COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

Members Present:
Doug Kipp, Chair, District 4
Beverley Harris, Vice-Chair, District 2
Agnes Fridl Poljak, District 1
Bob Craigue, District 5
Anar Dossa, District 6
Aleisha Thornhill, District 7
Bal Dhillon, District 8
Kris Gustavson, Government Appointee
Jeremy Walden, Government Appointee
Ryan Hoag, Government Appointee

Regrets:
Blair Tymchuk, District 3

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

Guest:
Yoshi Ito, UBC PhUS President

1. **WELCOME & CALL TO ORDER**

   Chair Kipp called the meeting to order at 9:02 am

2. **CONFIRMATION OF AGENDA**

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

   Approve the Agenda for the February 21, 2014 Board Meeting as presented.

3.   APPROVAL OF NOVEMBER 22, 2013 MINUTES

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

Approve the November 22, 2013 Board Meeting Minutes as presented.

4.   CHAIR'S REPORT (APPENDIX 1)

- Chair has made several trips to the office and to our lawyer and looking forward to the resolution of this legal matter.

5.   REGISTRAR'S REPORT (APPENDIX 2-6)

- Blair Tymchuk has sent his regrets.
- Welcomed Geraldine Vance, BCPhA President as an observer
- Welcomed Yoshi Ito, UBC PhUS President.

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

In order to best serve and protect the public, the Board directs the Registrar to develop a plan to address:
1. *the need for adequate meal breaks and rest periods to prevent fatigue; and*
2. *quotas and other issues that interfere with pharmacy professionals' ability to practice in a safe and competent manner.*

It was Moved (A. Dossa), SECONDED (A. Thornhill) and CARRIED that:

The Board directs the Registrar to invite the Ministry of Health to present their strategy plan to a future Board meeting.

6.   ROBBERY PREVENTION WORKING GROUP (APPENDIX 7)

It was Moved (J. Walden), SECONDED (K. Gustavson) and CARRIED that:

The Board approve the appoint Bev Harris as the Chair of the Robbery Prevention Working Group.

7. **AMENDMENT TO PROFESSIONAL PRACTICE POLICIES-3 PHARMACY REFERENCES (APPENDIX 8)**

   It was Moved (A. Dossa), SECONDED (A. Fridl Poljak) and CARRIED that:

   The Board approve the amendments to Professional Practice Policy 3 Pharmacy references as presented.

8. **UBC ENTRY LEVEL PHARMD PROGRAM PRESENTATION (APPENDIX 9)**

   - Presented by: Dean Coughtrie and Dr. Peter Loewen

9. **QUALITY ASSURANCE COMMITTEE (QAC) (APPENDIX 10)**

   It was Moved (K. Gustavson), SECONDED (A. Fridl Poljak) and CARRIED that:

   The Board approve the Terms of Reference for the Practice Review Committee as presented (Appendix 1).

   * Appendix 1 of the Briefing Note

   It was Moved (B. Harris), SECONDED (A. Fridl Poljak) and CARRIED that:

   The Board approve the Quality Assurance Committee policy for reinstatement of applicants as follows: Pharmacists/pharmacy technicians who have been in the non-practicing registration category and/or had former status for greater than 90 days but less than 6 years are not required to successfully complete the KA exam prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.

   It was Moved (A. Fridl Poljak SECONDED (K. Gustavson) and CARRIED that:

   The Board approve the Quality Assurance Committee policy for reinstatement of applicants as aligned with the bylaws: Pharmacists/pharmacy technicians who have been in the non-practicing registration category and/or former status for greater than 90 days but less than 6 years must complete the CE requirements prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.

It was Moved (A. Fridl Poljak SECONDED (K. Gustavson) and CARRIED that:

The Board directs the Registrar to review and recommend a framework to the Board at their November 2014 meeting for incorporating a period of SPT as a reinstatement requirement for Pharmacist/pharmacy technician Registrants on the non-practicing registration category and/or former status for greater than 90 days but less than 6 years.

It was Moved (A. Dossa), SECONDED (A. Fridl Poljak) and CARRIED that:

The Board directs the Registrar to review and recommend a framework to the Board at their November 2014 meeting for incorporating minimum practice hours to remain on the Full Pharmacist/pharmacy technician registration category.

10. AUDIT AND FINANCE COMMITTEE (APPENDIX 11)

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

The Board approve the 2014/2015 fiscal budget as presented.

It was MOVED (A. Dossa), SECONDED (R. Hoag) and **CARRIED** that:

The Board approves the amended 2014/15 budget with $250,000 in expenses transferred from Grants to QA.

It was MOVED (A. Dossa), SECONDED (K. Gustavson) and **CARRIED** that:

The Board approves an increase in the four annual UBC scholarships from $750 to $1,000 each.

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

The Board approves setting up a new grant within the fiscal budget to provide an annual award of $4,000 directly from the College to a UBC Pharmacy student in the 1st, 2nd or 3rd year, demonstrating financial need.

It was MOVED (A. Dossa), SECONDED (B. Harris) and **CARRIED** that:

The Board approves allocating of the existing $24,500 grant pool amongst the community pharmacists, hospital pharmacists and pharmacy technicians to reflect the proportion of College registrants in each category. Currently this would be $16,000, $5,500 and $3,000 respectively.

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

The Board approves the following proposed method for allocating Clinical Skills grants: 'Registrar to apply discretion in granting funds to support clinical skills development for pharmacists. Consideration will be given to the quality, scope and applicability of the skills in everyday pharmacy practice. All grants approved will be reported to the Board on an annual basis'.

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

The Board approves the proposed new expense authorizations as presented.

11. METHADONE IMPLEMENTATION UPDATE (APPENDIX 12)

12. LEGISLATION REVIEW COMMITTEE UPDATE (APPENDIX 13)

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

The Board approves the proposed draft bylaws for public posting as presented.

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

The Board requests a shortened 60 day public posting period from the Ministry of Health.

13. BOARD REFERENCE AND POLICY HANDBOOK UPDATE (APPENDIX 14)

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

The Board approve the Board Reference and Board Policy Manual with amendments to appendices as presented.

14. BOARD HIGHLIGHTS

- Decision on Practice Review Program
- Budget
- Core Survey Results
- Public posting of Bylaws
- PPP3 changes
- FYI on info provided at the meeting
- Reminder to read 'ReadLinks"

CLOSING COMMENTS

The College of Pharmacists of British Columbia Board Meeting concluded at 2:15 pm.

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

4.   Chair's Report

INFORMATION ONLY

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

- Incentives bylaw discussion and meetings
- Regular teleconferences with the Vice Chair and Registrar
- Filed affidavit for incentives by law

BOARD MEETING
February 21, 2014

5.   Registrar's Report

INFORMATION ONLY

a) Activity Report (Business Arising from Minutes [Attached])

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

- BC Chain Drug meeting
- Meetings regarding the incentives bylaw with Loyalty One and pharmacies
- Worked with College lawyer to identify a lawyer with expertise in competition law to represent us in the application for injunction and court case filed by Sobeys
- Filed affidavit for incentives bylaw case
- Methadone change issues and discussions
- Office renovations
- Attended injunction hearing
- Inquiry committee hearings
- Numerous meetings with lawyers re: incentives bylaw challenges
- Holidays
- Orientation meeting with Aleisha Thornhill
- Briefed Jeremy Walden on incentives bylaw
- Meetings with Ministry of Health officials (DM, Provincial Health Officer, ADM and Executive Directors)
- Detailed discussions with staff on implementation of practice reviews
- Participated in Shoppers Drug Mart Associate's meeting in Toronto

b) ADAPT Update

- Information [Attached]

c) Strategic Plan Update

- Finalized the Strategic Plan [Attached]

5.   Registrar's Report - continued

DECISION(S) REQUIRED

d)   Core Survey Results

- Information to be brought forward from the February 20th session.

Recommendation:

The Board approves the recommendations from the February 20th Board session.

e)   Health System Strategy Dialogue

- Information [Attached]

Recommendation:

The Board directs the Registrar to invite the Ministry of Health to present their strategy to a future Board meeting.

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

BOARD MEETING
February 21, 2014

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	Complete
Revise mail order and non-dispensing pharmacy sections of Bylaws		In progress
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
Follow up regarding public appointee to the Board	Nov 22/13 8	Ongoing
Notify successful an unsuccessful District 7 candidates	Nov 22/13 9	Complete
Include vote count for consultation election in District 7 to be included in the Board minutes	Nov 22/13 89	Complete
Motion: 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. 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	Nov 22/13 9	In progress
Notify Laura Bickerton that she has been appointed as a member of the Registration Committee; notify Jeff Slater that he is no longer a member of the Registration Committee.	Nov/13 10	Complete
Staff directed to look into the use of Skype for traditional teleconference Board meetings	Nov/13 11	In Progress

Motion: The Board support funding of the UBC Pharmaceutical Sciences research program 'Solving Drug-Related Problems Through Inter-professional Collaboration Between Pharmacists and Physicians'. This program is to be funded from the Ministry of Health research grant. • Arrange for money to be to this UBC research program.	Nov/13 13	Complete
Motion: The Board support funding of the Chronic Pain CE Program from the Clinical Skills budget. The Registrar is to negotiate an appropriate grant contribution. • Arrange for money to be to the Chronic Pain CE program	Nov/13 14	Complete
Complete CORE survey results to come to Board meeting (TBD) for further consideration.	Nov/13 15	Complete
Motion: The Board approves the support and endorses harm reduction supply distribution by BC Pharmacists. • Potential communication: these supplies need to be provided if pharmacists are supportive of it and feel they can do it within their environment.	Nov/13 16	Complete
Motion: The Board directs the Registrar to investigate the options available to the College for possible name change and to report back to the April 2014 Board meeting.	Nov/13 17	In progress
Motion: The Board approve that the College return to the use of the Coat of Arms in its visual identity. • Find appropriate updated version • Integration of new logo/branding	Nov/13 18	In Progress
Motion: The Board approves the Three (3) Year Strategic Plan with the following changes to the document presented: Change order of 1(a) and 1(b) so that it better reflects the dependency of the tasks being worked on; Replace 'Key Performance Indicators'(KPI) section name with 'Key Results Areas' (KRA) for all goals; Objective 3(b)(ii) needs to be corrected to read: 'Remove limits and conditions on pharmacist injection authority', with no reference to technicians; Objective 4(f) needs to be reworded to read: 'Prohibition of tobacco products in premises where a pharmacy is located'.	Nov/13 19	Complete
Motion: 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 develop a budget for consideration at the February board meeting with total expense, pre-amortization of $8.35 million. • Look at change regarding parental leave	Nov/13 20	Complete Ongoing
Motion: The Board approve the terms of reference for the Robbery Prevention Working Group as presented. Motion: The Board approve the membership of the Robbery Prevention Working Group as discussed and delegates the appointment of its Members to the Registrar in consultation with the Board Chair. • Strike up Robbery Prevention Working Group, incorporate change to the terms of reference 'recommendations' versus 'standards', • Add police departments instead of Vancouver Police. Working group members to be approved by registrar	Nov/13 21	Complete

ADAPT Mid-Point Program Survey Results- BC Mixed Cohort | August - November 2013

Summary Report:

Question 1 (12 responses)
What, for you, is the single most important concept discussed in Modules 1-4 so far?

Summary: There was consensus on this question for several themes, some of the other themes included using systematic approaches, using physical assessments in interviews and incorporating laboratory tests.

Recurring themes:

- Interviewing skills and techniques (5/12)
- Collaboration (2/12)
- Physical assessments (2/12)

Question 2 (12 responses)
What single question would you have liked to ask the moderator?

Some questions students had asked:

> "How can I balance everything I've learned in a fast pace setting and still maintain my productivity?"

> "How they would have dealt with certain challenging scenarios present in community practice."

Question 3 (12 responses)
What single change would have made Modules 1-4 better so far?

Summary: The answers for this question were wide ranging. The comments ranged from wanting more examples for common lab tests for specific drugs, the ability to work from an ipad for all sections of the course content (i.e. videos were not playing on ipad software), and making instructions less confusing.
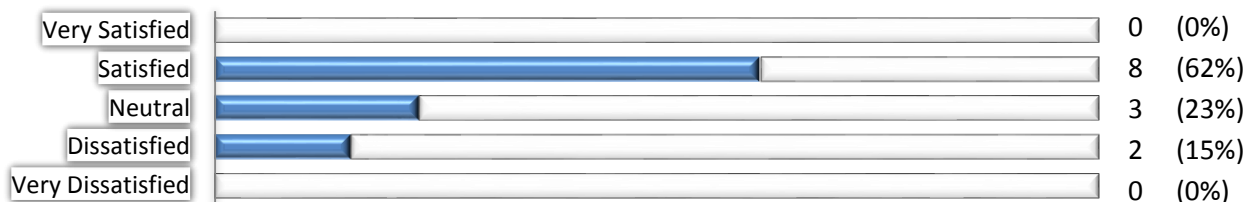
Quotes:

> "Traditional class room teaching usually has an assessment component to evaluate understanding of key concepts. In ADAPT, course material is presented in a very nice and easy to understand manner but then it goes straight to discussion board and then it depends on cohort's quality of discussion (which vary considerably discussion to discussion). Over all knowledge retention of "key concepts" may be improved if there is formal quiz/assessment before moving on to discussion board."

"Being aware of need to further collaborative working relationships and feeling more confident to do so. Being more aware of my role in evaluating lab results that impact drug therapy."
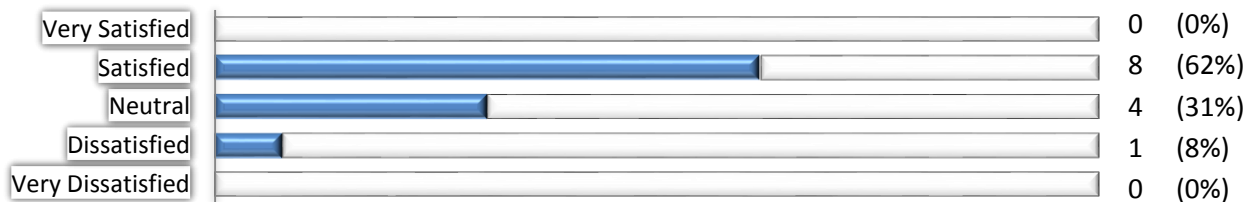
Question 6
Please indicate your level of satisfaction with your learning so far – from not satisfied, to very satisfied.
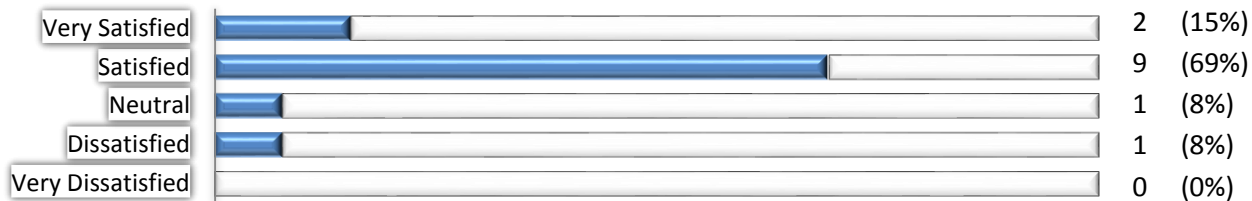
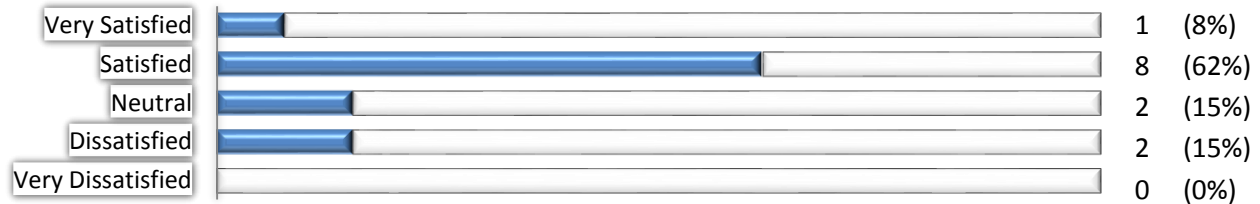### Pre-requisite (An Introduction to Primary Care)

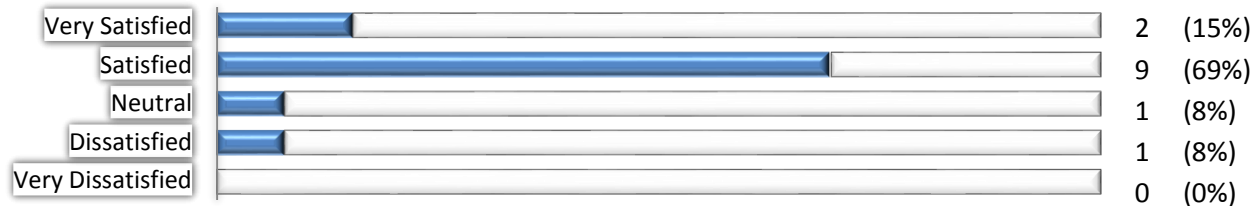|	Count	Percent
Very Satisfied	0	(0%)
Satisfied	8	(62%)
Neutral	3	(23%)
Dissatisfied	2	(15%)
Very Dissatisfied	0	(0%)

Module 1 (Orientation)

	Count	Percent
Very Satisfied	0	(0%)
Satisfied	8	(62%)
Neutral	4	(31%)
Dissatisfied	1	(8%)
Very Dissatisfied	0	(0%)

Module 2 (Medication Assessment)

	Count	Percent
Very Satisfied	2	(15%)
Satisfied	9	(69%)
Neutral	1	(8%)
Dissatisfied	1	(8%)
Very Dissatisfied	0	(0%)

Module 3 (Collaborating with Family Physicians and Other Health Care Providers)

Very Satisfied	1	(8%)
Satisfied	8	(62%)
Neutral	2	(15%)
Dissatisfied	2	(15%)
Very Dissatisfied	0	(0%)

Module 4 (Patient Interviewing and Assessment)

Very Satisfied	2	(15%)
Satisfied	9	(69%)
Neutral	1	(8%)
Dissatisfied	1	(8%)
Very Dissatisfied	0	(0%)

Question 7 (12 responses)
What has been the program's greatest strength so far?

Summary: There was a lot of agreement among students regarding the strengths of the program so far. Students liked the convenient nature of the online learning tool, while still using a structured model with timelines. The depth of knowledge learned and course material was also a common thread among the comments.

Recurring themes:

- Enthusiastic moderators (3/12)
- Convenience (2/12)
- Comprehensive in-depth content and organization (4/12)
- Interaction with other pharmacists (4/12)

Quotes:

> "The program is very well organized and has been following a logical approach in addressing each topic. I enjoy listening to and observing ways to improve the interview process"

> "Its nice to bring together a group of professionals where you can discuss situations you have dealt with and learn from each other"

"course material and moderators are great !!"

"Convenient online learning - I can go through my lessons any time and any where I want. At the same time, structure (via deadlines and course schedule) and support (via moderators) are provided; ability to learn with pharmacists from other provinces / countries."

Question 8 (12 responses)
What has been the program's greatest weakness so far?

Summary: There was a wide variety of answers for this question. There was some consensus among students that some of the content was not put into the context of a typical retail pharmacy, which caused them to feel that some content was unnecessary (3/12). One student noted that in order to get the most out of the course, they were spending 10 hours a week (rather than the 5-6 hours as indicated).

Quotes:

"I have been disapointed that ADAPT has had so much 'touchy, feely, reflecting' throughout each module. In signing up, I thought there was going to be more background knowledge taught, rather than the 'think about how you would do this' or 'reflect on a time this was difficult'"

"I felt we should have been given more time to perform the interviews (eg. comprehensive, focused) or they should have been rescheduled to week that was not conflicting with the holidays.".

Summary Report – BC Students only

N=54

Question 1: What, for you, is the single most important concept discussed in Modules 1-4 so far?

Summary: The most common response to this question surrounded patient interviewing including patient medication reviews, physical assessments and care plans. Collaboration with other health care professionals and interpretation of lab values also was emphasized

"Patient interviewing skills and techniques - I can apply these immediately to my interactions with patients to improve outcomes. The motivational interviewing techniques will be invaluable with new year resolutions and helping support behavioural change."

"Simply remembering to keep focus on the patient at all times"

"How to incorporate ways to get the full picture of the clients using the various techniques suggested"

"Collaboration. I feel that there is still so much confusion and uncertainty about what some of the other health care professionals are capable of doing, and in collaborating with them and utilizing their areas of expertise, we can ultimately work towards a better end for the patient."

Question 2: What single question would you have liked to ask the moderator?

Summary: Most students said that the moderators were approachable and if they had a question they would ask at that time. However the main questions that students would like to have asked regarded self assessment and how moderators have incorporated ADAPT into their own practices

Question 3: What single change would have made Modules 1-4 better so far?

Summary: Noted changes related to the amount of work expected to be completed by students, as well as with time being a major concern especially regarding the Holiday season. Students' also emphasized that the website was not always user friendly with sound on some videos being a problem. Students would also like to see an increase in content specifically lab value sections as well as an increase in multi-media learning techniques.

Question 4: What single content/reading/activity has not been useful so far?

Summary: Many students found all material covered thus far to be useful. Students mentioned that the laboratory tests section was incomplete and more time is need to expand how lab value interpretation can be integrated into their practice. A number of other students stated that the feedback during Paul's interview was not beneficial. Students also had trouble determining the relevance as well as incorporating physical assessment into everyday patient care. Some students also suggested that the discussion board should be more organic rather than responses being a requirement.

Question 5: What changes have occurred to your practice as a result of what you've learned so far?

The common changes to practice within this cohort included:

- *Improved patient interviewing skills*
- *Increased confidence with patient assessment, medication reviews and physical assessments*
- *Enhanced Collaboration with other healthcare professionals*
- *Focusing on the patient by using better communication skills*

Question 6: Please indicate your level of satisfaction with your learning so far—from not satisfied, to very satisfied.
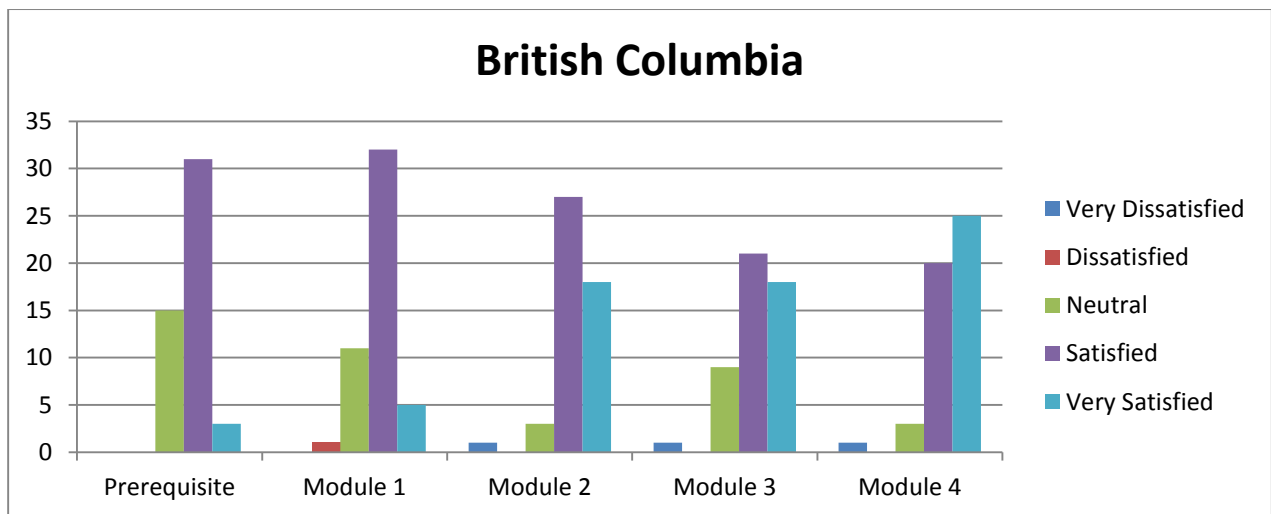
Question 7: What, overall, has been the program's greatest strength?

Summary: Students highlighted the discussion with other participants as being one of the program's greatest strength. Patients also emphasized that content was relevant to their current practice and that the ADAPT program provided them with organizational skills to integrate their learning into practice. Participants also stressed the importance of the moderators' support and feedback.

"Moderators provide great support and encouragement. Their guidance through each module including their stories have been very helpful."

"Moderators providing individual feedback on goals at the end of each module. I think moderators could perhaps help out groups a little more when discussion is not flowing on boards."

"I loved the videos of real pharmacists talking about real life scenarios especially the pharmacist who talked about having all this knowledge and not being able to efficiently progress through the problem solving process until he got the pharmacotherapy workup format."

"Showing me how to organize my thoughts for care plans, patient interviews and assessments with a systematic reproducible approach so that I am more effective and efficient. I like the templates provided because they give me guidance. I love this program because a lot of the course content is what I have been doing for a long time but have learned on my own without formal training. The course has taught me to reflect on my current practice and find ways to improve it. I like interacting with other pharmacists because it gives me an idea of how I am doing compared to other pharmacists and gives me their perspectives (sometimes different ways of thinking and doing things)."

"I like the feedback we get from the other pharmacists in the program in the discussion board - it's great for feedback/suggestions and for other to share their triumphs and hardships"

"Bringing motivated pharmacists together to share ideas, practice environments, and provide each other with encouragement toward enhancing our profession together."

Question 8: What, overall, has been the program's greatest weakness?

Summary: Many participants noted the intense time commitment needed to participate in ADAPT. Though most believe the discussion boards were a valuable tool, they mentioned that there was duplication in postings without much personal thought and experience being shared.

