Membership**

DECISIONS REQUIRED

At the September 20, 2013 Board meeting the Vancouver Police Department (VPD) presented information to the board regarding an increase in pharmacy robberies. As a result the board passed a motion that:

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

It is proposed that the membership of the working group be made up of the following composition:

- 1 -2 members from VPD
- 1 member from the BCPhA
- 4 members from registrants, of which at least one is from the Community Pharmacy Advisory Committee
- 1 board member (to Chair the committee)
- 2 college staff support

Motion:

The Board approve the terms of reference for the robbery prevention working group as presented.

Motion:

The Board approve the membership of the working group as presented and delegates the appointment of the committee members to the Registrar in consultation with the Board Chair.

ROBBERY PREVENTION WORKING GROUP

Background

The Board has established a working group to develop pharmacy security requirements to prevent robbery in pharmacies in British Columbia.

Authority

Health Professions Act (HPA); HPA Bylaws; Pharmacy Operations and Drug Scheduling Act (PODSA) and PODSA Bylaws.

Mandate

To develop bylaws and/or policy for pharmacy security standards for recommendation to the Board.

Responsibilities

- Review current pharmacy security standards for robbery prevention in BC and other jurisdictions.

- Develop bylaws and/or policy for pharmacy security requirements.

- Report to the Board with recommendations for approval.

Reporting relationship

The working group as a whole, reports through the chair to the Board.

Membership

- One to two members of the Vancouver Police Department.

- One representative from the BC Pharmacy Association.

- Four members from registrants, of which at least one is from the Community Pharmacy Advisory Committee

- Two staff representatives from the College of Pharmacists of British Columbia.

- One member of the College Board (Chair).

Term of appointment

Terms of appointment are for the duration of the project.

Any committee member may resign upon written notification to the registrar.

Voting rights

Each working group member is entitled to one vote on all matters coming before the working group.

Meeting procedures

Schedule: As required to fulfill its mandate and responsibilities.

Format: In person or by teleconference.

Agenda: Developed by Chair and/or College staff.

Attendees: Only Robbery Prevention working group members and College staff are entitled to attend working group meetings, with the exception of invited guests.

Quorum: A majority of the working group.

Minutes: Drafted by College staff for review and approval by the Chair; filed at the College office.

Secretariat support: Provided by the College including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

Members must declare conflicts of interest at any time a conflict of interest or potential conflict of interest arises.

A conflict of interest refers to situations in which personal, occupational or financial considerations may affect or appear to affect the objectivity or fairness of decisions related to the committee activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the chair of the committee and must either absent themselves from the discussion and voting, or put the decision to the committee on whether they should absent themselves.

Confidentiality

Each working group member must sign a confidentiality agreement at the time of each appointment indicating his/her agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the working group.

Amendment to terms of reference

The Board may amend working group terms of reference from time to time.

22.   NAPRA Update

INFORMATION ONLY

The NAPRA Board approved the latest draft of the Professional Competencies for Canadian Pharmacists at Entry to Practice and Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice with definitions of "care plans" and "physical assessments" decided upon but needing crafting.

The Executive Director presented the budget forecast for 2014 revised and the 2015 proposed budget and the actual projected budget for 2013.They showed that the Technician Bridging Program revenue was overstated by about 4 times and the forecast for 2014 was reduced from $800,000 to $144,000. IPG gateway revenue was also significantly reduced. Now that Citizenship and Immigration Federal Skilled Worker Program has removed pharmacists from the list of needed professionals an IPG will need a firm job offer endorsed by a province in order to be accepted. This makes NAPRA's IPG revenue uncertain as well. NAPRA has a minimum 2.5% increase in fees scheduled annually until 2015 and a Manitoba motion to make the fee increase on a per capita basis was approved. An Ad Hoc Committee has been struck to look at fees and their fairness to all provinces.

We approved an Ad Hoc Committee on Pharmacy Compounding after receiving the report by Dr. J. Thiessen "A Review of the Oncology Under-dosing Incident". This is a national issue that NAPRA will coordinate and funding was approved and direction given to assure that it moves forward.

It was proposed that a new Bylaw #1 be approved that created a Nominating Committee and an Audit Committee to fulfill requirements under the Canada Not for Profit Corporation Act. These changes will become evident in the near future with Board approval scheduled for our April meeting with submission to the government by May 2, 2014. This also included terms of reference for the Audit Committee.

An annual review of NAPRA's strategic plan took place with the budget constraints leading to a change in focus for the Executive Director and the Executive Committee and an urging to cut any expenses possible to focus on prioritized items. It is difficult to operate a national organization on a budget of less than $650,000 annually.

NAPRA received reports from the following, Presidents Report, Executive Director's Report, Executive Committee's Report and the Transition Team- New Canada Not-For-Profit Corporations Act General Update. As well updates from the Council of Pharmacy Registrars of Canada, CPRC, the National Drug Scheduling Advisory Committee, NDSAC, the IPG Steering Committee, the National Committee of Regulated Pharmacy Technicians, NCRPT, the National Advisory Committee on Pharmacy Practice, NACPP, the Canadian Council for Accreditation of Pharmacy Programs, CCAPP, the Canada Health Infoway- Standards Collaborative Strategic Committee, SCSC the Canadian Network of National Association of Regulators, CNNAR the Blueprint for Pharmacy Steering Committee and the National Advisory Council on Prescription Drug Misuse.