"The amount of work and time involved each week. Sometimes find it hard to complete within the timeframe given...juggling work and family life. However not sure if I would prefer to have the course stretched out for longer because it is nice to know course is only for 6months instead of longer duration"

"The frustrations with the forum and templates, sometimes the deadlines can be difficult to meet in busy weeks and varied work schedules can make it challenging when the activity requires interviewing a patient within a certain timeframe"

"Having to comment on everyone's postings. By just reading about it I am learning a lot, by having to comment on it I see a lot of duplication and I do not know if people's comments are to impress or what they really feel."

ADAPT Update

@BCpharmacists

What is ADAPT?

- A continuing education program developed by the Canadian Pharmacists Association (CPhA) for practising pharmacists to enhance their patient care and medication management skills.

- Made up of seven online modules:
  - *Orientation*
  - *Medication Assessment*
  - *Collaboration*
  - *Patient Interviewing*
  - *Evidence Based Medicine*
  - *Documentation*
  - *Putting It All Together*

- Designed to help pharmacists develop the confidence and experience needed to integrate new skills, processes and tools into their everyday practice.

- ***Goal: Elevate quality of pharmacy practice***

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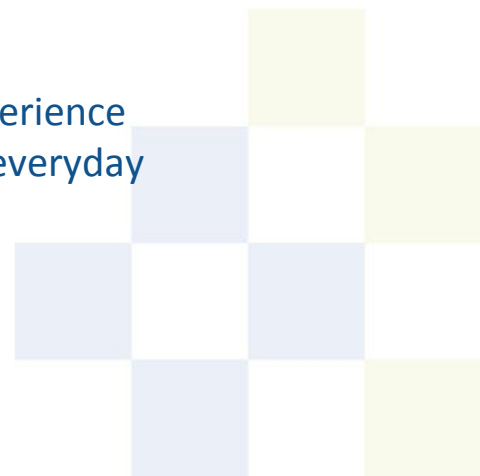
CPBC and ADAPT

- BC pharmacists eligible registration fee of $1349

- BC pharmacists completing the ADAPT program earn their *Certificate in Patient Care Skills* and receive a rebate of $1,000 reducing the effective registration fee to **$349**

- Pharmacists who are:
  - <u>not</u> already CPhA members get a 1 year free membership
  - are already CPhA members get a further $100 off the ADAPT registration fee

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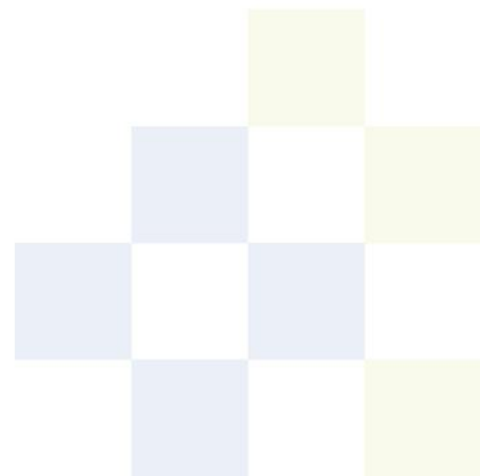
Significant Interest in Program

- Sessions were fully subscribed.

- 137 BC pharmacists enrolled in one of three sessions:

  - August, 2013 – January, 2014 (Completed)
  - October, 2013 – March, 2014 (Underway)
  - February, 2014 – June, 2014 (Recently announced)

- 24 of the 29 BC participants in the August session earned the Certificate and are eligible for the grant rebate from the College (83%).

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August Session: Stats

Total Number of Participants:	Canada Total	BC only
starting program	72	29
who completed entire program and eligible for the Certificate	64	24
that completed part of the program	5	3
that completed none of the program	3	2
that were *eligible* and *chose to challenge* for the Certificate	60	24
that challenged and earned the Certificate	TBA	TBA

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Highlights of survey responses

- CPhA provided a summary report of survey responses provided by 24 BC pharmacists after participating in the August 2013 – January 2014 class.

- **Two survey questions of note:**
  - *Please indicate whether you feel your confidence in your ability to competently perform the following skills has improved as a result of your participation in all 7 ADAPT online modules,* **and***;*
  - *Which of the following external factors was helpful to you in successfully integrating your ADAPT learning into practice?*

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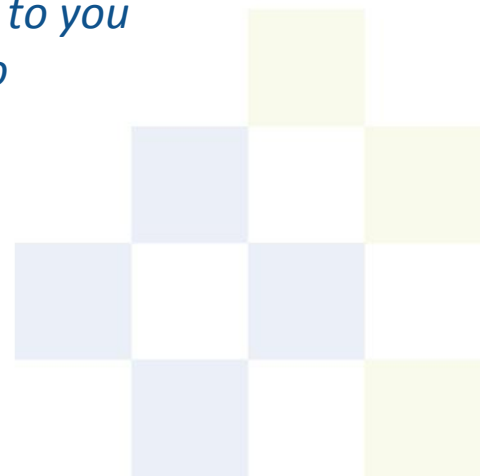
Confidence: Medication Reviews

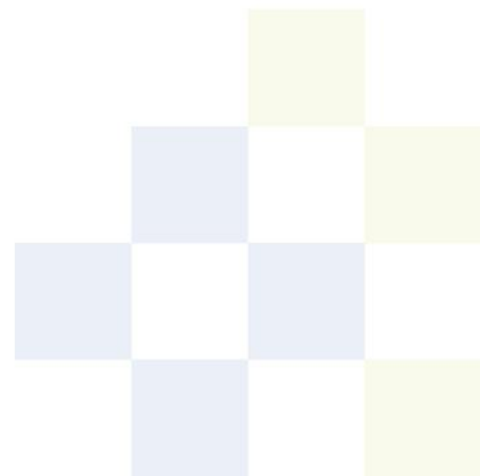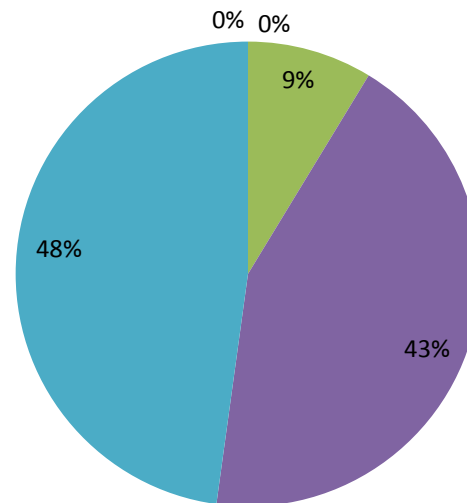**Participants' Confidence in Providing Medication Reviews**

- ■ Confidence is much worse
- ■ Confidence is worse
- ■ Confidence is about the same
- ■ Confidence has improved somewhat
- ■ Confidence is much improved

0% 0%

17%

44%

39%

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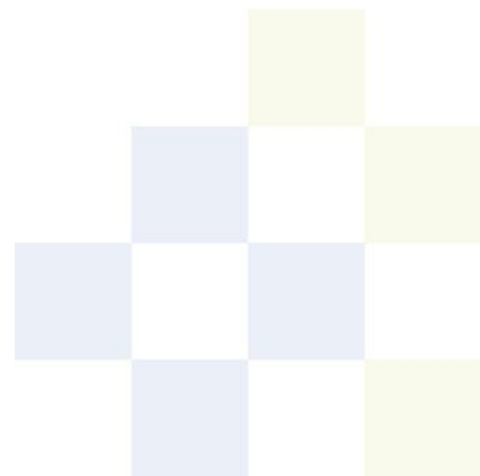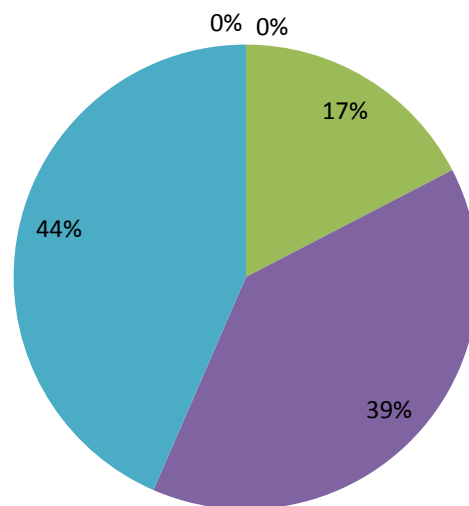
Confidence: Collaborating

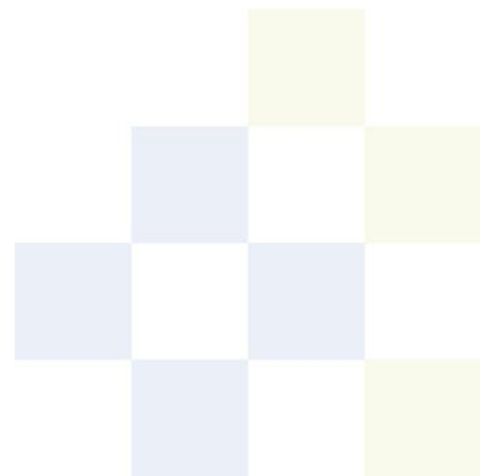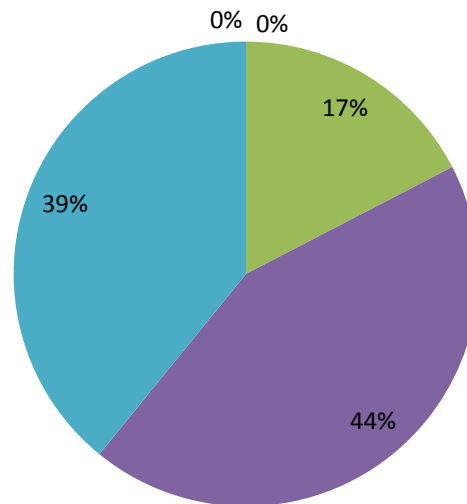**Participants' Confidence in Collaborating with Health Care Professionals**

- ■ Confidence is much worse
- ■ Confidence is worse
- ■ Confidence is about the same
- ■ Confidence has improved somewhat
- ■ Confidence is much improved

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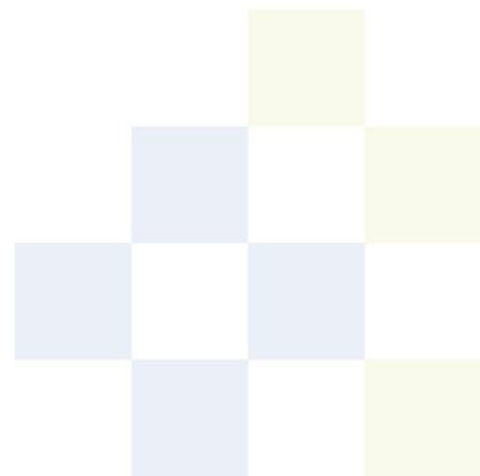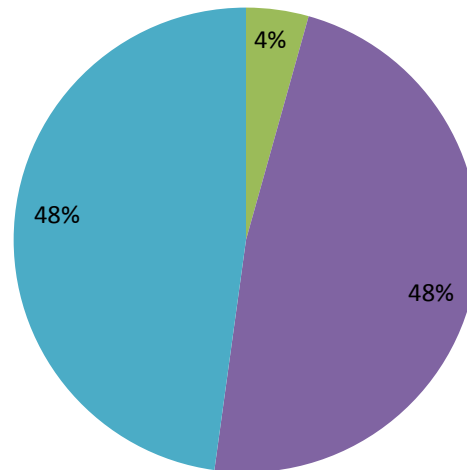
Confidence: Assessment

Participants' Confidence In Interviewing and Assessing Patients

- ■ Confidence is much worse
- ■ Confidence is worse
- ■ Confidence is about the same
- ■ Confidence has improved somewhat
- ■ Confidence is much improved

Confidence: Decision-Making

**Participants' Confidence in Making Evidence Based Decisions**

Legend:
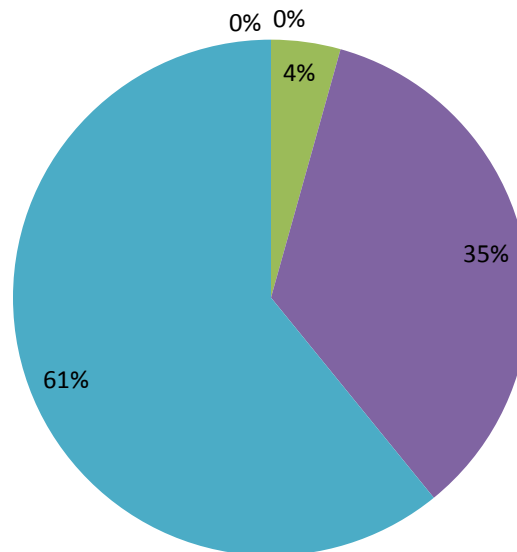- Confidence is much worse
- Confidence is worse
- Confidence is about the same
- Confidence has improved somewhat
- Confidence is much improved

0% 0% 17% 39% 44%

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Confidence: Documentation

## Participants' Confidence in Documenting Care

- ■ Confidence is much worse
- ■ Confidence is worse
- ■ Confidence is about the same
- ■ Confidence has improved somewhat
- ■ Confidence is much improved

0% 0%
4%
35%
61%

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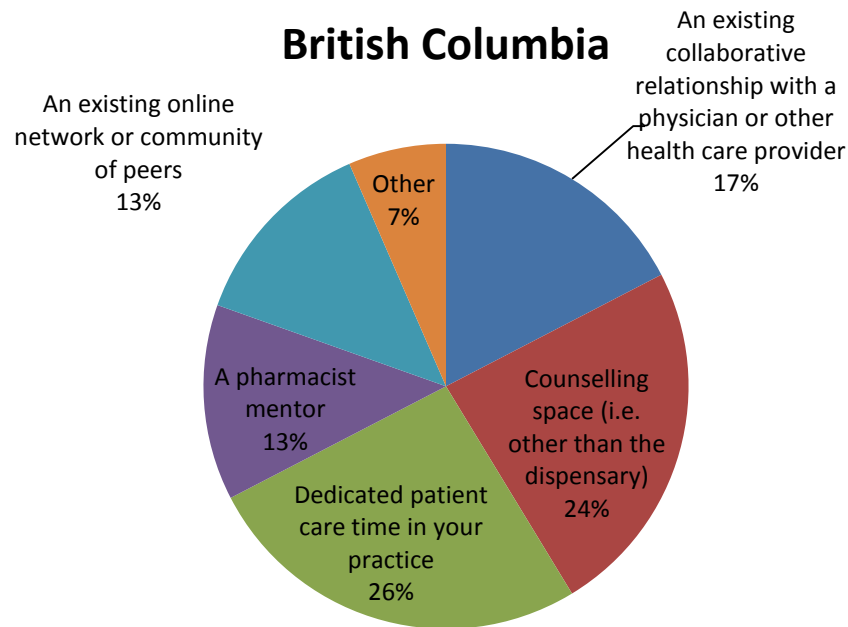OF BRITISH COLUMBIA
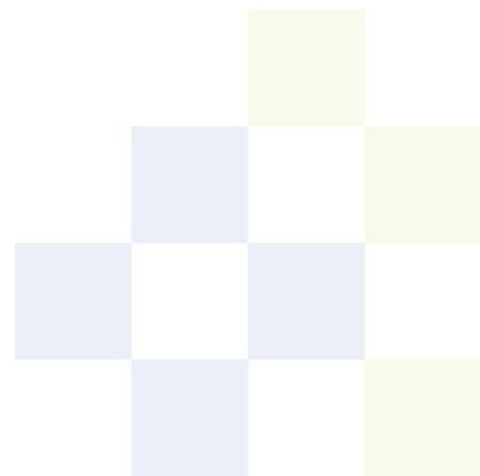
Confidence: Care Plans

Importance to Participants of Developing and Implementing Care Plans

■ Importance is much less   ■ Importance is less

■ Importance is about the Same   ■ Importance is Increased Somewhat

■ Importance is Much higher

0%   0%

13%

30%

57%

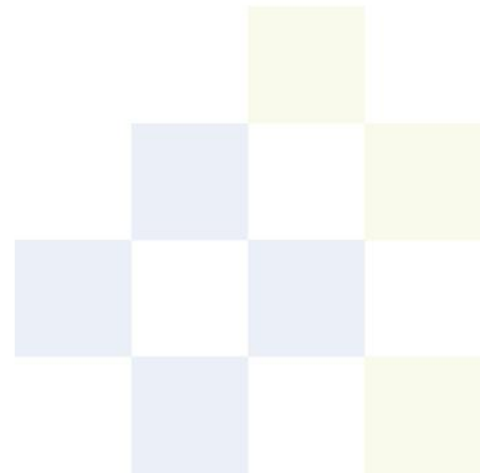COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
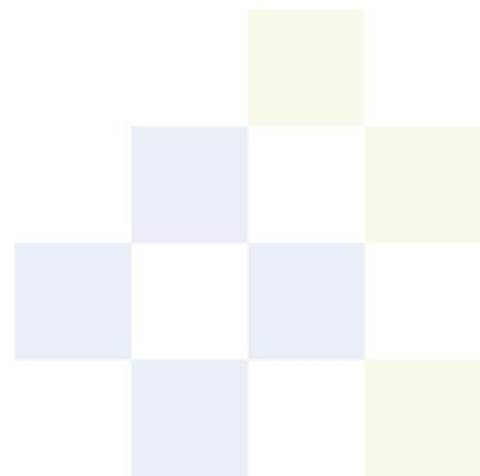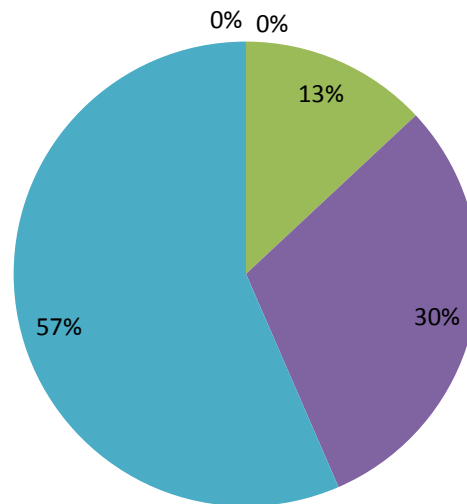
Integrating Learning into Practice

Question: *Which of the following external factors was helpful to you in successfully integrating your ADAPT learning into practice?*

British Columbia

- An existing collaborative relationship with a physician or other health care provider 17%
- Counselling space (i.e. other than the dispensary) 24%
- Dedicated patient care time in your practice 26%
- A pharmacist mentor 13%
- An existing online network or community of peers 13%
- Other 7%

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Further Questions?

What's Next?

TBA
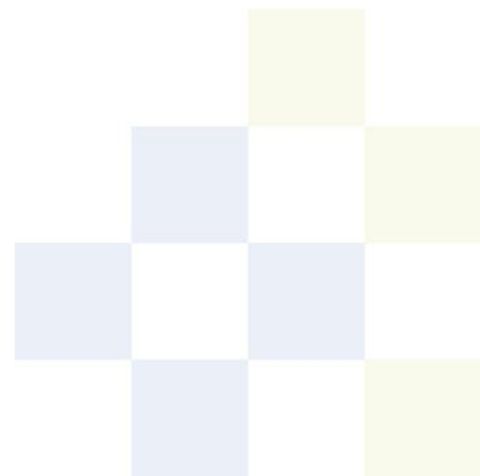
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THREE (3) YEAR STRATEGIC PLAN

Fiscal Years: 2014/15 to 2016/17

THREE (3) YEAR STRATEGIC PLAN

Fiscal Years: 2014/15 to 2016/17

Table of Contents

Executive Summary

In the September 2013 Board meeting, the Board approved strategic goals and objectives for the next 3 years. This report maps out the major tasks and milestones required to deliver the results envisioned in the Strategic Plan. The College of Pharmacists of BC (CPBC) staff drafted a 3 year plan for each strategic goal, and these were reviewed with the Board Committees responsible for each aspect of the strategic plan:

1. Public Expectations
2. Interdisciplinary Relationships
3. Scope of Practice
4. Standards
5. Technology

Each section of this report addresses a strategic goal and its associated objectives. The information in each section comprises: a synopsis of the proposed approach for achieving each objective, key results areas (KRA's) and a tabular summary of the projected milestones for each objective where the milestones have been aligned with CPBC Board meetings. A large scale visual map of the projected timelines and milestones for the entire strategic plan is also provided with this report.

A summary of the Board meetings dates when milestone outcomes will be presented, organized by strategic goal and objective, is provided in Appendix 1.

This document will be used as a baseline for reporting progress against the strategic plan's goals and objectives over the next 3 years, and tracking Board approved amendments to the plan.

Three (3) Year Strategic Plan

In the September 2013 Board meeting, the following was approved (italicized description following each goal summarizes the strategic intent).

❖ **Vision**
Better health through excellence in pharmacy.

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

❖ **Theme**
Quality of pharmacy services to optimize patient outcomes.

1. **Public Expectations**
Public expectations placed on pharmacists and pharmacy technicians are informed by a better understanding of our role, our dedication to continuous quality improvement, and our accountability to the public
   Ensuring Public Expectations Are Met
   o *Events for pharmacists and pharmacy technicians designed to reinforce best practices in delivering patient-focused care and in developing relationships with patients are held over a three-year period, with an awareness campaign launched for the public in year two that aligns public expectations with professional practice on what the public expects from their pharmacist or pharmacy technician.*

2. **Interdisciplinary Relationships**
Consistent with the Health Professions Act, enhance communication and collaboration with other healthcare professionals in order to ensure safe and quality care.
   Building Relationships with Other Health Professionals
   o *Working with other health professions, develop opportunities for pharmacists and pharmacy technicians to better define and enhance their role on the health care team supporting better health outcomes for patients.*

3. **Scope of Practice**
The current and future care and services that pharmacists and pharmacy technicians deliver are safe, effective and aligned with the healthcare needs of the public.
   Advancing Pharmacy Practice Based on the Needs of Patient Care
   o *Pharmacists and pharmacy technicians will be better supported in practicing to their current scope by creating educational opportunities and communication tools. The College will seek to advance the profession by supporting the integration of pharmacy technicians into community practice, introducing legislation supporting access to patient laboratory data, the Advanced Practice Pharmacist designation, and removing many of the conditions that currently apply to adaptations and to pharmacist injecting authority.*

4. **Standards**
Standards of practice are current and are being met in order to ensure safe and effective pharmacy care.

   Updating and Reinforcing Standards to Deliver Better Health Outcomes
- o *The College will review and update standards, add a new standard for pharmacy workload, while ensuring alignment with the continuing education requirement for pharmacists and pharmacy technicians. A new pharmacy and practice review system will strengthen enforcement with corrective action to be taken as needed. The role of the pharmacist and the pharmacy technician as health professionals bound to a code of ethics will be strengthened by the prohibition of tobacco products in premises where a pharmacy is located and the prohibition of loyalty points or other inducements on prescription or pharmacy service purchases.*

5. **Technology**
Current and emerging technologies are utilized when opportunities exist to enhance safe and effective pharmacy care.

   Using Technology to Enhance Patient Care
- o *The College will continue to support the development of the next generation of PharmaNet (PNet) which provides a more comprehensive patient drug history to healthcare professionals. The College will seek to use technology to enhance patient care through the provision of current and comprehensive online drug information sources to assist registrants in evaluating therapeutic options.*

1. Public Expectations

GOALS

Public expectations placed on pharmacists and pharmacy technicians are informed by a better understanding of our role, our dedication to continuous quality improvement, and our accountability to the public.

OBJECTIVES

a) Create opportunities for the College, pharmacists, pharmacy technicians, and other stakeholders to interact ensuring that role and value of the profession is well understood and aligned with the needs of the public and other health professions.

   Synopsis of Plan
   - *Meetings will be hosted by the College with a broad cross-section of pharmacists and pharmacy technicians. These meetings will be structured to review and establish a common position on roles and values, with specific focus on the optimization of patient health outcomes and the professions commitment to:*
     - *standards of practice*
     - *continuous improvement processes that improve quality outcomes*
     - *delivering clinical services*
   - *It is expected that it will take 2 years for the benefits of this program to start to be seen via a broader consensus across the profession on the roles and values. Refinements to the plan will be proposed annually as part of the fiscal budget review process in the February Board meetings.*

b) Create a strategy to raise public awareness of the role of pharmacists and pharmacy technicians with specific focus on the optimization of patient health outcomes and their commitment to:
   - standards of practice
   - continuous improvement processes that improve quality outcomes
   - delivering clinical services

   Synopsis of Plan
   - *In the second half of the 2015/16 fiscal year planning will be initiated by the College on a communications strategy required to support the launch of the public communication objective. This phase of the program will be formally launched in March 2016, and the results assessed via a market research study with the results being provided to in the February 2017 Board meeting.*

KEY RESULTS AREAS

1(a)   Organized 4 pharmacy stakeholder networking events each year focused on role and value of profession.

1(b)   Analyzed and presented the effectiveness of Public Awareness campaign to the Board in the February 2017 Board meeting.

Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a) Role and value of profession	1	Decision: Board refine plan based on outcomes of 1st year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb-15
	2	Decision: Board refine plan based on outcomes of 2nd year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb-16
	3	Decision: Board refine plan based on outcomes of 3rd year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb-17
(b) Public Awareness Strategy	4	Decision: Board endorse design and start of public awareness plan in 16/17	Feb-16
	5	Update: Results of public awareness survey available for Board review	Feb-17

2. Interdisciplinary Relationships

GOALS
Consistent with the Health Professions Act, enhance communication and collaboration with other healthcare professionals in order to ensure safe and quality care.

OBJECTIVES
a) Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.
    Synopsis of Plan:
    - *The College will identify interdisciplinary opportunities with other healthcare professionals and regulatory Colleges to enhance inter-professional relationships to improve health care. This involves building on opportunities already in progress, working with existing multi-disciplinary organizations, holding joint meetings and conferences and targeting specific disciplines for collaboration. Each year of the 3-year strategic plan includes identifying options for interdisciplinary collaboration in Q1, executing the plan in Q2 and Q3 and evaluating the options and refining the plan in Q4 in parallel with the fiscal budgeting cycle.*
b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding of each other's role.
    Synopsis of Plan:
    - *This objective will focus on creating opportunities for pharmacists and pharmacy technicians to work more collaboratively and better understand their respective roles. A series of College initiated meetings in Q1 and Q2 of each year held jointly for pharmacists and pharmacy technicians which will be focused on facilitating understanding of each other's roles and may include learning opportunities on College initiatives such as the inspection process, legislation changes and information on self-regulation. The College will also increase its participation in existing events such as the Pharmacy Technician Society of BC and the Canadian Society of Hospital Pharmacists conferences, encouraging joint attendance by pharmacists and pharmacy technicians.*

KEY RESULTS AREAS
2(a)   Initiated a plan every year for the next 3 years that delivers on an interdisciplinary opportunity over the full 3 year timeframe.
2(b)   Organized 4 pharmacist-pharmacy technician events each year focused on deepening relationships and understanding each other's role.

Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a) Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.	6	Update: Presentation to Board on outcomes of collaborative opportunities program	Nov-14
	7	Decision: Options presented to Board on refinements to program	Feb-15
	8	Update: Presentation to Board on outcomes of collaborative opportunities program	Nov-15
	9	Decision: Options presented to Board on refinements to program	Feb-16
	10	Update: Presentation to Board on outcomes of collaborative opportunities program	Nov-16
	11	Decision: Options presented to Board on refinements to program	Feb-17
(b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding of each other's role.	12	Decision: Board assesses outcomes of pharmacist/pharmacy technician networking sessions and updates plan	Feb-15
	13	Decision: Board assesses outcomes of pharmacist/pharmacy technician networking sessions and updates plan	Feb-16
	14	Decision: Board assesses outcomes of pharmacist/pharmacy technician networking sessions and updates plan	Feb-17

3. Scope of Practice

GOALS
The current and future care and services that pharmacists and pharmacy technicians deliver are safe, effective and aligned with the healthcare needs of the public.

OBJECTIVES
a) Support pharmacists and pharmacy technicians to practice to their current scope
- (i) Enhance availability of continuing education (CE) tools and programs
  Synopsis of Plan:
  o *It is envisaged that this will be a process of continuous improvement over the 3 years of the plan. In Q1 2014/15 an evaluation of what the gaps are in CE, and options for addressing this will be presented at the June Board meeting for prioritization. Through the rest of the year work will be done to develop, implement and monitor the new tools and programs with an evaluation of progress and report at the end of the fiscal year (Feb 2015 Board meeting) which will anticipate refreshing the plan and alignment with the budget for the 2015/16 fiscal year. This cycle is repeated for the next 2 years.*
- (ii) Encourage BC pharmacists to enroll in programs that support best practices
  Synopsis of Plan:
  o *During fiscal 2013/14 there was great uptake of the program where the College provided financial support to BC pharmacists taking the ADAPT program. The plan is to continue supporting and encouraging BC pharmacists to take advantage of continuous education tools and programs such as ADAPT. Within the budget an amount has been allocated every year specifically to allow the Board and the Registrar to identify clinical skill development opportunities and roll out programs to the registrants. At the end of each year the results of the various initiatives will be assessed with the Board and used to drive planning for the next fiscal year.*
- (iii) Ensure required knowledge, skills, and abilities required of pharmacists and pharmacy technicians are integrated into pharmacy and pharmacy technician programs
  Synopsis of Plan:
  o *As changes are made to the bylaws and policies are developed/revised there is a need to ensure that entry to practice requirements are aligned with these changes to standards and scope of practice. The College will track the changes being made, and engage in dialogue with the various educational providers and examining bodies to ensure they are fully aware of the proposed changes, so that the educational providers have an opportunity to implement the required changes to their curricula and the examinations also reflect the changes.*
- (iv) Encourage uptake of registered pharmacy technicians into community pharmacy practice settings
  Synopsis of Plan:
  o *There is little known today about the technician base in the BC community pharmacy setting. A survey will be conducted that gathers information on the technicians in BC Pharmacies in Q1 of 2014/15. The survey results will provide the Board with information that will support decision making around future regulation of technicians and on how best to encourage uptake of registered technicians in the community pharmacies.*

b) Develop and update legislation, policy, and tools to support future scope of practice
- (i) Remove restrictions on adaptation policy (staged approach – quality then restriction removal)

Synopsis of Plan:

- o *Removing restrictions on adaption will be done in two distinct phases. The first phase will be completed at the end of 2015/16. Existing policies will be amended to address quality of service delivery and new standards will be created to address workload issues that impact on quality service delivery. In Q1 2016/17 the College will evaluate the outcomes of Phase 1 and will brief the Board on the outcomes. Subject to Board approval, Phase 2 of the program will be initiated to work towards removal of the restrictions on PPP58 adaptations; the College will seek to gain endorsement from the monitoring adaptations prescriptions task force (MAP) to minimize stakeholder opposition; The updated policy is expected to be ready to roll out following Board review and approval at the Feb 2017 Board meeting.*

- (ii) Remove limits and conditions (staged approach – includes authority for pharmacists to administer injections)

  Synopsis of Plan:

  - o *Work will be initiated to change the standards, limits and conditions for injections authority in Q1 2015/16, with the aim of having the new legislation approved by the April 2016 Board meeting.*

- (iii) Enable access to patient lab information

  Synopsis of Plan:

  - o *Early in 2014/15 a letter will be sent to the MoH formalizing the College's request to give pharmacists access to patient laboratory data. In the first half of the year a report will be generated supporting this proposal, and this will be used as the basis of discussions with the MoH. The plan assumes that agreement will be reached with the MoH by Q2 2015/16, which will support initiating the internal legislation review process. The goal is to have the new legislation in place by the February 2017 Board meeting.*

- (iv) Advanced Pharmacist Practice (APP) certification

  Synopsis of Plan:

  - o *In the first half of 2014/15 a stakeholder engagement plan will be developed to support discussions with the MoH regarding APP certification. Authority for APP certification requires two regulations (one HPA and one PODSA) to be amended - requires Minister of Health sign off. The College requires support of the Ministry in order to move forward. Once the support of government is in place the College can initiate their internal legislation review process (supporting bylaw and policy) with the goal of having the legislation approved by the end of fiscal year 2016/17. In parallel with the legislation process, the College will develop the documentation, internal systems, communication plan and train certification assessors. The plan calls for all supporting operations to be in place for rolling out APP certification in Q1 of 2017/18.*

KEY RESULTS AREAS

3(a)(i)/(iii)	Added and re-aligned education programs to meet the <u>current</u> needs of the profession (as determined by the Board).
3(a)(ii)	Over 150 participants/year in programs that support clinical skills development.
3(a)(iii)	Educational curricula and entry to practice requirements are monitored annually to ensure they reflect the current standards and scope of practice.
3(a)(iv)	Survey results shared with the Board supporting decisions on future regulation of technicians and how best to encourage uptake of registered technicians in the community pharmacies.
3(b)(i)	Updated adaptation policy to remove barriers to quality service delivery (Phase 1).
3(b)(i)	Removed restrictions on adaptation policy (Phase 2).
3(b)(ii)	Approved legislation for removing limits and conditions for injection authority.
3(b)(iii)	Approved legislation allowing access to patient lab information.
3(b)(iv)	Approved legislation allowing APP.
3(b)(iv)	Program for certification ready to launch by end of fiscal year 2016/17.

Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a)(i) Enhance availability of continuing education tools and programs	15	Decision: Report on survey of what new CE tools and programs required, decision on what tools and programs to prioritize for rest of year	Jun-14
	16	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Feb-15
	17	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Feb-16
	18	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Feb-17
(a)(ii) Encourage BC pharmacists to enroll in programs that support best practices	19	Update: Report out on numbers of pharmacists participating in programs	Nov-14
	20	Decision: Review options on program supporting best practices and prioritize, aligning with fiscal budget	Feb-15
	21	Update: Report out on numbers of pharmacists participating in programs	Nov-15
	22	Decision: Review options on program supporting best practices and prioritize, aligning with fiscal budget	Feb-16
	23	Update: Report out on numbers of pharmacists participating in programs	Nov-16
	24	Decision: Review options on program supporting best practices and prioritize, aligning with fiscal budget	Feb-17
(a)(iii) Ensure required knowledge, skills, and abilities required of pharmacists and pharmacy technicians are integrated into pharmacy and pharmacy technician programs	25	Update: Report to Board on changes made to entry to practice criteria	Feb-15
	26	Update: Report to Board on changes made to entry to practice criteria	Feb-16
	27	Update: Report to Board on changes made to entry to practice criteria	Feb-17
(a)(iv) Encourage uptake of registered pharmacy technicians into community practice settings	28	Decision: Board decides on future regulation of technicians and how best to integrate registered technicians into community pharmacies	Jun-14
(b)(i) Remove restrictions on adaptation policy	29	Decision: Board approves updated adaptation policy to remove barriers to quality service delivery (Phase 1) (quality and workload)	Nov-15

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(b)(i) Remove restrictions on adaptation policy	30	Update: Phase 1 - Updated adaptation policy to remove barriers to quality service delivery (Phase 1) (quality service delivery/workload), report on impact of new policy. Decision: proceed to Phase 2 of adaptation policy changes	Jun-16
	31	Board approves removing restrictions on adaptation policy Phase 2	Feb-17
(b)(ii) Changes to Standards/Limits/Conditions for injection authority	32	Decision: Board approve public posting of proposed bylaw changes supporting removal of limit and conditions for injection authority	Sep-15
	33	Decision: Board approve filing of bylaw changes with MoH supporting removal of limit and conditions for injection authority	Jan-16
	34	Update: Legislation approved for removing limits and conditions for injection authority	Apr-16
(b)(iii) Access to patient lab information	35	Update: Report summarizing need to provide access to lab data	Sep-14
	36	Update: Outcomes of discussions with MoH regarding access to lab data	Jun-15
	37	Decision: Board approve public posting of proposed bylaw changes supporting access to lab data	Apr-16
	38	Decision: Board approve filing of bylaw changes with MoH supporting access to lab data	Sep-16
	39	Update: Legislation approved granting access to laboratory data	Feb-17
(b)(iv) Advanced Pharmacist Practice certification	40	Update: Presentation of stakeholder engagement plan	Nov-14
	41	Update: Results of discussions with MoH, status with regard to Minister sign off of regulation Decision: Start work on legislation required to support APP certification	Nov-15
	42	Decision: Board approve public posting of proposed bylaw changes supporting APP certification	Jun-16
	43	Update: Presentation of materials and planning supporting launch of APP certification	Nov-16
	44	Decision: Board approve filing of bylaw changes with MoH supporting APP certification	Feb-17

4. Standards

GOALS
Standards of practice are current and are being met in order to ensure safe and effective pharmacy care.

OBJECTIVES
a) Review and map standards (HPA, PODSA, PPP's, NAPRA) to ensure relevancy and consistency. Update standards in the following priority areas:
  • Pharmacist review of patient profile on PharmaNet (PNet) prior to dispensing
  • Pharmacist/patient consultation (counselling)
  • Narcotic reconciliation
  • Patient identification verification
  • Documentation management within the pharmacy
  • Identity of pharmacy staff
  Synopsis of Plan:
  o *In the first half of 2014/15 the six priority standards will be reviewed for relevancy and consistency, and then updated through the legislation review process in parallel as necessary. The goal is to have the updated legislation/policy approved for the September 2015 Board meeting.*
b) Develop a comprehensive, integrated document that incorporates standards, guidelines and indicators of good practice and standards.
  Synopsis of Plan:
  o *In anticipation of the new legislation for the six standards of 4(a), work will be initiated on development of indicators for application of the standards with a policy guide being published by September 2015. The tools and communication plan will be rolled out by the end of fiscal year 2015/16.*
c) Develop standards for pharmacy workload.
  Synopsis of Plan:
  o *Building on the CORE survey results conducted in 2013, the legislation review process formalizing standards for pharmacy workload will be initiated in the first half of 2014/15 with the goal of having the legislation approved by the September 2015 Board meeting.*
d) Strengthen enforcement to improve compliance.
  Synopsis of Plan:
  o *The plan assumes a full launch of the new community pharmacy inspection process at the start of fiscal year 2015/16. Key deliverables required to support this target date are: by Q3 2014/15 community inspectors will be hired and trained, the Board oversight committee (Inspections Committee) will be in place; tools and procedures will also be in place. Additionally a communications plan will be launched informing registrants of the new process and timelines for its implementation; in Q4 2014/15 a soft launch will be initiated with the intent of identifying potential issues, providing training in situ and refining the procedures.*
  o *Given the likely resource demands on setting up these processes, the plan assumes that setting up the hospital pharmacy inspection process will be in parallel with the community pharmacy inspection process, but delayed by 1Q. So, the soft launch hospital pharmacy inspection process will start in Q1 2015/16 with the formal program launch in Q2 2015/16.*
  o *Given the importance of this program it is assumed that there will be regular Board updates at every Board meeting for the first 18 months, and only when the program is*

successfully up and running is it expected that the reporting frequency will decrease to twice yearly.

e) Align CE requirements with evolving practice and standards.

   Synopsis of Plan:
   o *As the guidelines and areas of focus for the inspection program of 4(d) are developed there will likely be new CE requirements identified that will address the requirements of review deficiencies. These will be brought to the Board for prioritization and then appropriate CE tools and programs will be put in place to address the needs. This process will be revisited annually as the results of the reviews are analyzed and the CE requirements evolve.*

f) Prohibit tobacco products in premises where a pharmacy is located.

   Synopsis of Plan:
   o *The legislation prohibition approach will focus efforts from a pharmacy professional standards perspective (similar to the loyalty program prohibition legislation that was recently approved)., A stakeholder consultation process will ramp up in early 2014/15 to gain government support with moving forward in this manner, The goal is to have the legislation approved by the February 2015 Board meeting.*

g) Prohibit use of loyalty programs related to the provision of pharmacy services.

   Synopsis of Plan:
   o *The communication plan regarding the new legislation prohibiting the use of loyalty programs with pharmacy services will be updated at the start of the 2014/15 fiscal year and ongoing compliance will be assessed via the inspection and complaints processes. At the end of the year the number of complaints and actions taken will be presented to the Board.*

KEY RESULTS AREAS

4(a)   Completed mapping of the 6 standards.

4(b)   Published policy guide and tools supporting the six standards.

4(c)   Approved new standards for pharmacy workload.

4(d)   Accomplished in 2015/16 - Community: 250 site reviews and 800 practice reviews; Hospital: 15 site reviews and 350 practice reviews.

4(e)   Established CE programs that support new practice review standards.

4(f)   Approved new legislation that prohibits tobacco products in premises where a pharmacy is located.

4(g)   Completed adjudication of complaints and provided report to Board that shows number of complaints raised and resolution with respect to non-compliance of legislation prohibiting loyalty programs.

Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency.	45	Decision: Board approve public posting of proposed bylaw changes supporting package of legislation updating 6 standards	Feb-15
	46	Decision: Board approve filing of proposed bylaw changes with MOH supporting package of legislation updating 6 standards	May-15
	47	Update: Package of legislation approved updating 6 standards	Sep-15
(b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards	48	Update: Report on development of application standards and indicators for standards of 4(a)	Jun-15
	49	Update: Review policy guide incorporating standards and indicators for standards of 4(a)	Sep-15
	50	Update: Report on Tools and communication plan developed to support standards of 4(a)	Feb-16
(c) Develop standards for pharmacy workload	51	Decision: Board approve public posting of proposed bylaw changes supporting standards for pharmacy workload	Feb-15
	52	Decision: Board approve filing of bylaw changes with MoH supporting standards for pharmacy workload	May-15
	53	Update: Legislation approved for new standards for pharmacy workload	Sep-15
(d) Inspections	54	Update: Progress report on setting up of new inspector infrastructure	Jun-14
	55	Update: Progress report on setting up of new inspector infrastructure (Community inspectors hired/trained, Oversight Committee in place, roll out of community communication plan, tools and processes in place)	Sep-14
	56	Update: Confirmation of Community Pilot Program launch	Nov-14
	57	Update: Results from Community Pilot Inspections	Feb-15
	58	Update: Launch of formal Community Inspection program Update: Progress report on setting up of hospital inspector infrastructure (inspector hired/trained, roll out of communications plan, tools and processes in place, launch of pilot program)	Apr-15
	59	Update: Launch of formal Hospital Inspection program	Jun-15
	60	Update: Inspection program, results, metrics, learnings	Sep-15

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(d) Inspections	61	Update: Inspection program, results, metrics, learnings	Feb-16
	62	Update: Inspection program, results, metrics, learnings	Sep-16
	63	Update: Inspection program, results, metrics, learnings	Feb-17
(e) Align CE requirements with evolving practice and standards	64	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new inspection program	Sep-14
	65	Update: Report to Board on readiness to launch new CE tools and programs to support evolving practices and standards arising from new inspection program	Feb-15
	66	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new inspection program	Sep-15
	67	Update: Report to Board on readiness to launch new CE tools and programs to support evolving practices and standards arising from new inspection program	Feb-16
	68	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new inspection program	Sep-16
	69	Update: Report to Board on readiness to launch new CE tools and programs to support evolving practices and standards arising from new inspection program	Feb-17
(f) Prohibit tobacco products in premises where a pharmacy is located	70	Decision: Board approve public posting of proposed bylaw changes supporting prohibition of tobacco products in premises where a pharmacy is located	Jun-14
	71	Decision: Board approve filing of bylaw changes with MoH supporting prohibition of tobacco products in premises where a pharmacy is located	Nov-14
	72	Update: Legislation in place that prohibits tobacco products in premises where a pharmacy is located	Feb-15
(g) Prohibit use of loyalty programs related to the provision of pharmacy services	73	Update: Summary report on loyalty point prohibition complaints for 2015/16	Feb-15

5. Technology

GOALS
Current and emerging technologies are utilized when opportunities exist to enhance safe and effective pharmacy care.

OBJECTIVES
a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet (PNet) database such that a more complete drug history is available for clinicians.
Synopsis of Plan:
   - *The College will advocate for a more complete medication record on BC's PNet system to include medications currently not recorded, namely: 1) HIV/AIDS-related medications, 2) medication used to treat cancer, 3) physician samples, 4) renal and transplant medications and, 5) an up-to-date medication list upon patient discharge from hospital acute care. Further, this initiative will seek to have regulated pharmacy technicians added to the PNet system as independent practitioners.*
   - *In the first year of this initiative, a formal request will be submitted to BC's Ministry of Health (MoH) for inclusion of the currently unrecorded medications. The CPBC will act as a key stakeholder for the inclusion of this data through changes to policy and Software Compliance Standards that are currently under revision. These revisions are expected to be published in Q4 2014. Although a formal request for the addition of pharmacy technicians to PNet has been submitted in 2013/2014 and plans are underway to address this issue, CPBC will work with the MoH to bring about the enabling changes to policy and the Software Compliance Standards through Q4 2014.*

b) Provide e-access to current and comprehensive drug information
Synopsis of Plan:
   - *This initiative will focus on establishing an "online library" of drug information resources for CPBC registrants. In 2014/2015 the process will include: 1) research for and establishment of resource content, 2) contracting with reference providers, 3) providing registrant access and, 4) communications with registrants. On an ongoing basis, CPBC will continue to explore potential partnerships with other jurisdictions to achieve better costing and/or more resource content through economies of scale. In both 2015/2016 and 2016/2017, there will be an annual evaluation of uptake and effectiveness of the online library to further inform the Board.*

KEY RESULTS AREAS
5(a)   Sent letter to MoH requesting enhancements to PNet.
5(a)   Continued to be a preferred provider of services and profiles analysis to MoH for the PNet program with new contracts being signed extending services to beyond 16/17 fiscal year.
5(a)   Published PNet software standards in fiscal year 14/15.
5(b)   Established e-library resources with >60% of registrants endorsing materials provided by end of fiscal 16/17.

Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a) Act as a key stakeholder in order to facilitate enhancements to the PNet database such that a more complete drug history is available for clinicians	74	Update: PNet Services contract signed; Letter sent into MoH requesting enhancements to PNet	Apr-15
	75	Update: status of request MoH for enhancements to PNet	Feb-16
	76	Update: status of request to MoH for enhancements to PNet	Apr-16
	77	Update: PNet profiles contract renewed	Feb-17
(b) Provide e-access to current and comprehensive drug information	78	Decision: on options for e-library resources	Jun-14
	79	Decision: approve roll out of e-library (Phase 1)	Nov-14
	80	Update: results of survey on uptake and effectiveness of e-library. Review if any changes required	Nov-16
	81	Update: results of survey on uptake and effectiveness of e-library. Review if any changes required	Nov-17

Appendix 1: Milestones by Board Meeting

Goal	Objective	2014/15					2015/16					2016/17				
		Apr	Jun	Sept	Nov	Feb	Apr	Jun	Sept	Nov	Feb	Apr	Jun	Sept	Nov	Feb
1. PUBLIC EXPECTATIONS	(a) Role and value of profession					1					1					1
	(b) Public Awareness Strategy										1					1
2. INTERDISCIPLINARY RELATIONSHIPS	(a) Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.				1	1				1	1				1	1
	(b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding of each other's role.					1					1					1
3. SCOPE OF PRACTICE	(a)(i) Enhance availability of continuing education tools and programs		1			1					1					1
	(a)(ii) Encourage BC pharmacists to enroll in programs that support best practices			1		1				1	1				1	1
	(a)(iii) Ensure required knowledge, skills, and abilities required of pharmacists and pharmacy technicians are integrated into pharmacy and pharmacy technician programs					1					1					1
	(a)(iv) Encourage uptake of registered pharmacy technicians into community practice settings		1													
	(b)(i) Remove restrictions on adaptation policy									1			1			1
	(b)(ii) Changes to Standards/Limits/Conditions for injection authority								1		1	1				
	(b)(iii) Access to patient lab information			1			1					1		1		1
	(b)(iv) Advanced Pharmacist Practice (APP) certification.				1					1			1		1	1
4. STANDARDS	(a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency.					1	1	1	1							
	(b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards							1	1	1						
	(c) Develop standards for pharmacy workload					1	1	1								
	(d) Strengthen enforcement to improve compliance		1	1	1	1	1	1	1		1			1		1
	(e) Align CE requirements with evolving practice and standards			1		1				1	1			1		1
	(f) Prohibit tobacco products in premises where a pharmacy is located		1		1	1										
	(g) Prohibit use of loyalty programs related to the provision of pharmacy services					1										
5. TECHNOLOGY	(a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet database such that a more complete drug history is available for clinicians	1				1	1									1
	(b) Provide e-access to current and comprehensive drug information		1		1					1					1	
TOTAL		1	5	3	6	13	2	5	6	5	11	2	2	3	4	13	81