Recommendations arising from the NACPDM have implications for B.C. and Bob Nakagawa and I feel there are actions we must take. Expect more on this in the future.

Updates were received on Health Canada Scientific Advisory Committee on Non-Prescription Drugs, The Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, The Council of the Federation Health Care Innovation Working Group and we had a demonstration of the IPG Gateway system.

Al the reports can be accessed through the NAPRA website and any questions you have I will be pleased to try and answer. Please contact me at rcraigue@gmail.com.

24. 2014 Board Meeting Schedule

DECISION

The proposed Board Meeting Schedule for 2014 is:

Thursday and Friday, February 20-21, 2014 (Board Development Day)
Friday, April 25, 2014
Thursday, May 8, 2014 Teleconference (Bylaws)
Friday, June 20, 2014
Thursday and Friday September 25-26, 2014 (Annual Strategic Planning Session)
Thursday, November 20, 2014 half day (Board Orientation Session)
Friday, November 21, 2014 Board Meeting
Saturday, November 22, 2014 (Annual General Meeting)

BOARD MOTION:

That the College of Pharmacists Board approves the Board Meeting Schedule 2014 as presented.

The Inter-professional Collaboration in Health Care Functional Framework: Illustrations and Applications

Carol O'Byrne, Associate Registrar, PEBC
Doreen Leong, Director Registration, CPBC

Health Care: a complex web

- Provision of health care is **increasing in complexity**
  - increasing variety of diagnostic and therapeutic modalities
  - multiple professions are involved in the care of complex patients
  - patients needs and expectations are increasing
- Health care professionals are **increasingly embracing collaborative practice**
  - to enhance patient outcomes for complex patients
  - for effective use of financial and human resources
- **Increased emphasis on collaboration** in educational, research and health care settings

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Inter-professional Collaboration

- Plethora of research and practical experience in **inter-professional collaboration** as a **professional competency**

- Few models have included **well defined performance indicators** to guide observations and assessments for use in:
  - practice settings, educational settings , for licensure examinations and for regulatory purposes

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National Vision for Pharmacy Practice in Canada

Goal:

Optimal drug therapy outcomes for Canadians through patient-centred care

- Pharmacists: accountable for *clinical* functions
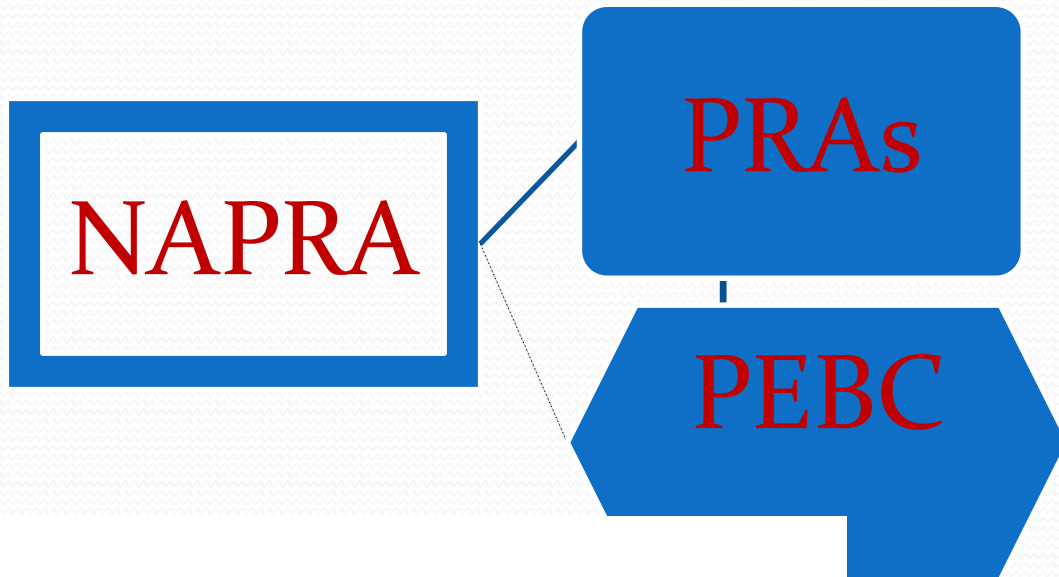- Regulated Pharmacy Technicians (PhTs): accountable for *technical* functions

Canadian Pharmacy Regulatory Framework

NAPRA

PRAs

PEBC

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NAPRA Competencies

Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice (NAPRA)

Competency #2: Professional Collaboration & Team Work

- Needed to **define "collaboration"** by describing:
  - What one does when collaborating (*activities*)
  - What good performance is like (**measurable *indicators***)
  - The underpinning ***knowledge, skills and abilities***

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Development of the Inter-professional Collaboration (IPC) Framework

- A 2 day multi-disciplinary workshop conducted to establish an **inter- and intra - professional collaboration framework**

  Participants:

  - pharmacy, medicine, physiotherapy , nursing, and health education

  - represented **diverse perspectives**:

    professional practice, academia,

    credentialing and regulation

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Functional Framework Components & Structure

Purpose Statement

Functional Units
(broad areas of responsibility)

- Activities (observable performance/s)

  ➢ Indicators (measurable descriptors)

Knowledge and Skill Specifications
(foundational, enabling abilities)

Purpose of Inter-professional Collaboration

- The **purpose** of **inter-professional collaboration** in health is to **enhance patient-centred care** and to **improve health and wellness outcomes** for individuals, families and communities.