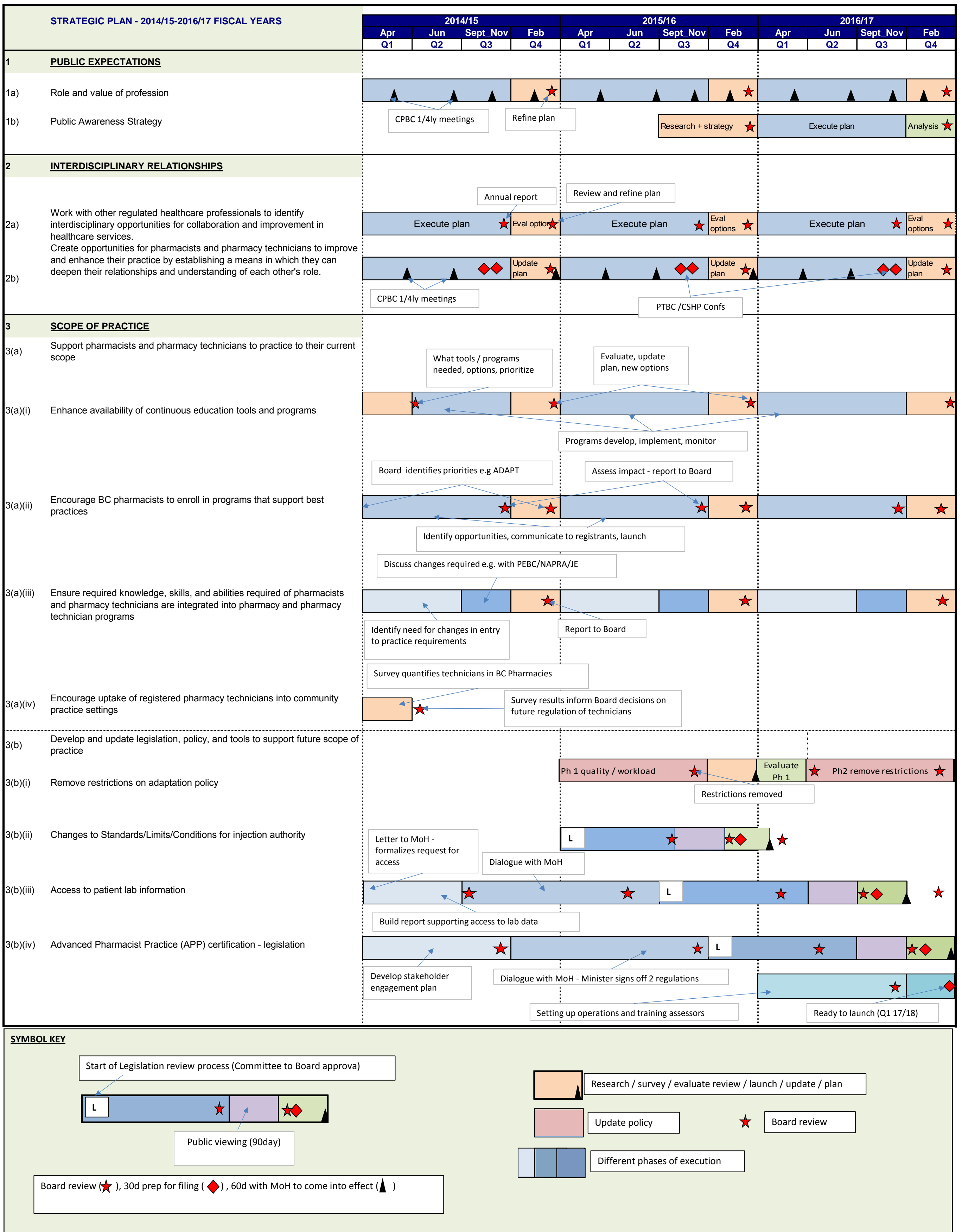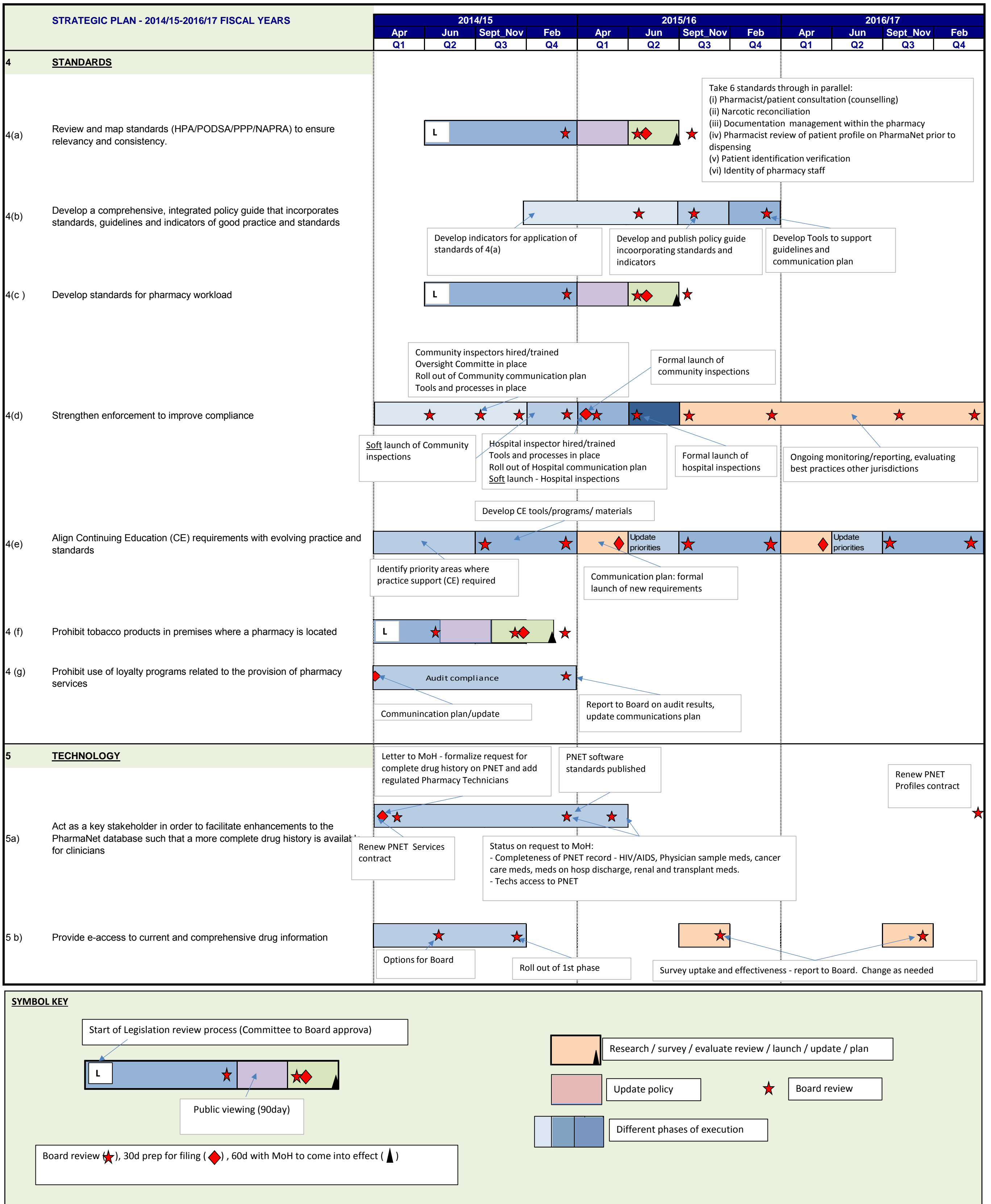| Total by year {blanced}	28	29	24

Higher numbers as aligned with fiscal planning cycle

1 — Ad-hoc board meeting e.g. teleconference for supporting legislation tasks (shown in same square as period of nearest regular Board meeting)
1 — Standard Board meetings

Summary of when milestone events will be reported out to the Board over the 3 years of the strategic plan.

INTEGRATED TIMELINE AND MILESTONE MAP

STRATEGIC PLAN - 2014/15-2016/17 FISCAL YEARS	2014/15				2015/16				2016/17			
	Apr	Jun	Sept_Nov	Feb	Apr	Jun	Sept_Nov	Feb	Apr	Jun	Sept_Nov	Feb
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

1   PUBLIC EXPECTATIONS

1a)   Role and value of profession

1b)   Public Awareness Strategy

- CPBC 1/4ly meetings
- Refine plan
- Research + strategy
- Execute plan
- Analysis

2   INTERDISCIPLINARY RELATIONSHIPS

2a)   Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.

Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can

2b)   deepen their relationships and understanding of each other's role.

- Annual report
- Review and refine plan
- Execute plan
- Eval options
- Update plan
- CPBC 1/4ly meetings
- PTBC /CSHP Confs

3   SCOPE OF PRACTICE

3(a)   Support pharmacists and pharmacy technicians to practice to their current scope

3(a)(i)   Enhance availability of continuous education tools and programs

- What tools / programs needed, options, prioritize
- Evaluate, update plan, new options
- Programs develop, implement, monitor
- Board identifies priorities e.g ADAPT
- Assess impact - report to Board

3(a)(ii)   Encourage BC pharmacists to enroll in programs that support best practices

- Identify opportunities, communicate to registrants, launch
- Discuss changes required e.g. with PEBC/NAPRA/JE

3(a)(iii)   Ensure required knowledge, skills, and abilities required of pharmacists and pharmacy technicians are integrated into pharmacy and pharmacy technician programs

- Identify need for changes in entry to practice requirements
- Report to Board
- Survey quantifies technicians in BC Pharmacies

3(a)(iv)   Encourage uptake of registered pharmacy technicians into community practice settings

- Survey results inform Board decisions on future regulation of technicians

3(b)   Develop and update legislation, policy, and tools to support future scope of practice

3(b)(i)   Remove restrictions on adaptation policy

- Ph 1 quality / workload
- Evaluate Ph 1
- Ph2 remove restrictions
- Restrictions removed

3(b)(ii)   Changes to Standards/Limits/Conditions for injection authority

- Letter to MoH - formalizes request for access
- Dialogue with MoH

3(b)(iii)   Access to patient lab information

- Build report supporting access to lab data

3(b)(iv)   Advanced Pharmacist Practice (APP) certification - legislation

- Develop stakeholder engagement plan
- Dialogue with MoH - Minister signs off 2 regulations
- Setting up operations and training assessors
- Ready to launch (Q1 17/18)

SYMBOL KEY

- Start of Legislation review process (Committee to Board approva)
- Public viewing (90day)
- Board review (★), 30d prep for filing (◆), 60d with MoH to come into effect (▲)
- Research / survey / evaluate review / launch / update / plan
- Update policy
- Board review
- Different phases of execution

INTEGRATED TIMELINE AND MILESTONE MAP

STRATEGIC PLAN - 2014/15-2016/17 FISCAL YEARS	2014/15				2015/16				2016/17			
	Apr	Jun	Sept_Nov	Feb	Apr	Jun	Sept_Nov	Feb	Apr	Jun	Sept_Nov	Feb
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

4 STANDARDS

4(a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency.

Take 6 standards through in parallel:
(i) Pharmacist/patient consultation (counselling)
(ii) Narcotic reconciliation
(iii) Documentation management within the pharmacy
(iv) Pharmacist review of patient profile on PharmaNet prior to dispensing
(v) Patient identification verification
(vi) Identity of pharmacy staff

4(b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards

Develop indicators for application of standards of 4(a)

Develop and publish policy guide incooporating standards and indicators

Develop Tools to support guidelines and communication plan

4(c) Develop standards for pharmacy workload

Community inspectors hired/trained
Oversight Committe in place
Roll out of Community communication plan
Tools and processes in place

Formal launch of community inspections

4(d) Strengthen enforcement to improve compliance

Soft launch of Community inspections

Hospital inspector hired/trained
Tools and processes in place
Roll out of Hospital communication plan
Soft launch - Hospital inspections

Formal launch of hospital inspections

Ongoing monitoring/reporting, evaluating best practices other jurisdictions

Develop CE tools/programs/ materials

4(e) Align Continuing Education (CE) requirements with evolving practice and standards

Update priorities

Update priorities

Identify priority areas where practice support (CE) required

Communication plan: formal launch of new requirements

4 (f) Prohibit tobacco products in premises where a pharmacy is located

4 (g) Prohibit use of loyalty programs related to the provision of pharmacy services

Audit compliance

Communincation plan/update

Report to Board on audit results, update communications plan

5 TECHNOLOGY

Letter to MoH - formalize request for complete drug history on PNET and add regulated Pharmacy Technicians

PNET software standards published

Renew PNET Profiles contract

5a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet database such that a more complete drug history is availab[le] for clinicians

Renew PNET Services contract

Status on request to MoH:
- Completeness of PNET record - HIV/AIDS, Physician sample meds, cancer care meds, meds on hosp discharge, renal and transplant meds.
- Techs access to PNET

5 b) Provide e-access to current and comprehensive drug information

Options for Board

Roll out of 1st phase

Survey uptake and effectiveness - report to Board. Change as needed

SYMBOL KEY

Start of Legislation review process (Committee to Board approva)

L

Public viewing (90day)

Board review (★), 30d prep for filing (◆) , 60d with MoH to come into effect (▲)

▢▲ Research / survey / evaluate review / launch / update / plan

▢ Update policy   ★ Board review

▢▢▢ Different phases of execution

Health System Strategy Consultation
Consultation

Minister's Mandate Letter commitment:

– *To review and recommend to Cabinet within eight months the priorities of a new government to ensure maximum value for taxpayers while providing maximum benefit to patients*

BRITISH
COLUMBIA

IMPROVE POPULATION HEALTH, ENHANCE PATIENT & PROVIDER EXPERIENCE OF CARE & REDUCE COSTS OF PROVIDING HEALTH CARE

POPULATION HEALTH
- Disease, injury & disability prevention
- Environmental health
- Emergency health management
- Health improvement

QUALITY CLINICAL SERVICES
- Effective
- Appropriate
- Safe
- Accessible
- Patient-centred

SUSTAINABLE PUBLICLY FUNDED HEALTH CARE SYSTEM
- Meet budget targets
- Value for money
- Efficient

SHIFTING INVESTMENT

CREATING VALUE

TRANSFORMING SERVICES

ENABLING TRANSFORMATION

EFFECTIVE HEALTH PROMOTION & PREVENTION

(X)

(1) Improve population health through all core public health programs and implement targeted health promotion and prevention initiatives to reduce the incidence of chronic disease.

INTEGRATED PRIMARY & COMMUNITY HEALTH CARE

(B)

(3) Implement an integrated model of primary and community care to more effectively meet the needs of British Columbians, especially frail seniors, patients with chronic conditions, maternity patients and patients with mental health and substance use issues.

HIGH QUALITY HOSPITAL SERVICES

(+)

(5) Implement a system-wide approach to improving the quality, safety and consistency of key clinical services through Clinical Care Management.

IMPROVING EFFICIENCY, PRODUCTIVITY & SUSTAINABILITY IN THE DELIVERY OF HEALTH SERVICES

PRODUCTIVITY & EFFICIENCY

(4) Use pay for performance models to increase access and efficiency in the delivery of health care services.

(6) Use Lean processes across the health sector to redesign and improve services and functions.

(8) Increase access to appropriate diagnostic imaging services.

(12) Optimize the use and cost effectiveness of drugs, equipment and supplies.

(18) Improve quality and achieve sustainability in the delivery of laboratory services.

(19) Increase access to care through improved patient flow within hospitals and between hospitals and communities.

PHYSICIANS & HEALTH HUMAN RESOURCES

(9) Implement a Health Sector Human Resource strategy to improve clinical care and productivity.

(16) Strengthen assessment and support for performance of medical professionals.

IM/IT

(17) Implement information management / information technology strategic planning and enterprise architecture programs.

SYSTEM ACCOUNTABILITY & ALIGNMENT

(15) Optimize governance, leadership and operational and change management capacity.

6. Robbery Prevention Working Group

DECISION REQUIRED

At the November 22, 2013 Board meeting the Board approved the Terms of Reference for the Robbery Prevention Working Group that proposed the following composition:

- 1 member from the Vancouver Police Department
- 1 member from the Surrey RCMP
- 1 member from the BC Pharmacy Association
- 3 members from registrants, of which at least one is from the Community Pharmacy Advisory Committee
- 1 member with experience in loss prevention
- 1 board member (to Chair the committee)
- 2 college staff support

The Board then delegated the appointment of the committee members to the Registrar in consultation with the Board Chair. The following appointments were made and are provided for your information in the attached document.

The committee membership still requires a volunteer from the Board to Chair this committee. The Board is requested to consider this appointment now.

ROBBERY PREVENTION WORKING GROUP

Proposed Membership

Current Organization	Name & Title	Bio
Vancouver Police Department (VPD)	Stephen Thacker Team Leader General Investigations Unit	As a member of the VPD Robbery Assault Unit and as First responder, he was responsible to investigate a wide range of crimes such as: serious assaults, bank robberies, kidnappings and attempted murders. In the Professional Standards Section he was responsible for investigation of public complaints against police members. The General Investigation Unit was responsible to investigate serious threats, purse snatchings, and convenience store and pharmacy robberies. He has 15 years of experience supervising the loss prevention program for a major retailer prior to joining the VPD. VPD considers target hardening and loss prevention as an integral part of policing.
Surrey Royal Canadian Mounted Police (RCMP)	Carl Garlinski Constable	Professional expertise with certain illicit and illicitly used drugs. Is familiar with some of the security challenges faced by local pharmacies, including robberies. Is cognizant of standard police robbery response and prevention. Primary responsibility for response to 911 calls which included Robberies, Thefts, Assaults and Disturbances in areas that include the street known as "The Strip" on 135A Street, infamous as an "open air" drug market.
Glencourt Distributors (Safeway Central Fill) Current member	Fady Moussa Pharmacy Manager	Pharmacy manager since 2007; in 2009 he was robbed under gunpoint 3 times for Oxycontin. Managed the pharmacy during and after the robberies, dealing the RCMP and head Phone security. Believes that his experience acquired during the robberies will be of benefit to the Pharmacy Security Working Group. Is a member of the College of Pharmacists Community Advisory Committee.

Current Organization	Name & Title	Bio
BC Pharmacy Association	Bryce Wong Manager of Pharmacy Practice Support	In his current position, he is accountable for supporting and advancing the professional role of the association's members. His role has allowed him to represent the interests of pharmacists in a number of practice areas including: prescription adaptations, immunizations and medication review services. He has regular contact with pharmacists to provide support for current issues such as payer and regulatory compliance. Through the robbery prevention working group he hopes to gain an understanding of the current issues facing pharmacies and pharmacists related to robbery and to help the association contribute to meaningful change.
Remedy Rx Pharmacy	Brad Davie Manager, Owner and Regional Director Glover Remedy Rx Pharmacy	At Glover Remedy's Rx pharmacy he experienced two armed robberies and a break in and entry after hours. He was interviewed by the joint task force involving the BC Pharmacy Association, RCMP, College of Pharmacists and Simon Fraser University that subsequently produced the 2010 Pharmacy Robbery Guidelines. He has implemented prevention systems and created policies and procedures to maximize personnel and public safety while minimizing loss to diversion in the event of a robbery. His experiences helped him optimize post robbery strategies to facilitate police investigation and ensure personnel and public safety after the incidents. He looks forward to sharing his experiences with the College of Pharmacists of BC to benefit other pharmacies and personnel. He hopes this opportunity will improve his knowledge of how to make pharmacies safer.

Current Organization	Name & Title	Bio
Pharmasave	Parveen Mangat Pharmacy Innovation Coordinator, Pharmasave	As the Pharmacy Innovation Coordinator for Pharmasave she supports 130 plus pharmacies across the province and supports Pharmasave pharmacists with the daily operational challenges they encounter. She has regularly guest lectured for the Canadian Pharmacy Practice Programme students at UBC and has participated on various committees, including the Clinical Services Committee (2010-2012). She is also an active volunteer in her community, working with the South Surrey/White Rock Hospice Society since 2009. Has gained a wide variety of experience in community pharmacy practice by working for independent and corporate pharmacies in Northern BC and the Lower Mainland. Would like to participate in the working group to share her experience to date networking with the VPD and her experience with Pharmasave stores who have been the victims of robberies.
Shoppers Drug Mart	David Toner Loss Prevention Coordinator	Has twenty years of experience in retail security and is currently responsible for Loss Prevention for Shoppers Drug Mart in the BC and the Yukon. Has experience with internal investigations, security audits, risk assessments and is responsible for all facets of physical security for SDM stores.

Current Organization	Name & Title	Bio
College of Pharmacists of BC	Suzanne Solven Deputy Registrar	n/a
College of Pharmacists of BC	George Budd Inspector/Complaints Resolution Investigator	n/a
College of Pharmacists Board Member (Chair)		n/a

7. Amendment to PPP3 Pharmacy References

DECISION REQUIRED

Professional Practice Policies

Amendments to PPP-3 Pharmacy References [Follows]

The College received feedback that pharmacies should not be required to have a veterinary drug reference if they do not dispense veterinary prescriptions. This policy was reviewed for feedback by the College inspectors and referred for discussion to the Community Pharmacy Advisory Committee (CPAC). At their meeting on November 19th, 2013, the CPAC reviewed the current policy and feedback and is recommending that Professional Practice Policy #3 be revised as follows:

- Remove "Veterinary Drug Reference" and address "specialty" practices in the general "disclaimer" by including illustrative examples such as veterinary, psychiatric and geriatric practices.

In addition, Professional Practice Policy #3 has been revised to reflect the changes to the titles of the following references as follows:

- "Patient Self-Care" renamed as "Therapeutic Choices for Minor Ailments"
- "Compendium of Self-Care Products" renamed as "Products for Minor Ailments"

Recommendation:

That the Board approve the amendments to Professional Practice Policy-3 Pharmacy References as Presented (attached).

POLICY STATEMENT(S):

All community pharmacies are required to have the most current versions of the BC Pharmacy Practice Manual. The CPBC ReadLinks is an exception, as only the most recent three years must be retained.

Please ensure that all documents are current and readily accessible within the dispensary.

To obtain copies of the BC Pharmacy Practice Manual and CPBC ReadLinks, please contact the College office for an order form or access our website at www.bcpharmacists.org.

Electronic Database References

Electronic database references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive as the printed version and meet the same updating requirements.

Residential Care Homes and Facilities References

Pharmacies providing service to licensed residential care facilities and homes must obtain a minimum of one reference applicable to geriatric residents or to psychiatric care residents, as appropriate to the pharmacy's service area.

Suppliers / Sources

Pharmacy reference texts can be obtained from several sources. The College is aware of the following suppliers of the required references:

BC Drug & Poison Information Centre (DPIC) Tel: 604.682.2344 Ext. 62126	**Login Bros. Canada** Tel: 403.246.1963 Toll Free: 800.665.1148 Website: www.lb.ca
BC Pharmacy Association Tel: 604.261.2092 Toll Free: 800.663.2840 Website: www.bcpharmacy.ca	**Pharma Systems Inc.** Toll Free: 888.475.2500 Website: www.pharmasystems.com
Canadian Pharmacists Association Toll Free: 800.917.9489 Website: www.pharmacists.ca	**Therapeutic Research Facility** Tel: 209.472.2240 Website: www.naturaldatabase.com
Harcourt Canada Tel & Fax: 416.255.4491 Toll Free: 800.387.7278 Website: www.harcourt.com	**UBC Health Sciences Bookshop** Tel: 604.875.5588 Toll Free: 800.665.7119 Website: www.hsb.bookstore.ubc.ca

All community pharmacies at a minimum must have one of the following authorized library references in each of the categories listed as per PODSA Bylaw 3(2)(w).

CATEGORY	VERSION	TEXT	ELECTRONIC FORMATS
COMPENDIUM	Current year	1. Compendium of Pharmaceuticals and Specialties	1. www.pharmacists.ca - e-CPS
COMPLEMENTARY / ALTERNATIVE	Within the last 4 years	1. Stockley's Herbal Medicines Interactions 2. Natural Medicines Comprehensive Database 3. Herbal Medicines – Pharmaceutical Press - MedicinesComplete.com	1. www.MedicinesComplete.com 2. www.naturaldatabase.com 3. www.lexi.com - Lexi-Naturals 4. www.ipharmacist.com 5. www.Micromedex.com - AltMedDex
DISPENSATORY	Within last 9 years	1. Martindale - The Complete Drug Reference. **(**Published every 3 years)	1. www.MedicinesComplete.com 2. www.lexi.com Lexi-drugs 3. www.ipharmacist.com
DRUG INTERACTIONS	In its entirety every 2 years, or continual updates	1. Stockley's Drug Interactions 2. Hansten and Horn's Drug Interactions Analysis and Management. St. Louis: Facts and Comparisons; continual updates 3. Drug Interaction Facts (Tatro). St. Louis: Facts and Comparisons	1. www.MedicinesComplete.com 2. www.factsandcomparisons.com 3. www.lexi.com - Lexi-Interact 4. www.ipharmacist.com 5. www.Micromedex.com – Drug-Reax
NONPRESCRIPTION MEDICATION * Both references required	Most current issue	1. ~~Therapeutic Choices For Minor Ailments (formerly called~~ Patient Self-Care~~). (PSC). Ottawa: Canadian Pharmacists Association~~ 2. ~~Products for Minor Ailments (formerly called~~ Compendium of Self-Care Products~~). (CSCP). Ottawa: Canadian Pharmacists Association~~	1. www.pharmacists.ca - e-Therapeutics (suite)
MEDICAL DICTIONARY * Those listed or any equivalent professional medical dictionary	Within the last 15 years	1. Dorland's Illustrated Medical Dictionary 2. Dorland's Pocket Medical Dictionary 3. Stedman's Medical Dictionary 4. Stedman's Medical Dictionary-Health Professions and Nursing 5. Tabor's Medical Dictionary	1. www.dorlands.com 2. www.ipharmacist.com
PREGNANCY AND LACTATION	Within the last 3 years	1. Drugs in Pregnancy and Lactation by Briggs 2. Drugs during Pregnancy and Lactation by Christof Schaefer 3. Medications and Mother's Milk by Thomas Hale	1. www.lexi.com - Lexi-Pregnancy and Lactation 2. www.ipharmacist.com
PEDIATRICS	Within the last 4 years	1. Pediatric Dosage Handbook. (Taketomo) Hudson: Lexi-Comp Inc. 2. British Columbia's Children's Hospital Pediatric Drug Dosage Guidelines. (Vancouver)	1. www.lexi.com - Lexi-Pediatric Drugs 2. http://edreg.cw.bc.ca/BookStore/public/bookstore/ 3. www.ipharmacist.com
THERAPEUTICS	Within last 4 years	1. Therapeutic Choices. Ottawa: Canadian Pharmacists Association	1. www.pharmacists.ca – e-Therapeutics
~~VETERINARY DRUG REFERENCE~~	~~Within last 6 years~~	1. ~~Merck Veterinary Manual~~	1. ~~www.merckvetmanual.com/mvm/index.jsp~~
DISCLAIMER	In addition to the above list, pharmacies must be equipped with references relevant to their practices. (e.g. Veterinary, Psychiatric, Geriatric.)		

POLICY STATEMENT(S):

All hospital pharmacies and hospital pharmacy satellites must be equipped with a reference library of current references relevant to medication compounding, dispensing and/or preparation of medication orders, and current patient-oriented references for the provision of patient-oriented pharmacy services.

Pharmacist Training in Canada: Postcards from the Future

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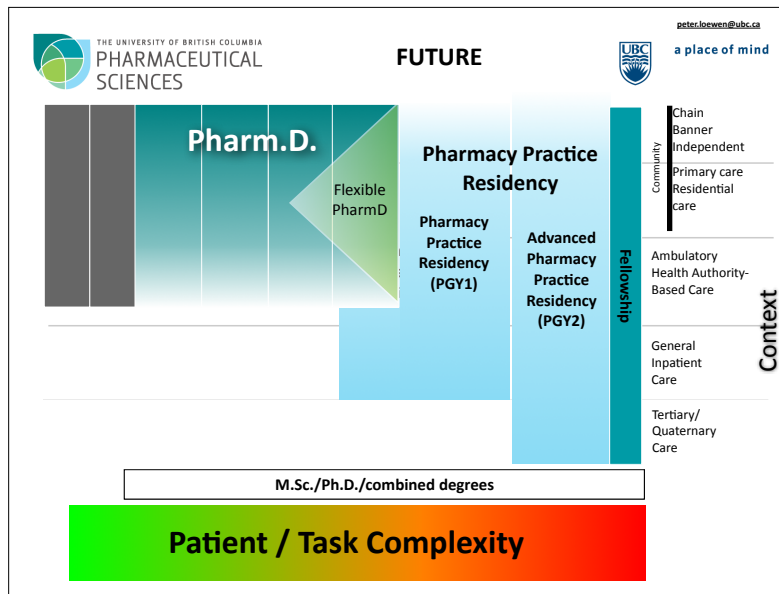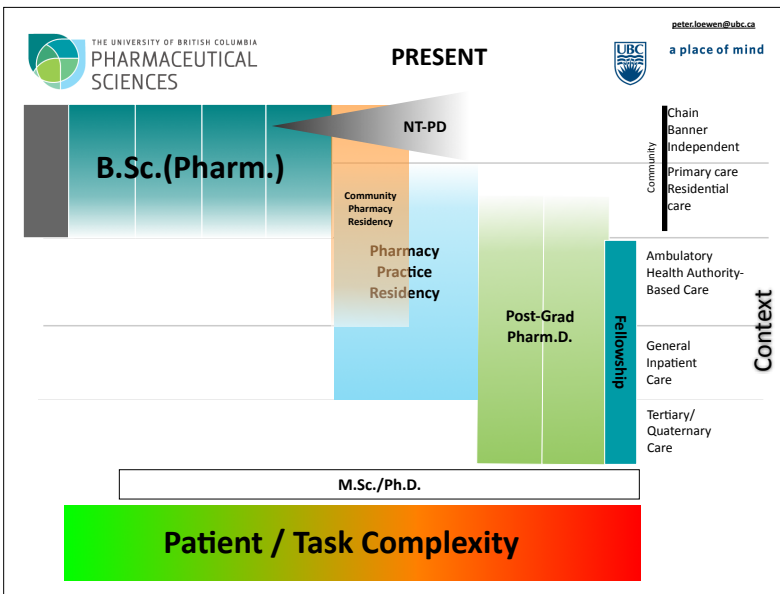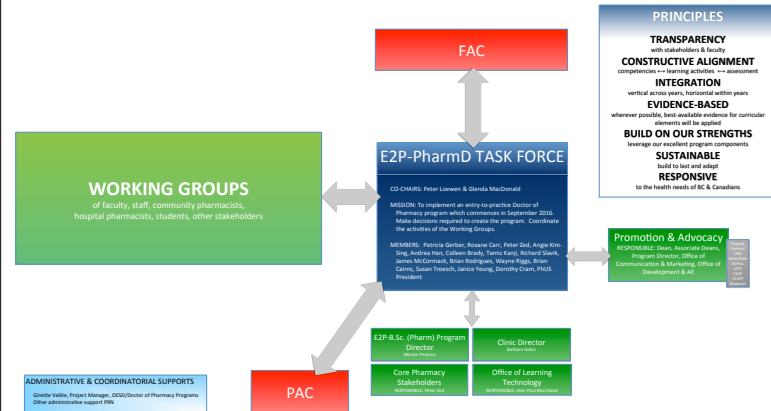
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THE UNIVERSITY OF BRITISH COLUMBIA
PHARMACEUTICAL SCIENCES

FUTURE

UBC | a place of mind

Pharm.D.

Flexible PharmD

Pharmacy Practice Residency

Pharmacy Practice Residency (PGY1)

Advanced Pharmacy Practice Residency (PGY2)

Fellowship

Community — Chain / Banner / Independent; Primary care / Residential care

Ambulatory / Health Authority-Based Care

General Inpatient Care

Tertiary/ Quaternary Care

Context

http://www.pharmacy.ubc.ca/programs/flexpharmd

M.Sc./Ph.D./combined degrees

Patient / Task Complexity

Slide 2 (top-right)

high school student

1st year U. student

current pharmacy student

employers

other professions

professional associations

Government

AEIT Health

CCAPP AFPC

licensing bodies

PERSPECTIVES

residency-trained pharmacists

practice educators

universities

pharmacists with NT-PharmD vs. PG-PharmD

health programs UBC

faculty

hospital pharmacists

community pharmacists

with PharmD   no PharmD

with PharmD   no PharmD

Slide 3 (bottom-left)

THE UNIVERSITY OF BRITISH COLUMBIA
PHARMACEUTICAL SCIENCES
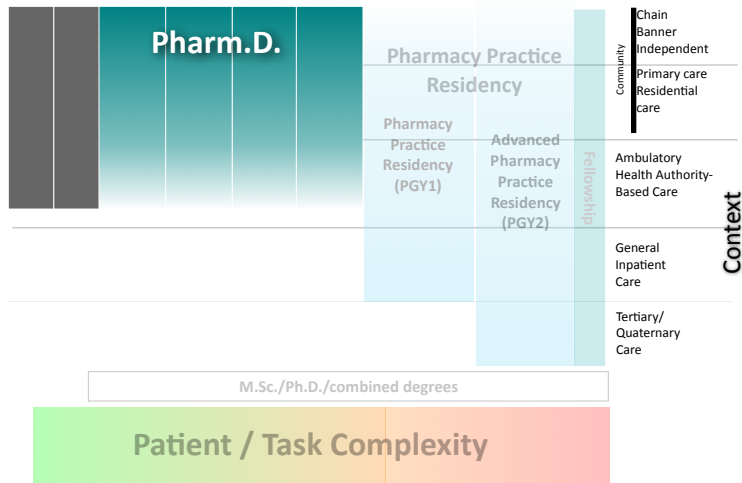
UBC Entry-To-Practice Doctor of Pharmacy Program (E2P-PharmD)
Program Overview

Anatomy of a Medication Management Module

Future modules
Future years

CV MODULE: Heart Failure

Epidemiology → Pathophysiology → Patient Assessment [S&Sx, Diagnosis, Physical/Interview, Labs, other tests] → Staging/Severity

Therapy

Professional Identity

Patient Preferences / Special populations

Non-pharmacologic approaches

Drug delivery
Med Chem
Pharmacology
Evidence appraisal

Choose → Implement → Monitor Therapy

INTEGRATION ACTIVITIES

Simulations
Interprofessional encounters
Practice labs
Group learning
Clinic
IPPEs/APPEs

ASSESS

Maximize use of contexts
Large group, small group, practice lab, virtual patients, human patient simulators, independent study, online modules, real patients

Prior modules
Prior years

UBC | a place of mind

Slide 4 (bottom-right)

COMPETENCIES

CARE PROVIDER

COMMUNICATOR

COLLABORATOR

MANAGER

ADVOCATE

SCHOLAR

PROFESSIONAL

PY1   PY2   PY3   PY4

AFPC 2010

Slide 1

COMPETENCIES

E2P PHARM.D.

| | PGY1 RESIDENCY | PGY2 RESIDENCY | FELLOW-SHIP |

Care Provider
Communicator
Collaborator
Manager
Advocate
Scholar
Professional

PY1 PY2 PY3 PY4

AFPC
CCAPP

Care Provider
Improve Med Use Systems
Educator
Researcher Scholar
Manage Own Practice

Leader

CHPRB   CHPRB ASHP   ACCP

Patient / Task Complexity

Slide 2

Transformation Matrix
Creating new programs, transitioning existing programs.

	Sep 2011	Sep 2012	Sep 2013	Sep 2014	Sep 2015	Sep 2016	Sep 2017	Sep 2018	Sep 2019	Sep 2020
B.Sc.(Pharm)	Y1 Y2 Y3 Y4	Y1 Y2 Y3 Y4	Y1 Y2 Y3 Y4	Y1 (last) Y2 Y3 Y4	Y2 Y3 Y4	Y3 Y4	Y4 Last grads May 2018			
E2P PharmD					PY1	PY1 PY2	PY1 PY2 PY3	PY1 PY2 PY3 PY4 1st Grads May 2019	PY1 PY2 PY3 PY4	PY1 PY2 PY3 PY4
PG PharmD										
Flex PharmD										
PGY1 Residency										
PGY2 Residency										
Fellowship, MSc, PhD, Combined Degrees										

Slide 3

| About Us | Programs + Admissions | Research | Practice Innovation | Alumni + Donors | Careers |

E2P PharmD FAQ and Feedback

Calendar ▸

Quick Links
- News
- Events Calendar
- Pharmaceutical Sciences Analytical Suite (PSAS)
- Story of Medicines
- Student Societies
- Discover Magazine
- CPPD
- OEE
- AGILE
- Start an evolution
- UBC Library: Pharmacy
- Safety Committee
- Blueprint for Pharmacy

The UBC Entry-to-Practice (E2P) PharmD Task Force and Working Groups have been working hard to create our next E2P program for pharmacists. Over 75 faculty, students, staff, and practicing pharmacists continue to contribute to the program development effort. Some highlights of the new program will include:

- **4 years** of pharmacy training following at least 2 years of pre-pharmacy coursework
- an approximate doubling of the amount of **experiential learning**, scheduled throughout all year levels
- enhanced **interprofessional** learning opportunities
- a curriculum which develops patient care skills by integrating knowledge across the

http://www.pharmacy.ubc.ca/programs/e2ppharmd

Slide 4

| About Us | Programs + Admissions | Research | Practice Innovation | Alumni + Donors | Careers |

Flexible PharmD FAQ and Feedback

Calendar ▸

Quick Links
- News
- Events Calendar
- Pharmaceutical Sciences Analytical Suite (PSAS)
- Story of Medicines
- Student Societies
- Discover Magazine
- CPPD
- OEE
- AGILE
- Start an evolution
- UBC Library: Pharmacy
- Safety Committee
- Blueprint for Pharmacy

UBC's Faculty of Pharmaceutical Sciences is planning to launch a Flexible Doctor of Pharmacy (PharmD) program, subject to University, Ministry of Advanced Education, and Ministry of Health approvals. The information provided here is preliminary, and subject to change as the program is designed and implemented. The answers contained in our FAQ reflect the intentions for program design and reflect neither commitments nor guarantees.

http://www.pharmacy.ubc.ca/programs/flexpharmd

9. Quality Assurance Committee (QAC)

DECISION(S) REQUIRED

a) Update

Issue	Progress/Decisions
Naming the New Inspection Program At their meeting on January 29th, 2014, the QAC reviewed the proposed names for the new inspectorate. All communications moving forward will use the updated nomenclature to help reinforce consistency in messaging.	• Program name: Practice Review Program (PRP) • College Committee: Practice Review Committee • Review of the Site : Pharmacy Review • Review of the pharmacist/pharmacy technician: Pharmacy Professionals' Review • Reviews to be conducted by: Compliance Officers
CE-PLUS Subcommittee Updates The CE-Plus Subcommittee met on January 28th 2014. The agenda included completing a review of the registrant survey feedback in order to provide recommendations to the QAC for improving the CE-Plus tool and process. The QAC met on January 29th, 2014 and accepted all the recommendations.	• Change the Self-Assessment from a mandatory tool to an optional tool • Reduce the number of questions on the Learning Record Form • Change the functionality of the PDAP Portal to increase ease of use • Update support tools (Tutorial/Learning Record Examples) to ensure ease and currency
Practice Review Cycle The QAC met on January 29th, 2014. The agenda included determination of the practice review cycle and they considered the following in making their recommendation: • Current status of inspections • An environmental scan of review cycles of other regulatory and accreditation bodies for best practices • Feasibility for CPBC • Impact on pharmacies/pharmacy professionals	• All pharmacies, and all pharmacists and pharmacy technicians at a pharmacy site will be reviewed on a 6 year cycle.

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

Issue	Progress/Decisions
Prior Exemptions from KA Exam/PDAP The QAC met on January 29th, 2014. The agenda included determination whether prior exemptions from the KA and PDAP will apply to the Pharmacy Professionals Review. The QAC considered the following in making their recommendation: • Review of correspondence with registrants regarding prior exemptions • Comparison of KA with pharmacy professionals review • Practicality of administration/tracking • CPBC mandate to protect public	• Once in effect, the Pharmacy Professionals' Review will apply to all full pharmacists and pharmacy technicians at a pharmacy site.
Registrant Database Registrant categories such as "other" and "Unknown" are not descriptive or specific enough to determine a registrant's actual practice.	• Requested staff to review and classify all registrants in the "Unknown" and "Other" category • Requested staff to work with IT & registration departments to ensure database accurately captures registrants' practice
Reviewing Pharmacy Professionals in Hospitals and Unique Practices The Board has approved a staged approach to launching pharmacy professionals' reviews beginning with addressing the majority of registrants through community pharmacy, then hospital practice and finally those in other unique practices.	• Presentation at AGM/CHSP in November to provide information regarding Board direction on the Practice Review Program • Thoughtstream survey launched in December to collect registrant feedback on proposed program and application to unique practice types

Board Decision:

Issue	Progress/Decision
Terms of Reference for Practice Review Com. At their meeting on January 29th, 2014, the QAC reviewed a draft Terms of Reference for the Practice Review Committee as a recommendation for approval by the Board at their February meeting.	• For Board approval: Terms of Reference for the Practice Review Committee **(Appendix 1)**

RECOMMENDATION:
That the Board approve the Terms of Reference for the Practice Review Committee as presented (App 1)

PRACTICE REVIEW (PR) COMMITTEE TERMS OF REFERENCE
DRAFT

Background

The Board has established the Practice Review Committee to develop and maintain the Pharmacy Review and the Pharmacy Professionals' Review components of the Practice Review Program (PRP).

Authority

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

Mandate

To monitor and enforce standards of practice to enhance the quality of pharmacy care for British Columbians.

Responsibilities

- Develop and update the PRP processes and policies for approval by the Board as required including but not limited to processes and policies that:

  - outline the Pharmacy Review component;
  - outline the Pharmacy Professionals' Review component;
  - outline follow-up and remediation.

- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.

- Liaise with the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.

- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.

Reporting relationship

The committee reports to the Board and must submit a report of its activities to the Board annually.

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board.

- At least 1 of its members must be a public member.

Panels

The committee may meet in panels of 3 persons which must include at least 1 public representative.

The Practice Review Committee must appoint the members of a panel and must designate a chair for each panel.

The panel may exercise any power, duty or function of the Practice Review Committee.

Term of appointment

Initial appointments by the Board are for one or two year terms, in order to ensure continuity of committee membership. Subsequent terms of appointment must not exceed two years. Members are eligible for reappointment by the Board but may not serve more than three consecutive terms.

A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.

Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

The committee members will recommend to the Board the appointment of a chair and vice-chair from amongst the committee's members for a term of one year. The committee members will recommend to the Board the appointment of new committee members as vacancies or extraordinary needs arise.

Voting rights

Each committee member, including the public representative, is entitled to one vote on all matters coming before the committee.

Meeting procedures

Schedule: As required to fulfill its mandate and responsibilities.

Format: In person or by teleconference.

Agenda: Developed by College staff in consultation with the committee chair with input from committee members.

Attendees: Only Practice Review (PR) Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee chair as a guest.

Quorum: A simple majority of the committee.

Minutes: Drafted by College staff for review and approval at next committee meeting; 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 prior to the discussion of individual files or 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 committee member must sign a confidentiality agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the committee.

Remuneration

Committee members may claim honoraria and expense reimbursement in accordance with the Board's policy and guidelines for claiming committee expenses.

Amendment to terms of reference

The Board may amend committee terms of reference at any time and from time to time.

b) Quality Assurance / Registration Committee Policies

BACKGROUND:

At their February 2013 Board meeting, the Board directed the Quality Assurance Committee (QAC) to develop an assessment component to replace the Knowledge Assessment (KA) exam. The KA Exam was not eliminated at that point as it was also utilized for reinstatement purposes. In anticipation of eliminating the KA Exam, the Board directed the Registration Committee to review and make recommendations regarding the potential of incorporating structured practical training or SPT (internship) requirements for reinstatement and minimum practice hours for registration renewal.

The Registration Committee met on May 29th, 2013, reviewed the environmental scan of minimum practice hour requirements across Canada, considered the requirements for continuing competency currently in place and noted that there isn't any statistical basis by which there should be changes to the current reinstatement requirements (i.e. Inquiry/discipline data). Based on this, the Registration Committee recommended to the Board that changes to the current registration renewal requirements related to minimum practice hours and changes to the current reinstatement requirements are not required.

At the September 2013 Board meeting, the Board re-stated their intent to eliminate the KA Exam and directed the Registration Committee to re-consider implementing minimum practice hours for registration renewal and SPT requirements for reinstatement.

The Registration Committee met again on October 17th, 2013 and reconfirmed their recommendation to the Board that changes to the current registration renewal requirements related to minimum practice hours are not required and that the Knowledge Assessment and SPT hours not be required for reinstatement less than 6 years.

The Registration Committee recommendations were based on the following:

- The proposed pharmacy review and pharmacy professionals review process is on a 3-5 year cycle which is significantly more stringent/frequent than the Knowledge Assessment (KA) cycle which was every 10 years and that there is no data to support that minimum practice hours would affect the outcomes on the KA or patient care outcomes; therefore not requiring the KA for reinstatement would be acceptable,
- The requirement of minimum practice hours across Canada varies across the provinces; 6 of 10 provinces require minimum practice hours however the number of hours varies; it is not necessarily the number of hours as compared to the depth and breadth of the practice experience,
- The literature supports the fact that knowledge and skills decay occurs at 5-6 years from ceasing practice and there are already in place SPT requirements for reinstatement applicants if out of practice for 6 years or more; currently registrants are given an exemption from participating in PDAP for 6 years after successful completion of the OSCE/OSPE and the proposed site visit/peer review process is 3-5 years which is more stringent that the 6 year cycle.

The QAC reviewed the Registration Committee's motion at their November 2013 QAC meeting and directed staff to conduct an environmental scan **(Appendix 1).** The QAC met on January 29th, 2014, and based upon review of the environmental scan of PRA requirements and the Registration Committee's rationale, made the following recommendations to the Board:

- Remove the requirement for successful completion of the KA exam prior to reinstatement
- Direct the Registrar to review and recommend a framework for the addition of minimum practice hours for registration renewal and SPT requirements for reinstatement. Some of the considerations are as follows*:
    - All registrants on the Full Pharmacist/pharmacy technician registration category complete minimum practice hours of 400 hours over a 2 year period to remain on the Full Pharmacist/pharmacy technician registration category
    - Registrants on the Non-practicing registration category and/or former status for less than 2 years must complete CE requirements prior to reinstating to Full Pharmacists/pharmacy technician registration category.
    - Registrants on the Non-practicing registration category and/or former status for 2 years and over, but less than 6 years must complete CE requirements and a 160hour period of SPT prior to reinstating to the Full Pharmacist/pharmacy technician registration category.

  * Note: these recommendations require bylaw revisions and will be required to go through the legislation approval process.

The QAC discussed the factors below in making the above recommendations:

- The KA exam is a theoretical marker for knowledge rather than practice competency
- The Board provided direction to consider an alternative assessment tool for registrants and suspended the use of the KA exam
- The rate of change in the profession and practice has accelerated to the point that minimum practice hours and SPT are better ways for the College to ensure the public that a registrant should reinstate or renew
- The concept of minimum practice hours is aligned with 6 of the 10 provinces and internship requirements are aligned with 6 of the 10 provinces (although there is variation amongst provinces depending on the number of years not in practice).
- A minimum of 500 hours of SPT is required for International pharmacy graduates (IPGs) to initially register as full pharmacists

Board DECISIONS:

RECOMMENDATIONS:

Reinstatement /KA Exam

That the Board:
Approves the Quality Assurance Committee policy for reinstatement applicants as follows:
Pharmacists/pharmacy technicians who have been on the Non-practicing registration category and/or Former status for greater than 90 days but less than 6 years are not required complete the KA exam prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.

Reinstatement/CE-Plus

That the Board:
Approves the Quality Assurance Committee policy for reinstatement applicants as follows:
Pharmacists/pharmacy technicians who have been on the Non-practicing registration category and/or Former status must complete the CE requirements prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.

Reinstatement/CE-Plus /SPT

That the Board:
Directs the Registrar to review and recommend a framework to the Board at their November 2014 meeting for incorporating a period of SPT as a reinstatement requirement for Pharmacist/pharmacy technician Registrants on the Non-practicing registration category and/or former status.

Registration Renewal/Minimum Practice Hours
That the Board:
Directs the Registrar to review and recommend a framework to the Board at their November 2014 meeting for incorporating minimum practice hours to remain on the Full Pharmacist/pharmacy technician registration category.

PRA Environmental Scan

Do you have a two part register (ex. patient care/non-patient care)?

Yes	No
Nova Scotia College of Pharmacists (NSCP)	Newfoundland & Labrador Pharmacy Board (NLPB)
Manitoba Pharmaceutical Association (MBPA)	Prince Edward Island Pharmacy Board (PEIPB)
Ontario College of Pharmacists (OCP)	Alberta College of Pharmacists (ACP)
Saskatchewan College of Pharmacists (SCP)	Order of Pharmacists of Quebec (OPQ)
New Brunswick Pharmaceutical Society (NBPS)	College of Pharmacist of BC (CPBC)

Do you have minimum practice hours required to be on the 'patient care/full/practising' register?

Yes	No
NSCP • No minimum hours • must declare that they have practiced "enough direct patient care in the previous two years to maintain their competency" as part of their annual license renewal	ACP
NLPB • 420 hours over 2 years	SCP
MBPA • 400 hours over 2 years	OPQ
PEIPB • 350 hours per year or • 950 hours over 5 years	CPBC
OCP • 600 hours over 3 years	
NBPS • 400 hours over 2 years	

What are the requirements to return to the 'patient care/full/practising' register (ex. OSCE, continuing education, assessment, etc.) if a registrant has been off of it?

Province	Requirements

NSCP	• Less than 2 years
	    o 140 hours of practice experience for each year; or
	    o successfully complete the structured practice experience
	• More than 2 years, less than 5 years
	    o Satisfaction of the Council's requirements for continuing competence
	    o attainment of competence in jurisprudence
	    o completion of 140 hours of practice experience for each year or part of year that the registrant was last licensed (max = 560 hours)
	• More than 5 years
	    o Satisfaction of the Council's requirements for continuing competence
	    o attainment of competence in jurisprudence
	    o structured practice experience
	    o examination to assess required professional competencies

NLPB	• Less than 2 years
	    o 15 CEU credits
	• More than 2 years, less than 5 years
	    o One month internship
	    o NLPB Registration Examination
	    o 15 CEU credits
	• More than 5 years
	    o One month internship
	    o Part 2 of PEBC Qualifying Examination
	    o re-writing of NLPB Registration Examination
	    o 15 CEU credits

MBPA	• Less than 3 years
	    o 600 hour supervised internship in a patient care setting using the Competency Assessment Tool (CAT)
	• Between 3 – 10 years
	    o Complete 600 hour structured internship
	    o Jurisprudence examination
	    o Complete 3 times the amount of Professional Development
	• 10 years or more
	    o Complete 3rd year clinical pharmacy courses and OPSL 3 Skills Lab
	    o PEBC Part II
	    o 600 hour structured internship
	    o Jurisprudence Exam

PEIPB	• Less than 2 years
	    o CE Requirements
	• 2 years
	    o Jurisprudence exam
	• Over 3 years
	    o PEBC

Province	Requirements
ACP	- Less than 2 years - CE requirements - Between 2 and 5 years - min of 200 hours of structured practical training - jurisprudence exam - Over 5 years - min of 500 hours of structured practical training - jurisprudence exam - PEBC qualifying Exam - Part II only if they were previously PEBC certified - Part I and Part II if not previously certified
OCP	- Less than 3 years - Peer Review - More than 3 years - JE
NBPS	- Less than 3 years - CE - More than 3 years - CE - internship
OPQ	- Less than 5 years = none - More than 5 years 200 to 300 hours of training
SCP	- CE - Clinical Knowledge Examination and Performance Review
CPBC	- Less than 6 years - CE - KA Exam (under review) - More than 6 years - OSCE

Do requirements differ depending on length of time off 'patient care/full/practising' register?

Yes	No
NSCP	SCP
NLPB	
MBPA	
PEIPB	
ACP	
NBPS	
OPQ	
CPBC	
OCP	

Board DECISIONS:

RECOMMENDATIONS:

Reinstatement /KA Exam

That the Board:
Approves the Quality Assurance Committee policy for reinstatement applicants as follows:
Pharmacists/pharmacy technicians who have been on the Non-practicing registration category and/or Former status for greater than 90 days but less than 6 years are not required complete the KA exam prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.

Reinstatement/CE-Plus

That the Board:
Approves the Quality Assurance Committee policy for reinstatement applicants as follows:
Pharmacists/pharmacy technicians who have been on the Non-practicing registration category and/or Former status must complete the CE requirements prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.

Reinstatement/CE-Plus /SPT

That the Board:
Directs the Registrar to review and recommend a framework to the Board at their November 2014 meeting for incorporating a period of SPT as a reinstatement requirement for Pharmacist/pharmacy technician Registrants on the Non-practicing registration category and/or former status.