- By **working together and sharing expertise** health care professionals can
  - better deliver services
  - enhance safety and quality
  - more effectively address challenges
  - make best use of health care resources

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IPC Functional Units

When collaborating, we:

1. Create and maintain collaborative relationships
2. Contribute to the delivery of collaborative health care services
3. Contribute to the effectiveness of working relationships in health care teams
4. Contribute to an organization's ability to provide collaborative health care services

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Functional Unit 2: Contribute to the delivery of collaborative health care services

Activity B: Contribute to the assessment of the patient

Indicators include:

➤ Patient is supported and encouraged to articulate expectations and desired health outcomes

➤ Patient's expectations and desired health outcomes are discussed, clarified and confirmed by team members

➤ Patient assessment requirements are identified and prioritized

➤ The roles of team members in the assessment of the patient are clarified to optimize a collaborative care strategy...etc.

Functional Unit 3: Contribute to the effectiveness of working relationships in teams

Activity A: Facilitate effective communication

Indicators include:

➢ Active and careful listening are encouraged and demonstrated

➢ Contributions and personal judgments from each member of the team are respected and valued

➢ Relevant information and professional perspectives are shared and exchanged with all team members

➢ Clarification is sought to maximize understanding within the group

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Value of Framework to Pharmacy Technicians

- Encourages PhTs to speak up and play an active role in the health-care team

- Provides a mechanism to clarify roles within scopes of practice

- Pushes the "boundaries"

- Develops confidence

- Enables pharmacists and other health care professionals to understand and value PhTs skills, knowledge and contributions to patient outcomes

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Framework can be used to:

- Provide orientation to practice setting, in particular communication expectations

- Enhance professional development

- Provide feedback to individuals or teams

- Develop health care teams

- Evaluate collaboration, information and communication systems

- Evaluate effective collaboration for regulatory purposes

Illustration #1: Anna

- Recently became a regulated PhT
- Works in a community practice where pharmacists are authorized to administer vaccines
- Pharmacist and Anna agreed that she would take greater responsibility for particular areas of communication with patients
  - e.g. planning a flu clinic

How the Framework was used:

- Pharmacist and Anna reviewed *Function 2: Contribute to the Delivery of Collaborative Health Care Services*

  ➢ They discussed their respective roles related to *Activity B: Contributing to the assessment of the patient*

  ➢ They developed a shared understanding of several of the Performance Indicators

- Anna's role:

  ➢ Patient information gathering for pharmacist follow-up

  ➢ Gathering all injection products and syringes for vaccination

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Anna (continued)

Performance Indicators:

- **Patient is supported and encouraged to articulate expectations and desired health outcomes**
- **Patient's expectations and desired health outcomes are discussed, clarified and confirmed by team members**
- Information about the patient's medical and health history is obtained from all relevant sources and shared with all team members
- Information about the patient's concerns, personal preferences, and cultural beliefs is obtained…and shared with all team members

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Outcome

- Clarity enabled Anna to perform her role with greater confidence

- Enabled the pharmacist to depend on Anna in a growing number of situations

- Clarified patient understanding of roles and expectations in pharmacy practice

Illustration #2: Bruce

Clinical Support Pharmacy Technician (CSPT)

- Works in large city hospital in renal dialysis unit
- Regularly works on ward to gather and provide information to pharmacists, e.g. BPMH, lab results, renal clearance of medications
- Growing need for Bruce to communicate with nurses

Issue:

- Bruce was not certain how much or which information should be conveyed to nurses, e.g. BPMH discrepancies, DRPs
- He was used to communicating only with the pharmacists

How the Framework was used

- At a team meeting, Bruce, a (mentoring) pharmacist and the head nurse reviewed particular aspects of the Framework to highlight their expectations of one another

- They focused on Functional Unit 3: *Contribute to the Effectiveness of Working Relationships in Teams*

- They discussed their respective roles related to *Function A: Facilitate effective communication*

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And highlighted particular Indicators…

➢ **Active and careful listening are encouraged and demonstrated**

➢ **Relevant information and professional perspectives are shared and exchanged with all team members**

➢ Individual team members are encouraged to provide and accept constructive feedback to and from other team members

➢ Shared decisions are made within a safe environment

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Outcome

- Bruce, the pharmacist and nurse improved their ability to function as a team

- Bruce was supported and encouraged to organize and share information with other team members

- Bruce began to understand the critical role he played on the health care team, not just in the pharmacy

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Questions

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