Registration Renewal/Minimum Practice Hours
That the Board:
Directs the Registrar to review and recommend a framework to the Board at their November 2014 meeting for incorporating minimum practice hours to remain on the Full Pharmacist/pharmacy technician registration category.

| 10 (a) | Summary of Audit Plan for 2013/14 Fiscal Year | |
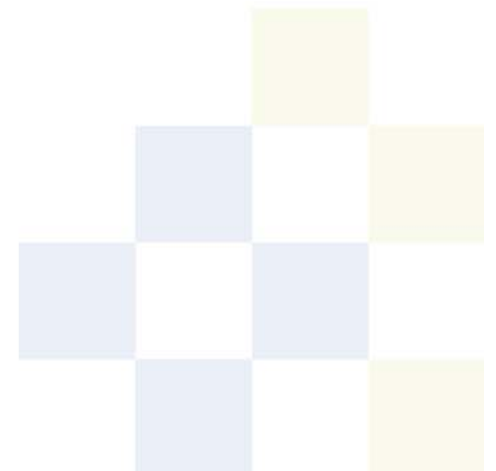
Grant Thornton Audit Plan

- **Audit will be conducted in May**
  - Coordinate timing with audited financials from JV
  - Draft audit report 1st week of June
  - Presented to Board for approval June 20th
  - Posted with College Annual Report by June 28th
    - HPA deadline -120 day after fiscal year end

- **Key areas being audited this year**
  - Recent changes to fees, deferred revenues
  - Investments and planned draw down of reserves
  - PharmNet
  - JV (focus on recent tax changes)

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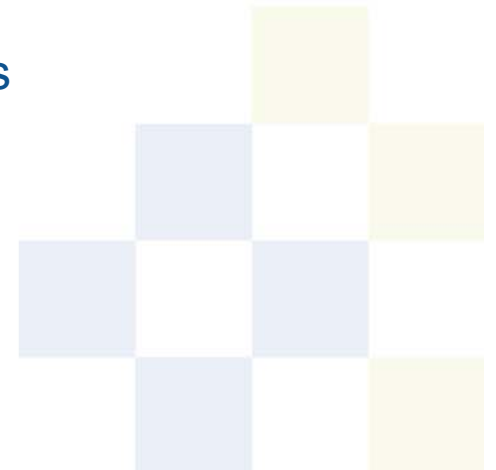
2013/14 Audit

- **Audit Fees for 2013/14 fiscal year will be the same as the previous year ($20,000)**

- **The Audit and Finance Committee approved the Audit Plan presented by Grant Thornton**

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OF BRITISH COLUMBIA
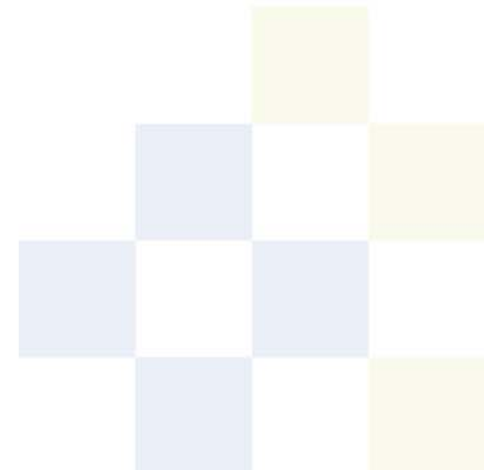
| **10 (b)** | Report on Q3 Financials (9 months Ending November 30, 2013) and LE3 for Full Year 2013/14 | |
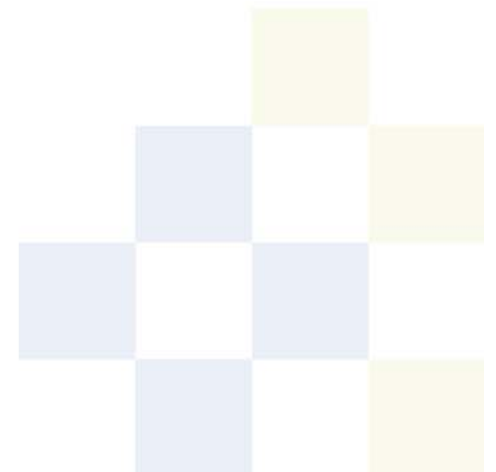
LE3 vs Fiscal Budget 13/14 - Summary

	2013/14 BUDGET	2013/14 LE3	Variance (BUD vs. LE)	Variance (BUD vs. LE)
TOTAL REVENUE	7,622,491	$323K	298,711	4%
TOTAL EXPENSES BEFORE AMORTIZATION	7,221,457	$323K	215,599	3%
NET SURPLUS (DEFICIT) BEFORE AMORTIZATION EXPENSES	401,034	915,344	514,310	
Amortization expenses	282,376	258,287	24,089	9%
NET SURPLUS(DEFICIT)	118,658	657,057	538,400	

Remove $322,500 of unbudgeted flow through grants

- **Revenue / expenses (MoH, MMT-Malinckrodt)**

Available budget room of about $200k

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OF BRITISH COLUMBIA
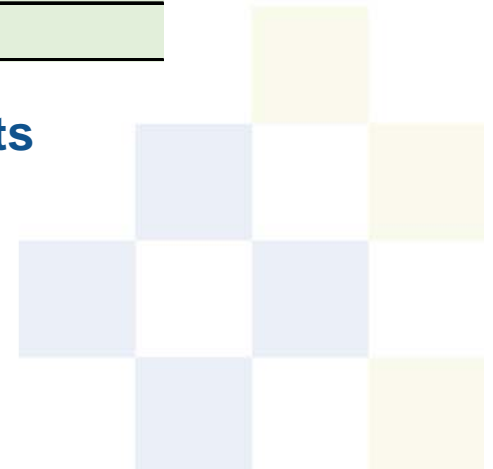
LE3 vs Fiscal Budget 13/14 - Revenue

	2013/14 BUDGET	2013/14 LE3	Variance (BUD vs. LE)	Variance (BUD vs. LE)
Registrantion and Licensure				
Pharmacy Fees	1,582,159	1,599,964	17,805	1%
Pharmacist Fees	3,853,821	4,040,524	186,704	5%
Pharmacy Technician Fees	473,269	288,148	(185,121)	(39%)
	5,909,248	**5,928,636**	19,388	0%
Non Registration and Licensure				
Other revenue	1,040,992	1,234,274	193,282	19%
Grant revenue	400,000	726,432	326,432	82%
Investment Income - GIC	142,256	224,366	82,109	58%
Investment Income - JV	129,994	129,994	(0)	(0%)
	1,713,243	**2,315,066**	601,823	35%
TOTAL REVENUE	**7,622,491**	**8,243,702**	621,211	8%

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

LE3 vs Fiscal Budget 13/14 - Expenses

	2013/14 BUDGET	2013/14 LE3	Variance (BUD vs. LE)	Variance (BUD vs. LE)
Board & Registrar's Office	365,332	545,324	(179,992)	(49%)
Grant Distribution	562,000	1,158,619	(596,619)	(106%)
Registration and Licensing	333,788	277,925	55,864	17%
Quality Assurance	202,647	53,468	149,179	74%
Inspections	54,022	14,251	39,771	74%
Discipline and Investigations	821,084	578,581	242,502	30%
Legislation			-	0%
Hospital Pharmacy and Practice	105,347	94,865	10,482	10%
Public Accountability and Engagement	144,092	144,092	0	0%
Finance and Administration	1,103,867	1,083,769	20,098	2%
Salaries and Benefits	3,529,277	3,377,463	151,814	4%
TOTAL EXPENSES BEFORE AMORTIZATION	**7,221,457**	**7,328,357**	**(106,901)**	**(1%)**

Balance Sheet LE3 vs Budget 13/14

	2013-14 Budget	2013-14 LE3
Assets	$	$
Current		
Cash	3,702,768	741,875
Short term investments	6,771,714	10,509,131
Receivables	91,607	86,490
Prepaids and deposits	89,905	72,157
Investment in Joint Venture	1,669,820	1,630,015
	12,325,814	13,039,667
Development costs	161,988	79,150
Property and equipment	488,056	518,673
	12,975,858	13,637,490
Liabilities and Net Assets		$
Liabilities		
Current		
Payables and accruals	393,809	688,421
Current portion of capital lease obligations	47,084	16,636
Deferred revenue	3,017,452	2,987,408
Deferred revenue-Restricted Building Fund	348,291	-
Unearned revenue	871,048	578,498
	4,677,684	4,270,963
Capital lease obligations	24,251	100,679
	4,701,935	4,371,642
Net Assets		
Opening Balance	8,454,092	8,543,791
Unrestricted Surplus (Deficit)	118,658	657,057
Restricted Surplus (Deficit)	-	65,000
Current Year Restricted Building Fund-Transfers Out	(298,827)	-
Closing Balance	8,273,923	9,265,848
	12,975,858	13,637,490

Cash Flow – LE3

	2013-14 LE3
Cash derived from (used in)	
Operating	
Excess of revenue over expenditures	657,057
Amortization	258,287
Change in non-cash operating working capital	
Receivables	(65,509)
Prepaids and deposits	(15,267)
Payables and accruals	101,938
Deferred revenue	95,731
Unearned Revenue	(542,119)
	490,118
Capital lease repayments	**(45,805)**
Investing	
Purchase of property and equipment	(153,292)
Increase in development costs	(24,402)
Increase in investment in Joint Venture (JV)	(26,039)
(Increase)/Decrease in short term investments	(1,590,334)
	(1,794,067)
Net increase (decrease) in cash	(1,349,754)
Cash, beginning of year	2,091,629
Cash, end of year	741,875

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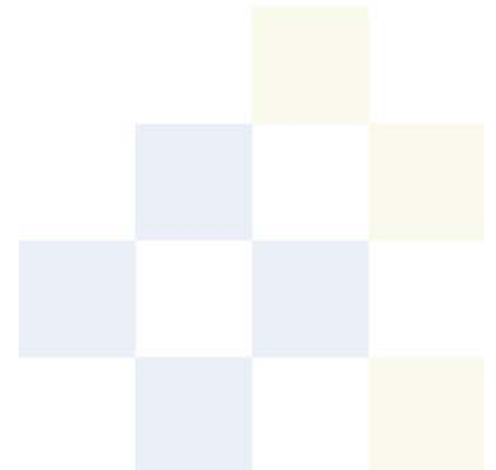
| 10 (c) | Proposed 2014/15 Fiscal Budget | |
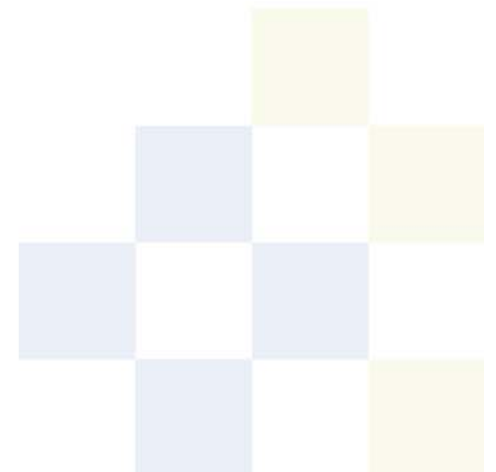
Reminder

Decision made at November Board meeting:

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 must limit expenses (pre-amortization) to $8.35 million.
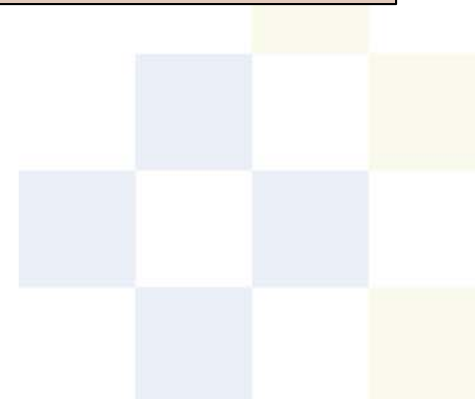
Fiscal Budget 14/15 vs Strategic Plan - Summary

	2014/15 STRAT PLAN	2014/15 BUDGET	Variance (BUD vs. STRAT
Licensure revenue	5,429,180	5,445,180	16,000
Non Licensure revenue	2,162,697	2,162,697	0
Transfer from Balance Sheet	1,429,064	1,011,635	(417,428)
TOTAL REVENUE	9,020,940	8,619,512	(401,428)
TOTAL EXPENSES BEFORE AMORTIZATION	8,724,206	8,350,002	374,204
NET SURPLUS (DEFICIT) BEFORE AMORTIZATION	296,734	269,510	27,224
Amortization expenses	296,734	269,510	27,224
TOTAL EXPENSES AFTER AMORTIZATION	9,020,940	8,619,512	401,428
NET SURPLUS(DEFICIT)	0	0	0

Savings achieved with no impact to 15/16 and 16/17 budgets in strategic plan

COLLEGE OF PHARMACISTS
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Fiscal Budget 14/15 - Revenue

	2014/15 STRAT PLAN	2014/15 BUDGET	Variance (BUD vs. STRAT
Registrantion and Licensure			
Pharmacy Fees	1,691,608	1,691,608	-
Pharmacist Fees	3,336,325	3,352,325	16,000
Pharmacy Technician Fees	401,247	401,247	-
	5,429,180	5,445,180	16,000
Non Registration and Licensure			
Other revenue	1,201,900	1,201,900	-
Grant revenue	535,385	535,385	-
Investment Income - GIC	213,954	213,954	-
Investment Income - JV	211,457	211,457	-
	2,162,697	2,162,697	0
Transfer from Balance Sheet	1,429,064	1,011,635	(417,428)
TOTAL REVENUE	9,020,940	8,619,512	(401,428)

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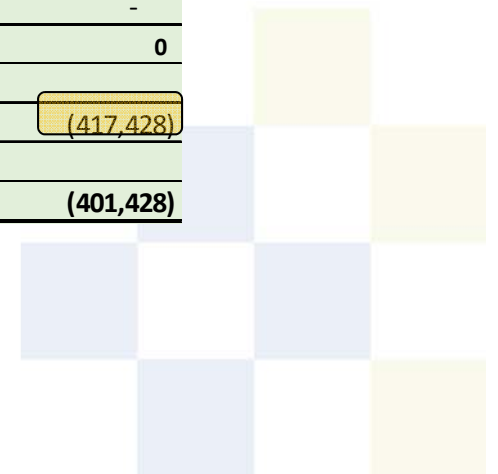
Fiscal Budget 14/15 - Expenses

	2014/15 STRAT PLAN	2014/15 BUDGET	Variance (BUD vs. STRAT)
Board & Registrar's Office	409,546	433,946	(24,400)
Grant Distribution	949,000	949,000	-
Registration and Licensing	238,000	259,800	(21,800)
Quality Assurance	348,532	214,716	133,816
Inspections	226,760	226,760	0
Discipline and Investigations	806,737	676,737	130,000
Legislation			-
Hospital Pharmacy and Practice	142,437	153,827	(11,390)
Public Accountability and Engagement	311,648	311,648	(0)
Finance and Administration	1,083,772	1,172,938	(89,165)
Salaries and Benefits	4,207,774	3,950,630	257,144
TOTAL EXPENSES BEFORE AMORTIZATION	**8,724,206**	**8,350,002**	**374,204**

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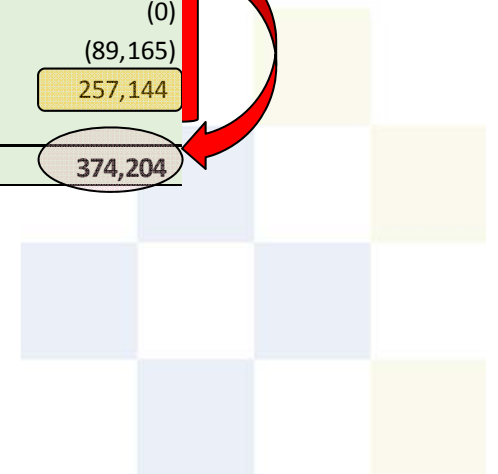
Pro Forma Balance Sheet 14/15 (LE3 13/14 ref)

**Feb 28 2014 vs
Feb 28 2015**

	2013-14 LE3	2014-15 Budget
Assets	$	$
Current		
Cash	741,875	1,000,000
Short term investments	10,509,131	8,584,279
Receivables	86,490	88,370
Prepaids and deposits	72,157	77,257
Investment in Joint Venture	1,630,015	1,630,015
	13,039,667	11,379,920
Development costs	79,150	149,961
Property and equipment	518,673	757,052
	13,637,490	12,286,933
Liabilities and Net Assets	$	$
Liabilities		
Current		
Payables and accruals	688,421	691,850
Current portion of capital lease obligations	16,636	19,338
Deferred revenue	2,987,408	3,042,629
Unearned revenue	578,498	193,261
	4,270,963	3,947,079
Capital lease obligations	100,679	85,641
	4,371,642	4,032,720
Net Assets		
Opening Balance	8,543,791	9,265,848
Unrestricted Surplus (Deficit)	657,057	(1,011,635)
Restricted Surplus (Deficit)	65,000	-
Closing Balance	9,265,848	8,254,213
	13,637,490	12,286,933

Pro Forma Cash Flow 14/15 (LE3 13/14 ref)

**Feb 28 2014 vs
Feb 28 2015**

**1st Pro forma
Cash flows**

	2013-14 LE3	2014-15 Budget
Cash derived from (used in)		
Operating		
Excess of revenue over expenditures	657,057	(1,011,635)
Amortization	258,287	269,510
Change in non-cash operating working capital		
Receivables	(65,509)	(1,880)
Prepaids and deposits	(15,267)	(5,100)
Payables and accruals	101,938	3,429
Deferred revenue	95,731	55,221
Unearned Revenue	(542,119)	(385,237)
	490,118	**(1,075,692)**
Capital lease repayments	**(45,805)**	**(12,335)**
Investing		
Purchase of property and equipment	(153,292)	(425,700)
Increase in development costs	(24,402)	(153,000)
Increase in investment in Joint Venture (JV)	(26,039)	
(Increase)/Decrease in short term investments	(1,590,334)	1,924,852
	(1,794,067)	**1,346,152**
Net increase (decrease) in cash	(1,349,754)	258,125
Cash, beginning of year	2,091,629	741,875
Cash, end of year	741,875	1,000,000

2014/15 Fiscal Budget

The Audit and Finance Committee recommends approval of the 2014/15 fiscal budget as presented

Decision required:

The Board approves the 2014/15 fiscal budget as presented.

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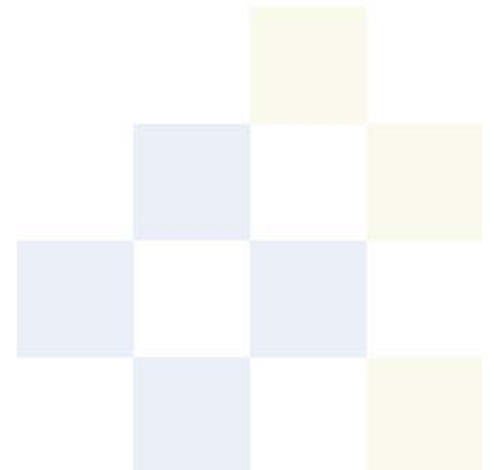
Notification of Administrative Change

Move $0.25 million for UBC CPPD from grants line to QA line

- Currently formalizing the management of this financial contribution to UBC CPPD under a new agreement

- Management oversight of the scope of work and deliverables will be from the QA Department

  - Improves alignment of activities with new strategic plan

  - Improves accountability

  - Results reported into QAC Committee

No budget impact (expenses still capped at $8.35 million)

COLLEGE OF PHARMACISTS
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2014/15 Fiscal Budget

The Audit and Finance Committee recommend going ahead with the change

Decision required:

The Board approves the amended 2014/15 budget with $250,000 in expenses transferred from Grants to QA.

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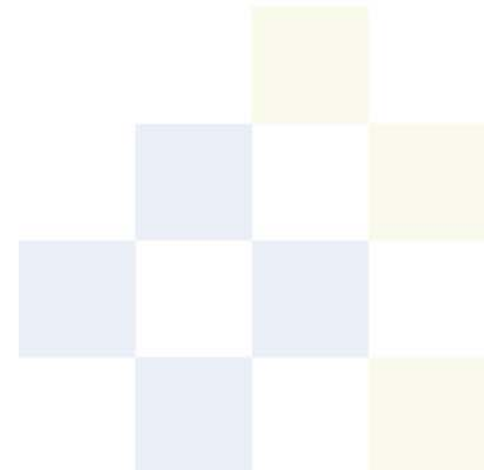
10 (d)	Grants	
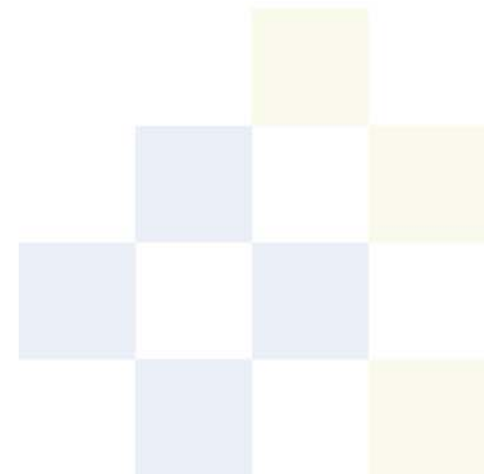
Current Annual Grants/Awards*

Towards	Amount ($)	Detail
CPPD (UBC)	250,000	Develop CE courses, work shop
CPRP (UBC)	20,000	Community Pharmacist Residency Program
Scholarships (UBC)	3,000	4 awards
Grad Banquet (UBC)	1,500	
BCPhA conference	20,000	BC Pharmacist Assoc
PTSBC	2,500	Pharm Technician Soc BC
CSHP	2,000	Canadian Soc Hospital Pharm
TOTAL	299,000	

* From College fiscal budget so does not include UBC Bursaries

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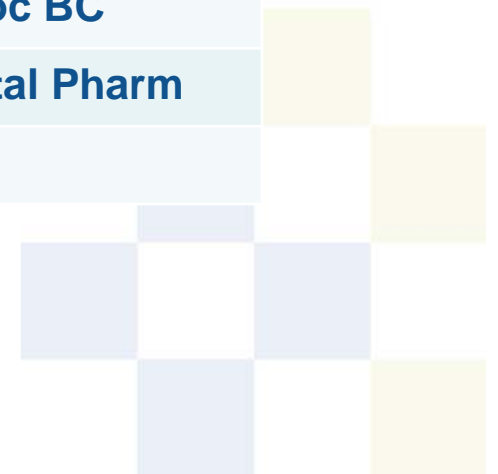
Non-repeating Grants - 2013/14

Towards	Amount ($)	Funding Source
Pharmacogenomics research (UBC)	250,000	MoH grant
Inter-professional collaboration research (UBC)	250,000	MoH grant
Clinical Skills Grants e.g. ADAPT	150,000	Internal
MMT	72,500	Mallinckrodt
Bursaries top up (3 at UBC)	67,000	Internal
BC survey (Oregon styled)	38,200	Internal
Pharmacist preceptor workshop (UBC-OEE)	4,000	Internal
HPRB processes & outcomes	2,500	Internal
TOTAL	834,200	

MoH Grant Plan

Start of 13/14	**$1,065,000**
Grants in 13/14	$500,000
Grants in 14/15	$375,000
Grants in 15/16	$190,000
Net	**$0**

- **Grants to target patient safety through evidence based research**
- **Aiming for timely distribution of MoH grant**
- **Can increase rate at which grants are made to draw down faster**

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

UBC Scholarships

- **Currently 4 scholarships of $750 paid out of annual fiscal budget**

- **The Committee recommends an increase to $1,000 each**

- **Increases total budgeted amount from $3,000 to $4,000**

Decision required:

The Board approves an increase in the four annual UBC scholarships from $750 to $1,000 each.

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Bursary Options Evaluated

Committee had previously asked College management to investigate options for creating a larger annual Bursary/grant

A number of options were considered:

1. Adding to an existing UBC bursary
2. Topping up an existing UBC bursary
3. Creating a new grant payable annually
4. Setting up a College managed Bursary

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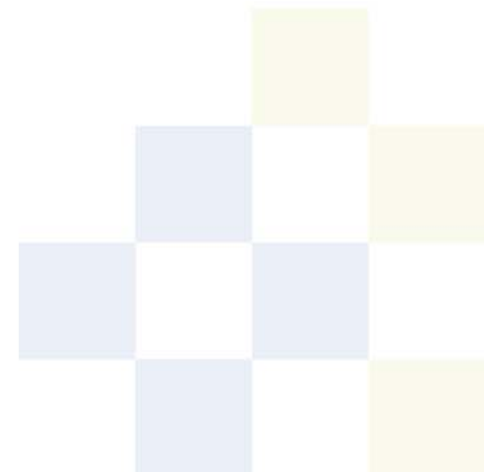
Committee Recommendation

Decision required:

The Board approves setting up a new grant within the fiscal budget to provide an annual award of $4,000 directly from the College to a UBC Pharmacy student in the 1st, 2nd or 3rd year, demonstrating financial need.

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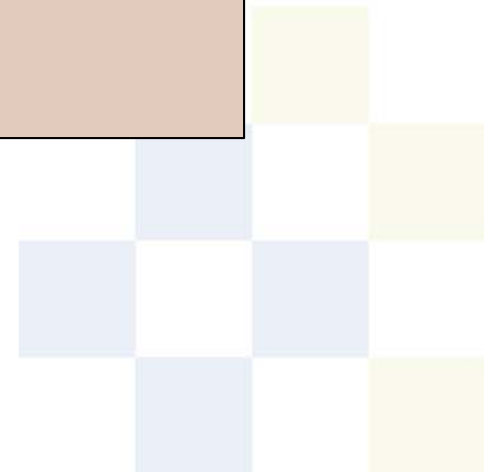
Grants – Registrants

Currently grant a total of $24,500 to 3 groups
- **BCPhA ($20k), CSHP ($2k), PTSBC ($2.5k)**

Propose adjusting allocation to reflect proportion of registered active community pharmacists, hospital pharmacists, pharmacy technicians
- 3,000:1,000:500
- Results in (rounded) grants distributions of
  - $16,000:$5,500:$3,000
- Adjust annually based on registration numbers
- Awarded to each of these 3 categories of registrant - not necessarily the Association or Society

COLLEGE OF PHARMACISTS
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Grant Allocation

Decision required:

The Board approves allocating the existing $24,500 grant pool between the community pharmacists, hospital pharmacists and pharmacy technicians to reflect the proportion of College registrants in each category. Currently this would be $16,000, $5,500 and $3,000 respectively.

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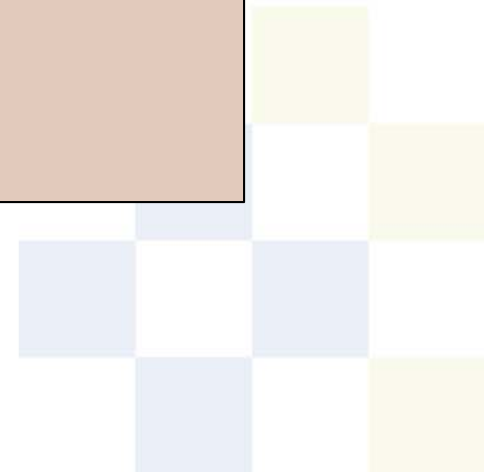
Allocating Clinical Skills Grants

Clinical skills grant (Feb 2013)

'The Board asked the Registrar to develop a method to support allocating the funds in the Clinical skills budget (referred to as Pharmacists Education Program funding in the Feb 2013 Board meeting)'

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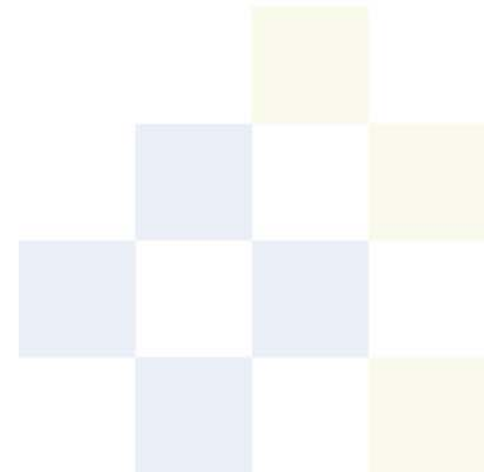
Clinical Skills Grants - Methodology

Decision required:

The Board approves the following proposed method for allocating Clinical Skills grants:

'Registrar to apply discretion in granting funds to support clinical skills development for pharmacists. Consideration will be given to the quality, scope and applicability of the skills in everyday pharmacy practice. All grants approved will be reported to the Board on an annual basis.'

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10 (e)	Proposed Changes to College Sign off for Expense Authorizations	
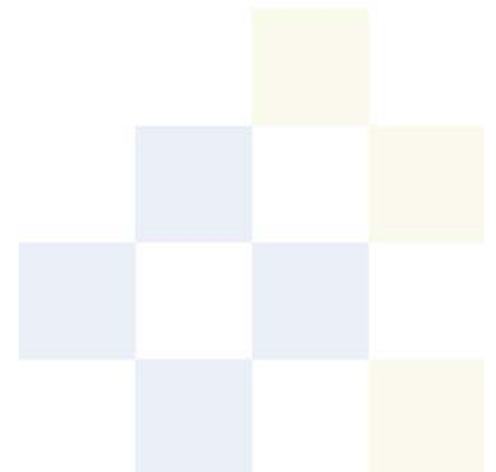
Reasons for Proposed Changes

1. Improve efficiency of College operations

2. Align sign off requirements with Board Policies

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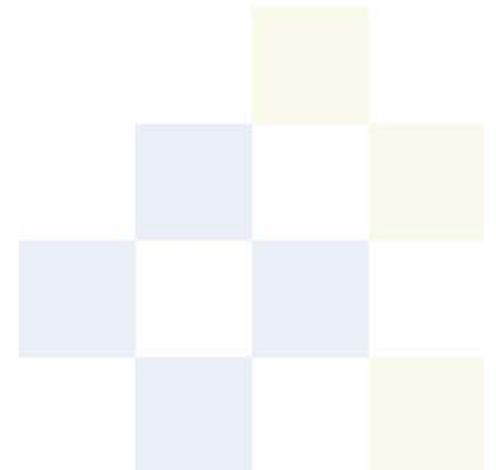
Summary of Proposed Changes

$ Amount	Signature
>$250,000	Board Chair + Registrar
≤$250,000	Registrar
≤$50,000	Deputy Registrar or COO
≤$5,000	Dept. Directors

1. Deputy Registrar has the authority to act in the place of the Registrar when the Registrar is not available.

2. Vice Chair of Board has the authority to act in the place of the Chair when the Chair is not available.

3. The Registrar may delegate signing authority to College staff. A written authorization, signed by the Registrar, will specify the approval limit which must be ≤$10,000. Financial control will be ensured by minimizing the number of people with sign off authorization.

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College Expense Authorizations

The Committee recommends approval of the proposed new expense authorizations

Decision required:

The Board approves the proposed new expense authorizations as presented.

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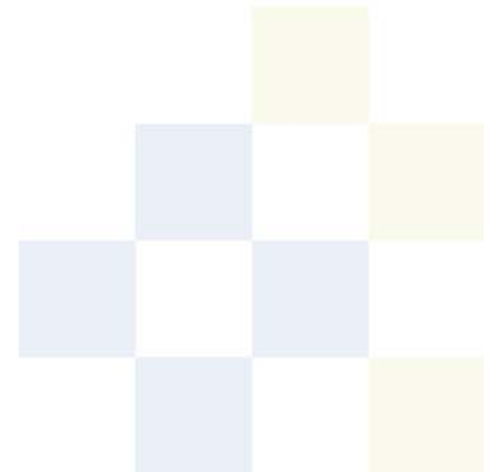
COLLEGE OF PHARMACISTS
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Ensuring Public Safety in MMT
Implementing PPP-66 and 71

Board Meeting

February 21, 2014

Presenters:

Suzanne Solven

Deputy Registrar

Mykle Ludvigsen

Director,
Public Accountability and Engagement
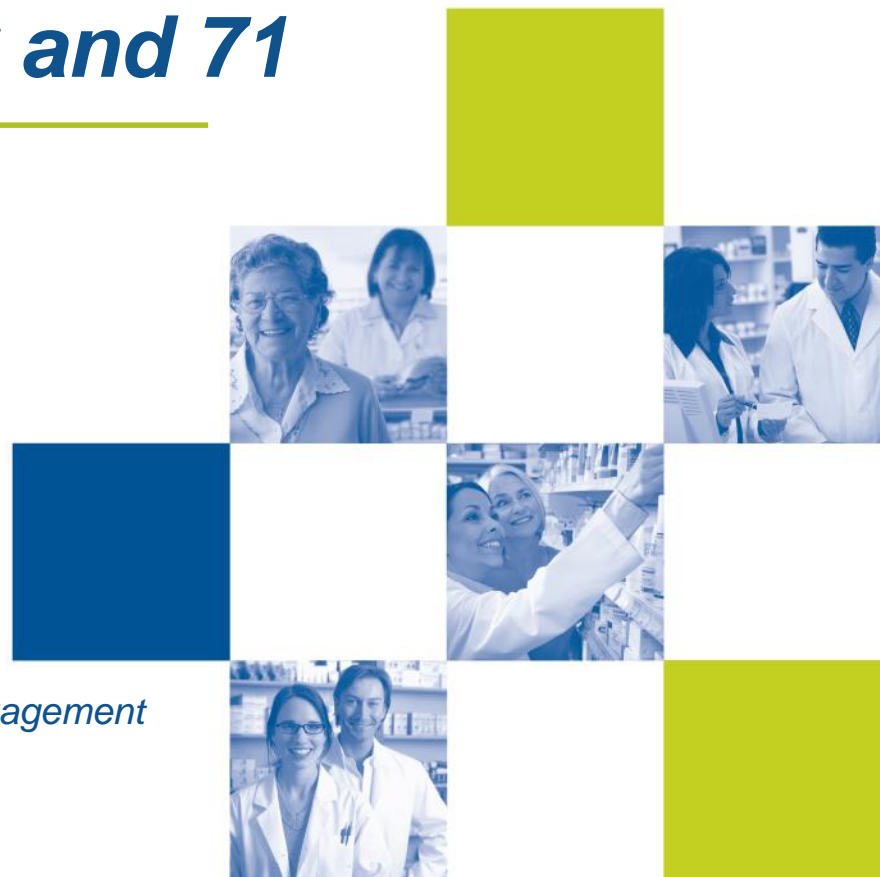
Overview

- **New standard for methadone concentration –**
  10 mg/ml

- **Change in methadone concentration resulted in significant changes to PPP-66 and the Policy Guide**

- **Worked with various working groups to enhance changes to PPP-66 and the Policy Guide**

- **Introduction of PPP-71– Prohibiting the delivery of Methadone Maintenance Treatment (MMT)**

COLLEGE OF PHARMACISTS
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Overview

- **The College Board mandated training for pharmacy staff**

- **College staff negotiated manufacturer grant to support training**

- **Concentration change introduced significant public safety issues that needed to be addressed. Our College took a leadership role.**

- **While developing its own public safety campaign, the College also worked with other stakeholders:**
  - BC Centre for Disease Control,
  - BC Drug and Poison Information Centre,
  - Municipal and Law Enforcement Officials, and
  - Relevant service organizations.

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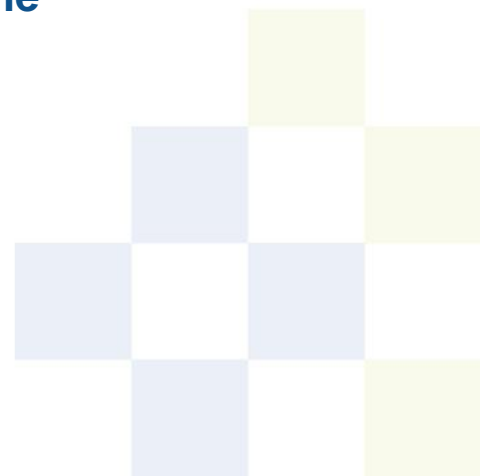
The Challenge

- **How do we reach each of these audiences with the information they need?**
    - Pharmacists and Pharmacy Technicians?
    - Physicians (Prescribers)?
    - Patients?
    - Other Healthcare Workers?
    - Law Enforcement?
    - Municipal Governments?
    - The General Public?
        - Those who live with MMT patients?
        - Those who live in certain communities?
    - People who use methadone but are not patients?

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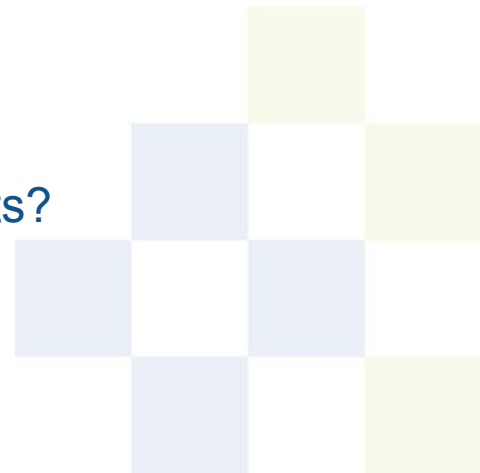
The Challenge
Educating Pharmacists & Technicians

- CPBC conducted 16 'live' sessions in cities across BC with one modified and recorded for use online.

- Sessions ran from late September to Mid-November

- 1656 pharmacists and pharmacy technicians attended a live session in a nearly 2-month span

- 4000* have completed live or online training session

Photo By: Bob Nakagawa, @bobnakagawa - Instagram

COLLEGE OF PHARMACISTS
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The Challenge
Educating Physicians

- **College of Physicians and Surgeons responsibility**

- **Prescribers received multiple emails with transition information from CPSBC in the lead-up to the February 1 transition date**

- **Additional information was sent out in the *College Connector***

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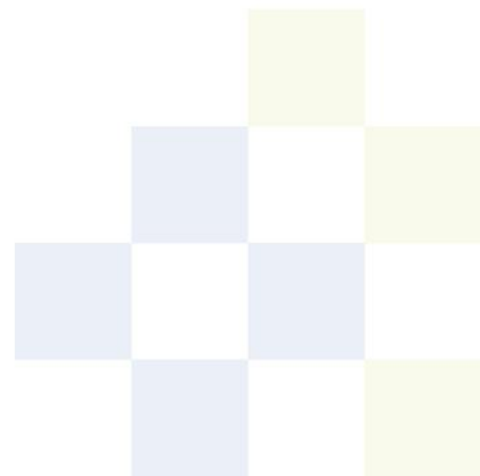
The Challenge
Educating Other Stakeholders

Other Healthcare Workers

- **BCCDC developed an awareness campaign targeting other community workers who may be impacted**

Law Enforcement

- **CPBC reached out to law enforcement in various communities**
- **Methadone transition was included as an update in briefings for police officers at the beginning of shift**

Municipal Government

- **City managers or other relevant officials informed**

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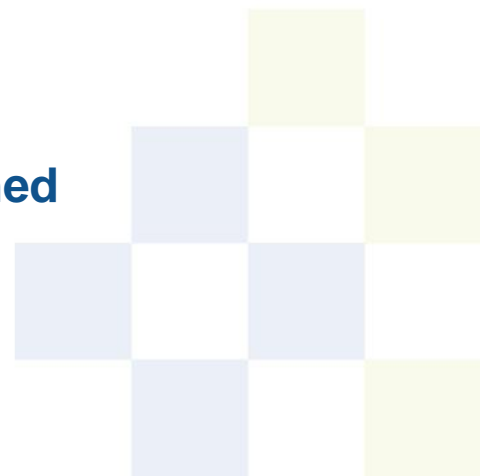
The Challenge
Educating the Public

Focus on people who:

- **Are patients on MMT**
- **Live with patients on MMT**
- **Use methadone recreationally**

Focus on communities:

- **"Hubs" of MMT patients – DTES/Surrey/Abbotsford**
- **Other urban areas**
- **Hard to reach smaller communities**
- **Whole province**

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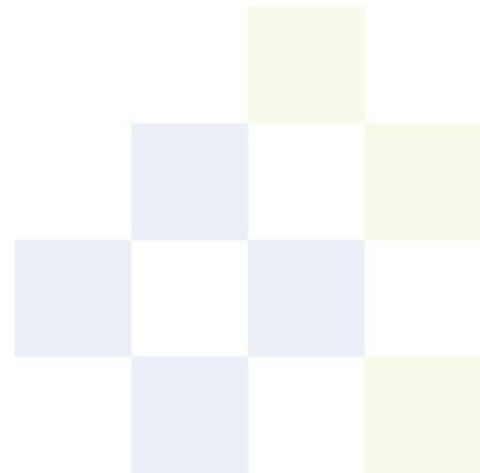
The Challenge
Educating Patients

- **CPBC conducted multiple meetings with patients in the 12 months prior to Feb 1, 2014 transition:**
  - Vancouver Area Network of Drug Users (VANDU)
  - BC Association of People on Methadone (BCAPOM)

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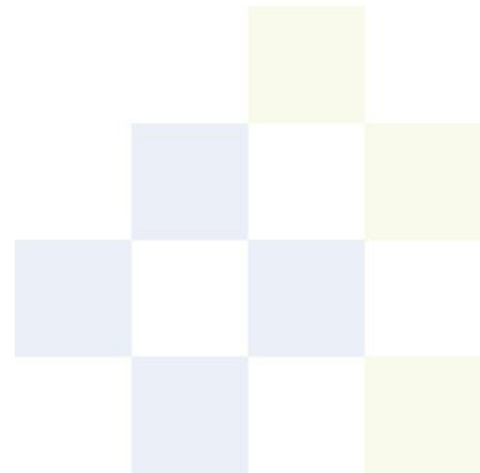
The Challenge
Educating Patients

Vulnerable Populations

- May not be in regular contact, or under the care of, either a physician or a pharmacist.

- May be on methadone but continue to use other drugs (street or otherwise).

- May have concurrent disorders (e.g. substance use and mental health issues).

- May distrust authority and may actively seek to withdraw from society.

- May not actively seek out information.

- May have severe literacy issues.

- Located in every community in BC.

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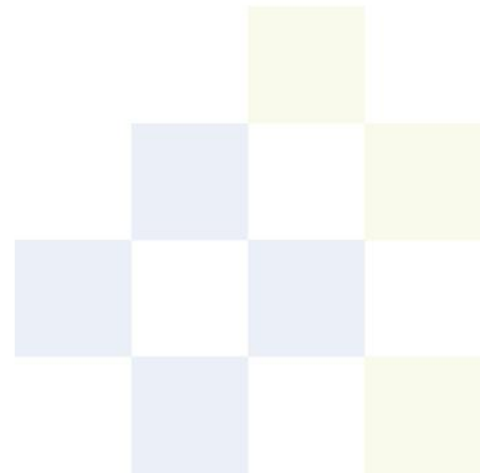
The Challenge
Educating the Public

- **Initial media coverage small but steady**
- **CPBC, CPSBC, and the Ministry issue an *Information Bulletin* on January 13 to help inform general public**
- **17 separate media requests were handled over two days**

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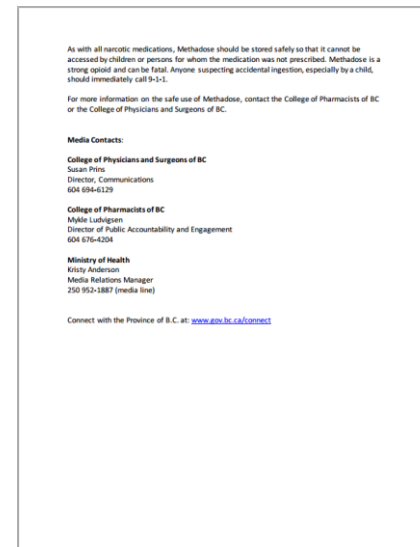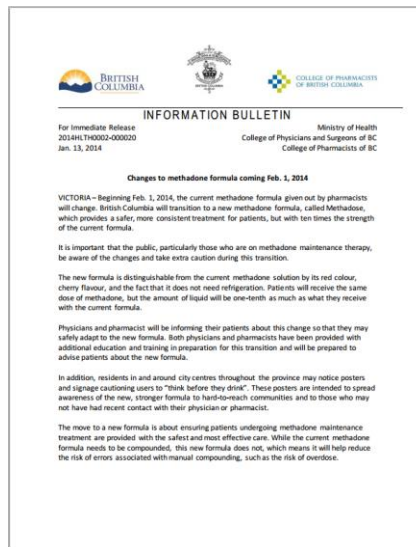
Developing a Campaign

- **Vancouver Area Network of Drug Users (VANDU)**

- **Canadian Mental Health Association BC Division (CMHA)**

USE LOCAL, TRUSTED, FRONT LINE KNOWLEDGE TO REACH OUR AUDIENCE

CAUTION
New Methadone
10x stronger

Before
February 1

After
February 1

200 ml

20 ml

Cherry methadone = **same dose** in **less juice**

Think before you drink

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Targeting the Campaign

- **All pharmacies that dispense methadone received copies of the poster.**
- **CMHA distributed bundles of posters and pads to their 19 regional branches.**
- **VANDU sent out volunteers distributing and posting them in the Downtown Eastside.**
- **City of Vancouver agreed to provide support through their building inspection process.**
- **Hospital emergency departments were supplied with copies of the poster and tear-offs**
- **Goal:** *Get the posters into areas the College can't access!*
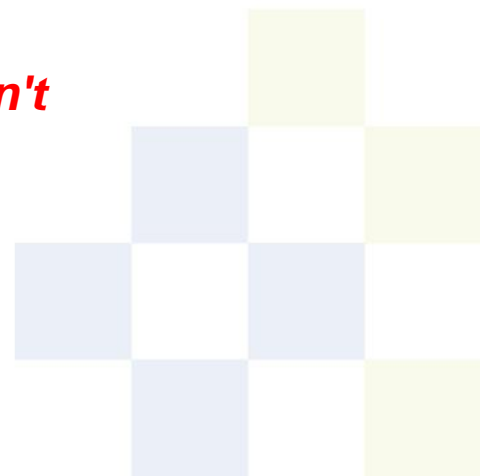
The Campaign in Action

Photo By: Vancouver Courier

Article By: Surrey North Delta Leader

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Moving Towards Transition Day

- **Some physicians did not receive new MMT CPP pads by Feb 1st**
  - CPSBC mailing database was out of date in some cases
  - CPBC responded with revised transition policy re old forms

- **CPBC responds to approx. 30 calls and emails per day (and continues into February)**

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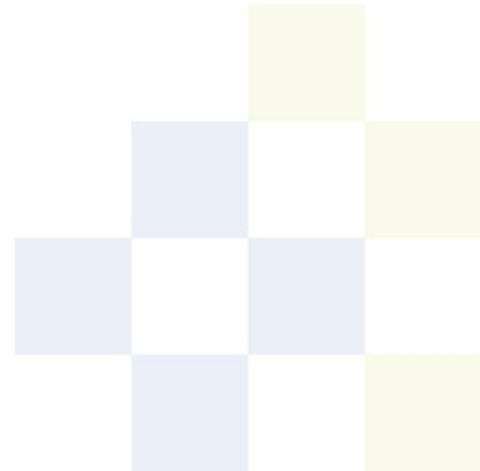
Transition Day - to current

- **No overdose deaths reported.**

- **No reports of any major issues with the transition at a pharmacy level.**

- **Emergency pads were issued by CPSBC to prescribers on rush courier service if their pads had not yet arrived by Friday, January 31.**

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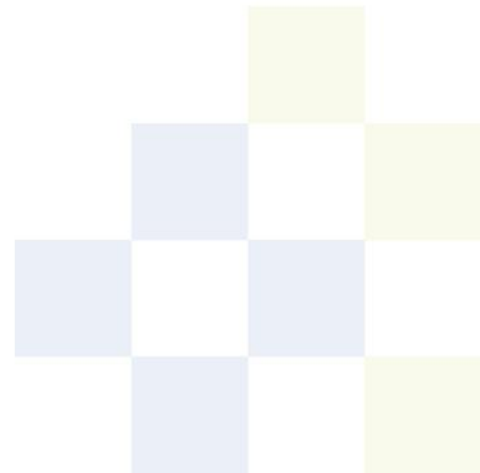
Moving Forward

Continue stakeholder meetings to discuss issues/concerns arising out of the transition :

- **Ongoing: CPSBC & MOH**
- **Feb 12th: BCAPOM & VANDU**
- **Feb 13th: Hospital Pharmacy Coordinator meeting**
- **March: MMT Dispensers working group**
- **March/April – BCAPOM & VANDU**

Targeted inspections:

- **March/April: short & focused on PPP66**

Targeted investigations:

- **March/April: non-compliance with PPP71**

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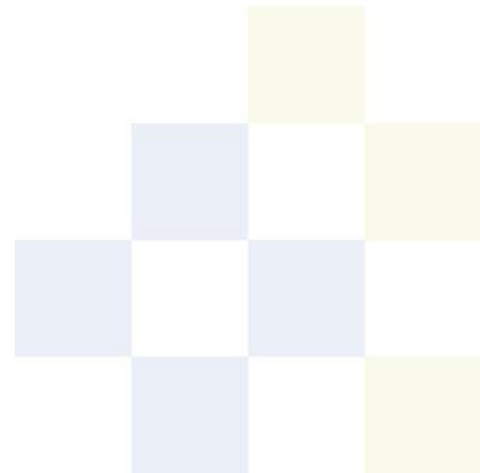
Further Questions?
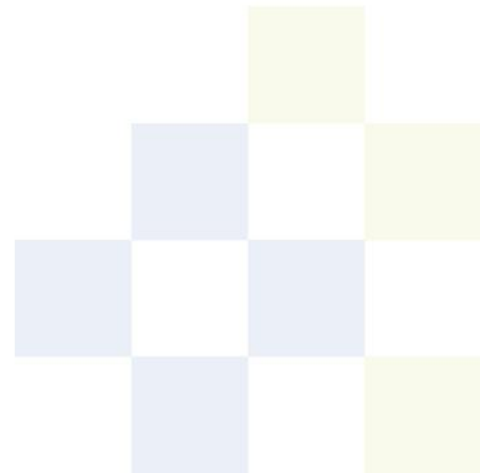
COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Legislation Review Committee Update

Presented By: Anar Dossa, Committee Chair

February 21, 2014

Legislation Review Committee - Update

Met on February 14th to review the proposed Bylaw Changes as described in Package A of the CPBC Bylaw Review Schedule:

Package A

Electronic voting (HPA Bylaws) – to enable electronic process for Board elections, includes provision for Registrar to allow other methods of voting/nomination if interruption in electronic method
Electronic prescriptions/digital signature – to enable electronic prescribing and digital practitioner signatures
Publish citations – to enable Registrar to publish citations prior to a discipline hearing
Re-certification of injection authority (HPA Bylaws) – provides requirements to recertify as per NAPRA recommendation
Registrations corrections (HPA Bylaws) – minor changes and updates
Schedule C updates (HPA Bylaws) – updates to authorized schools
Fee Schedule (PODSA Bylaws)

Legislation Review Committee - Update

College staff met with the Ministry of Health to obtain feedback which resulted in the following amendments (and some word changes):

Package A

Electronic voting (HPA Bylaws) – to enable electronic ~~voting and~~ elections, includes provision for Registrar to allow other voting/nomination if interruption in electronic method
~~Electronic prescriptions/digital signature – to enable electronic prescribing and digital practitioner signatures~~
~~Publish citations – to enable Registrar to publish citations prior to a discipline hearing~~
Re-certification of injection authority (HPA Bylaws) – provides requirements to recertify as per NAPRA recommendation
Registrations corrections (HPA Bylaws) – minor changes and updates
Schedule C updates (HPA Bylaws) – updates to authorized schools
Fee Schedule (PODSA Bylaws)

Now removed – additional work required

Now removed – not required; College already has authority

HPA Bylaws – Electronic Voting

Table of Contents

1. Definitions

PART I – College Board, Committees and Panels

2. Composition of Board
3. Electoral Districts
4. Notice of Election
5. ~~Eligibility for Election to the Board~~<u>Nominations</u>

FORMS

1. Notice of Election
2. Nomination ~~Letter of Consent~~

"**ballot**" <u>means an electronic ballot</u>

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HPA Bylaws – Electronic Voting

Notice of Election

4.   (1)   An election under section 17(3)(a) of the *Act* must be held in each calendar year by electronic means, at a date determined by the registrar that is at least 21 days prior to the date of the November board meeting in that year.

       (2)   The registrar must ~~deliver~~transmit by electronic means a notice of election in Form 1 to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60 days prior to the election date.

       (3)   The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

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HPA Bylaws – Electronic Voting

~~Eligibility for Election to the Board~~Nominations

5.   (1)   To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be

    (a)   a full pharmacist or pharmacy technician,

    (b)   in good standing, and

    (c)   assigned to the electoral district in which he or she is nominated.

    (2)   A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.

    (3)   A nomination for a full pharmacist board member must be signed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.

    (4)   A nomination for a pharmacy technician board member must be signed by 3 pharmacy technicians who are in good standing.

    (5)   A nomination must be ~~delivered~~transmitted electronically to the registrar at least 45 days prior to the election date.

    (6)   A nomination must be ~~accompanied by a consent and a declaration~~ in Form 2 ~~from the nominee~~.

HPA Bylaws – Electronic Voting

Election Procedure

6.   (1)   If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.

           (2)   Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote, by electronic means, in an election under section 17(3)(a) of the *Act*.

           (3)   A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.

           (4)   The registrar must ~~deliver~~transmit by electronic means to each full pharmacist and pharmacy technician who is eligible to vote an election ballot and a designated envelope, at least 30 days prior to the election date.

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HPA Bylaws – Electronic Voting

(5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote electronically in favour of 1 candidate for the vacant position.

(6) The registrar must not count a ballot unless it is received electronically~~in the designated envelope~~ by the registrar by the close of business 2 days before the election date.

(7) The candidate for a vacant position receiving the most ~~votes~~ballots ~~on the return of the ballots~~ is elected.

(8) In the case of a tie vote, the registrar must select the successful candidate by random draw.

(9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.

(10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.

HPA Bylaws – Electronic Voting

(11)   The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.

(12)   The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.

(13)   If there is an interruption of electronic service during the nomination period or election the Registrar may extend the deadline for transmission of nominations or ballots for such period of time as the Registrar considers necessary in the circumstances.

(14)   In the event that a registrant is unable to nominate a candidate or vote electronically, the Registrar may authorize that registrant to nominate a candidate or vote by such alternate means as the Registrar determines are appropriate in the circumstances.

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HPA Bylaws – Registrations Corrections

Full Pharmacist Registration

(1.1)   If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

(a)   a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

(b)   a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

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HPA Bylaws – Registrations Corrections

(3)   Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a) ~~to (f)~~, and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1)(b~~g~~) ~~and~~to (h).

(4)   A full pharmacist may use only the abbreviation ~~"R.Pharm." or~~ "R.Ph.".

HPA Bylaws – Recertification of Injection Authority

Certification of Practising Pharmacists for Injection Drug Administration

43.   (1)   A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.

       (2)   The registrar must grant certification under this section if the practising pharmacist has

          (a)   provided evidence satisfactory to the registrar that the practising pharmacist has

              (i)   successfully completed within the year prior to application an education program in drug administration by injection, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule "C",

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HPA Bylaws – Recertification of Injection Authority

(4)   To maintain certification under this section, a practising pharmacist must declare upon registration renewal, that he or she has successfully completed a continuing education program in drug administration by injection approved by the board and specified in Schedule "C" if an injection has not been administered in the preceding three years, and

   (a)   successfully complete a continuing education program in drug administration by injection approved by the board and specified in Schedule "C", at least once in every 5-year period after certification under this section has first been granted,

   (ba)   maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule "C", and

   (cb)   maintain current certification in first aid from a program approved by the board and specified in Schedule "C".

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HPA Bylaws – Registrations Corrections

Pharmacy Technician Registration

(1.1) If an applicant for registration does not complete the requirements for full registration in subsection (1) within 12 months from the date of application, the applicant must provide

    (a) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of full registration, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession, and

    (b) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada.

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HPA Bylaws – Registrations Corrections

(3)   Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a) ~~to (f)~~, and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(~~g~~b) ~~and~~ to (h).

(6)   A pharmacy technician may use only the title "pharmacy technician" and may use only the abbreviation "~~R.PharmTech~~R.Ph.T.".

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HPA Bylaws – Registrations Corrections

Reinstatement

52.　(1)　The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant

　　　(a)　~~successfully completes~~ has met all the applicable requirements of the quality assurance program approved by the board, and

Registration Information

54.　(1)　For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address~~, if any, provided to the college by~~ for each registrant.

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HPA Bylaws – Schedule C

PODSA Bylaws – Fee Schedule

College of Pharmacists of B.C.
FEE SCHEDULE
PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	$ 1,331.00
Hospital Pharmacy	Annual license fee.	$ 1,331.00
Pharmacy Education Site	Annual license fee.	$ 315.00
Telepharmacy Service	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	$ 210.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$ 210.00

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	$ 1,000.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

PODSA Bylaws – Fee Schedule

College of Pharmacists of B.C.
FEE SCHEDULE
PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	$ 1,181.25
Hospital Pharmacy	Annual license fee.	$ 1,181.25
Pharmacy Education Site	Annual license fee.	$ 315.00
Telepharmacy Service	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	$ 210.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$ 210.00
Application for New Pharmacy Licensure	Application valid for up to one year.	$ 525.00
Application for Telepharmacy Service	Application valid for up to one year, for each site receiving service.	$ 525.00
Application for Hospital Pharmacy Satellite	Application valid for up to one year, for each satellite site.	$ 525.00

LICENSE REPLACEMENT & OTHER FEES

Change of Ownership		$ 1,181.25
Change of Director		$ 157.50
Change of Operating Name		$ 157.50
Change of Corporate Name		$ 157.50
Change of Manager		$ 105.00
Relocation/Renovation		$ 525.00
Late licensure renewal		$ 131.25
Follow-up inspection(s)	In addition to actual travelling and other expenses incurred.	$ 525.00

Bylaw Revision Timeline

60 day posting period   60 day filing period

February 21
Board Meeting

May 8
Board Teleconf

July
Bylaws in force
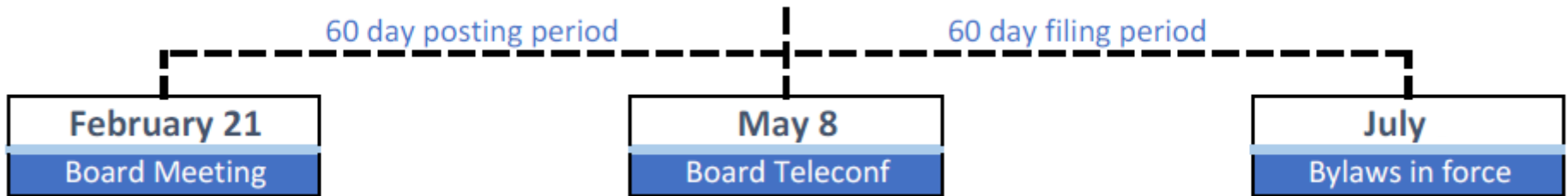
Board approves:
- public posting
- 60 day posting period (shortened from 90 days)

Board approves:
- Package A for filing
- HPA Fee Schedule for filing

In Force

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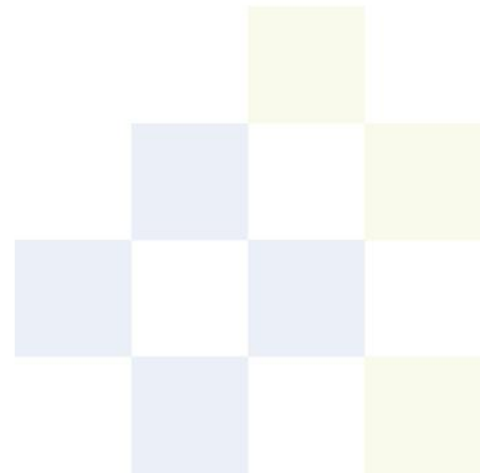
Board Motions

Motion 1:

The Board approves the proposed draft bylaws for public posting as presented.

Motion 2:

The Board requests a shortened 60 day public posting period from the Ministry of Health.

COLLEGE OF PHARMACISTS
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Questions

College of Pharmacists of BC
Board Reference

Revised January, 2014

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Board Reference

Introduction

The purpose of this Board Reference is to provide a new and/or existing Board member with information designed to assist you in fulfilling your role on the Board of the College of Pharmacists of BC.

The Board Reference includes sections of the *Health Professions Act (HPA)* relevant to the mandate and duties of the College as well as the primary responsibilities of the Board. It also contains information on the governance approach used by the College's Board, the duties and responsibilities, and the operating values and principles for Board members. It is regularly reviewed and updated.

Should you have questions regarding any aspect of what is addressed in the Board Reference, please do not hesitate to speak with the Board Chair.

Mandate

The College of Pharmacists of BC (CPBC) is the regulatory body for pharmacy in BC and is responsible for the registration of pharmacists and pharmacy technicians and the licensing of pharmacies throughout the province. The College receives its authority from the government of BC through the *Health Professions Act (HPA)* and the *Pharmacy Operation and Drug Scheduling Act (PODSA)*.

Duties and Objects of the College

Duties and objects of the College are set out in the *HPA – Part 2 section 16 (1) and (2):*

16(1) It is the duty of a College at all times

    (a) to serve and protect the public, and

    (b) to exercise its powers and discharge its responsibilities under all enactments in the public interest

(2) A College has the following objects:

    (a) to superintend the practice of the profession;

    (b) to govern its registrants according to this Act, the regulations and the bylaws of the College;

    (c) to establish the conditions or requirements for registration of a person as a member of the College;

    (d) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;

    (e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;

    (f) to establish, for a College designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature;

    (g) to establish, monitor and enforce standards of professional ethics amongst registrants;

    (h) to require registrants to provide to an individual access to the individual's health care records in appropriate circumstances;

    (i) to inform individuals of their rights under this Act and the Freedom of Information and Protection of Privacy Act;

    (i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;

    (j) to administer the affairs of the College and perform its duties and exercise its powers under this Act or other enactments;

(k) *in the course of performing its duties and exercising its powers under this Act or other enactments, to promote and enhance the following:*

    (i) *collaborative relations with other Colleges established under this Act, regional health Boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government;*

    (ii) *inter-professional collaborative practice between its registrants and person practicing another health profession;*

    (iii) *the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.*

Additional objects of the College are set out in *HPA – Part 2.2 section 25.9*

25.9 *In addition to the objects set out in section 16 (2), the College has the following objects:*

(a) *subject to the Food and Drugs Act (Canada), to establish the terms and conditions of sale for drugs and devices;*

(b) *to ensure that the public is protected from the unauthorized or inappropriate sale of drugs and devices;*

(c) *to superintend the operation of pharmacies;*

(d) *to establish, maintain and promote standards for pharmacies, including for the ownership and operation of pharmacies.*

Mandated Responsibilities of the Board

HPA section 18 sets out the following Responsibilities of a Board:

> 18(1) *A Board must govern, control and administer the affairs of its College in accordance with this Act, the regulations and the bylaws.*
>
> (2) *A Board must submit an annual report respecting its College, in the form and containing the information required by regulation of the minister, to the minister not later than 120 days after the end of the fiscal year for the College.*
>
> (3) *A Board must ensure that a website that is accessible to the public free of charge is established and maintained by or on behalf of its College, subject to the regulations of the minister.*

Legal and Regulatory Responsibilities of the Board

It is the responsibility of all Board members to abide by the relevant legislation and regulations governing the College as stated in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA)*. Additionally, *HPA section 19* authorizes the Board of the College to make bylaws and *section 19 (t)* mandates that the College establish specific committees including: Registration, Inquiry, Discipline, Quality Assurance and Patient Relations committees. The most current copy of these documents is available on the College website at www.bcpharmacists.org.

Amendment procedures for the *HPA*, *PODSA* or subsequent bylaws can be lengthy. An *Act* amendment requires the approval of the provincial legislature and it may take several years to have the proposed amendment go before the legislature and Board recommended bylaw changes require the approval of the Minister of Health Services.

Oath of Office

As per *HPA Section 17.11* before taking office, Board members must take and sign an Oath of Office prescribed by the Minister *(refer to page 7).*

Oath of Office

B.C. Reg. 275/2008   Deposited October 15, 2008

M235/2008   effective October 17, 2008

Health Professions Act
HEALTH PROFESSIONS GENERAL REGULATION

OATH OF OFFICE

4.   The Oath of Office set out in Schedule 1 is prescribed for the purpose of section 17.11 of the Act.

I do swear or solemnly affirm that:

• I will abide by the *Health Professions Act* and I will faithfully discharge the duties of the position, according to the best of my ability;

• I will act in accordance with the law and the public trust placed in me;

• I will act in the interests of the College as a whole;

• I will uphold the objects of the College and ensure that I am guided by the public interest in the performance of my duties;

• I have a duty to act honestly;

• I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;

• I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a Board member.

Mission

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

Vision

Better health through excellence in pharmacy.

Values

The College of Pharmacists of British Columbia's activities and decisions are based on the following values:
- Being professional and ethical.
- Providing quality service.
- Building quality relationships.
- A culture of excellence.

Strategic Plan

(Appendix A)

Governance Structure

The Board of the College is the elected and appointed group responsible for leading and guiding the organization. The Board is comprised of seven elected pharmacist Board members and one elected pharmacy technician Board member from each of the 8 electoral districts (Appendix B) and four government appointed Board members.

The College governance framework is empowered and informed by:

- The Health Professions Act (HPA)
- The Pharmacy Operations and Drug Scheduling Act (PODSA)
- HPA bylaws
- Governing model
- Board policies
- Chair and Vice-Chair
- Board committees
- Registrar

Guiding Principles

The structure and integrity of the Board's governing model is rooted in a set of coherent guiding principles. These fifteen principles guide the Board in defining its role, its relationship with the Registrar and staff, and how it will conduct itself as a governing body.

1. Board members are encouraged to think and act in ways that seek to achieve outcomes or results that are in the best interests of the public it is committed to serve.

2. The Board commits to stating the desired outcomes that it expects the College to achieve and to specifying the standards of organizational conduct that must be satisfied by staff in achieving them.

3. The Board's authority rests in it acting collectively.

4. The Board acts as a whole in determining policy and direction.

5. Members of the Board maintain solidarity with other board members in support of a decision made at a Board meeting.

6. Board authority is generally not delegated to the Chair or to committees (except in very specific or exceptional circumstances) unless mandated to do so by legislation. All Board committees report to the full Board.

7. The role of the Chair is to manage the work of the Board and to chair Board meetings. The Chair can act on behalf of the Board where authorized to do so by the whole Board.

8. The Board has only one employee and that is the Registrar.

9. The Registrar reports to the whole Board, not to any individual Board members or committee.

10. The Board delegates to the Registrar the necessary power and authority normally allocated to a chief executive officer to enable the effective execution of the operation of the College.

11. All Board authority delegated to staff is delegated through the Registrar.

12. The Registrar is accountable to the whole Board for the achievement of the outcomes stated in the Vision and Strategic Plan and for complying with the standards of organizational conduct set by the Board (unless otherwise indicated by legislation, regulation or the bylaws of the College).

13. Recognizing that there will be circumstances where it will be necessary for the Registrar to interpret Board policy, the Board empowers him or her to do so as long as it is consistent with any reasonable interpretation of Board policy, and is communicated to the Board in a timely manner.

14. Direction to and supervision of the Registrar's performance is a function of the whole Board.

15. Monitoring and evaluating the performance of the Registrar is based on achievement of goals and outcomes in the Strategic Plan, compliance with Board established standards of organizational conduct, and other criteria set out in the employment contract with the Registrar.

Governance Model

The Board follows a Leadership Focused Governance (LFG) approach to governing the College that provides it with a strong governing, decision-making and policy framework for leading, guiding, controlling and overseeing the College's performance.

Similar to 'governance best practices' in other organizations employing professional staff, the Board's involvement with the management and operations of the College is through the following:

- Providing on-going leadership and direction that defines the College's Mission, Vision and Strategic Goals.

- Continuously identifying, exploring and anticipating, in a proactive manner, opportunities and challenges that could shape the direction of the College.

- Addressing and making leadership and directional decisions on material issues and concerns affecting the public interest and the College.

- Leading and partnering in continual communication with the Registrar.

- Establishing the Standards of Organizational Conduct that the Registrar and their staff follow regarding the methods employed in operating the College and achieving the Board's stated Mission, Vision and Strategic Goals.

- Overseeing and monitoring organizational performance.

- Delegating the necessary power and authority to the Registrar to manage and operate the College.

Leadership Focused Governance -The Partnership Approach to Governing

Leadership Focused Governance (LFG) - The Partnership Approach to Governing views governance, the combined roles of governing and managing, as a collaboration or partnership between the Board and the Registrar. Together they provide the College with the essential structural and process dynamics it requires to organize guide and facilitate the pursuit and fulfillment of its Mission.

The LFG approach to governing is based on the foundation that a major purpose and role of the Board and the Registrar is to provide leadership to the College. For the Board, this leadership purpose is about 'steering' not 'rowing' and is articulated through setting the direction for the College and determining what goals and desired outcomes the College should seek to accomplish.

It does this by establishing the Standards of Organizational Conduct and criteria that guide and direct the work of the Board and the Registrar; overseeing the performance of the College's work; protecting the best interests of the Public; ensuring the financial viability of the College; and, being knowledgeable about its stakeholders and their expectations, needs, concerns, and interests.

For the Registrar, this leadership approach is about 'steering' and 'rowing' with staff looking to the Registrar for leadership and guidance. The Board and staff expect the Registrar to drive innovation, explore new strategies, build relationships with stakeholders, and work with various government agencies. The Board and staff also expect that the Registrar will manage the College and its employees in a constructive and consultative manner to ensure a professional working environment whereby individuals are given appropriate autonomy and authority to fulfill their roles; that issues, problems and conflicts are addressed and resolved quickly and fairly; the working environment is ergonomically practical and safe to conduct the College's business; and all individuals are treated with utmost dignity and respect.

The Registrar brings to the Board considerable talent, experience, insight and knowledge about the work of the College, along with valuable insight about what is occurring in the environment in which the College functions and operates.

Fulfilling the leadership mandate requires the Board and the Registrar to both recognize that the role is one that they share and where they need to function as collaborators and partners.

LFG does not support the involvement of the Board in the 'direct management' of the organization. Board member time, energy and talent is directed to providing guidance and direction that articulates the Mission, Vision and Strategic Goals for the College, focuses on addressing matters that will have a material impact on the College, and ensuring that the College is fulfilling its mandate. In addition, the Board has a responsibility to be 'future focused' and should devote appropriate time and energy to issues that could impact the College's future.

At a practical level, this means that the Board does not spend time reviewing and discussing management, administrative or operational matters. Board meetings are devoted to addressing issues that require governance level decisions and positions rather than operational level policies or actions.

The LFG governance approach consists of a framework made up of six elements that are outlined in the following chart. These are the basis of the Board's on-going work.

Leadership Focused Governance – Framework for Governing

The Six Elements of Governing Framework Roles, Duties & Responsibilities		
Elements of Governing	**Responsibilities**	**Board Role & Authority**
1. Protect the public	Succession planning	Board is responsible to ensure that a succession plan exists for the Registrar; that it has a recruitment and nominations process in place for new Board members if no volunteers are available, and that Board development opportunities, including new member orientation, are in place.
	Environmental scanning	In collaboration with the Registrar, the Board should regularly scan the environment to identify changes, threats, weaknesses and opportunities that might affect its ability to operate effectively.
	Board Registrar partnership	Board is responsible for ensuring a good working relationship with the Registrar andthat Registrar performance is evaluated annually.
	Accountability	Board is responsible for documenting and reporting on its performance to its stakeholders on an annual basis (this includes a financial audit, an annual report, and College publications).
	Assessing Board performance	The Board should assess its own performance on a continual basis and make necessary adjustments accordingly.

2. Guidance & Direction	Mission, Vision, Strategic Goals	Develop and implement in collaboration with the Registrar & senior managers (Board makes final decisions).
	Shaping the future of the organization	In partnership with the Registrar, devote time to thinking, at a conceptual level, what the future holds for the College and the proactive strategies to be developed and implemented to properly position the College for the future.
	Core Values	Develop and review those vital values that all members of the College are expected to use, live by and demonstrate on a daily basis while executing their work responsibilities.
	Governing Principles	Confirm the principles that guide how the Board will govern.

	Key issues decision-making	Continuously identify and address issues that likely will have a material impact on the College and those stakeholders it serves.
	Review of strategies to achieve the Vision and Strategic Goals	Review, with the Registrar, strategies to ensure alignment with core values, governing principles, risk assessment, financial viability, and likelihood of achieving the Vision and Strategic Goals.

3. Standards of Organizational Conduct	Standards of Organizational Conduct that govern how the work of the College is carried out	Board develops the standards of organizational conduct and establishes governance policies to ensure that they are being applied.
	Oath of Office	Board members are expected to uphold the Oath of Office and to hold fellow Board members accountable for the same.
	Code of Conduct	Develop and implement a set of guidelines which outlines the roleof a Board member.

4. Organizational Oversight	Overseeing the affairs of the College	Board establishes and implements policies and practices that enable it to maintain general oversight of the management, administration and operations of the College.
		Board monitors the Registrar's performance regarding achievement of results, compliance with policies, regulations, laws and other expectations established by the Board.

5. Ensure financial health & sustainability	Annual operating & capital budgets	Board is responsible for ensuring that the operating and capital budgets comply with policies. Board has the final authority to approve or reject all budgets.
		Board must ensure that the budgets allow for the College to fulfill its mandate and achieve goals set out in the Board's strategic plan.
	Long term financial plan	Board must ensure that a multi-year financial plan (2 – 5 years) exists and is reviewed annually.
	Financial statements, internal controls, financial information systems	Board is responsible to ensure the integrity of financial statements and requires that the Registrar implements and continuously reviews suitable internal controls and financial information systems.

6. Relationship with stakeholders	Communication plan	Board & Registrar collaborate to develop and implement a plan for the College to communicate with stakeholders on a regular basis (includes seeking feedback and input on issues of importance to stakeholders).

Leading, Guiding and Directing

Major tools employed by the Board using the Leadership Focused Governance (LFG) model are:

- Setting the Vision and Strategic Goals
- Developing governance policy
- Monitoring Registrar performance
- Setting of budgets and oversight

The Vision and Strategic Goals tell the staff what the Board wants the College to accomplish. The policies, especially those known as Standards of Organizational Conduct, give guidance to empowering the staff in operating the College. Monitoring provides the Board with the information to determine the extent to which the Vision and Strategic Goals are being accomplished and if the Standards of Organizational Conduct are being followed.

There are several additional ways for the Board to lead, guide and direct the College and its staff. Among these are:

- Ensure that processes and practices are in place for implementing the Six Elements of Governing *(refer to page 15)*.
- Conduct an annual or semi-annual environmental scan to keep the Board informed of new issues, concerns, developments or opportunities that it might need to address.
- Ensure the Mission, Vision and Strategic Plan for the College is current and relevant.
- Utilize Board time to address issues and matters of material relevance to the public and the College.
- Ensure that Board meetings are present and future focused. To adhere to this, Board agenda items should be geared to making policy or decisions that address both current and future-related issues and situations.
- Ensure that Board policies address areas of concern to the Board and are relevant and current.
- Work collaboratively in partnership with the Registrar.
- Stay informed of developments, trends and changes in the profession and in the environments in which registrants practice.
- Use evidence based data and information when addressing issues and making decisions.

Committees and Task Groups

Leadership Focused Governance (LFG) views the need for a proliferation of committees as unnecessary. Because the Board acts as a whole and does not delegate its power and authority to individual Board members or committees, the Board primarily functions as a whole committee. However, there is an important role for a limited number of Board committees and task groups to do the initial research and analysis and present their findings and recommendations to the Board.

There are three types of College committees and/or task groups: Board initiated committees and task groups; Operational staff committees and task groups; and Committees required by legislation (Registration, Inquiry, Discipline, Quality Assurance and Patient Relations).

Board Committees and Task Groups

These committees and task groups are created to assist the Board in getting its work accomplished. This could mean gathering information on issues of concern to the Board, developing recommendations for consideration, and carrying out a project of importance to the Board.

The Key Characteristics of College Board Committees and Task Groups are:

- They are created by the Board.
- The Board determines their mandate and terms of reference.
- At least one sitting member of a committee or task group is a Board member.
- On-going direction and supervision is provided by the Board (usually by the Chair of the Board).
- They report directly to the Board.

Examples of Board committees and task groups:

Committees: Audit Committee
              (refer to the Board's Policy document)

Task groups: Policy Review
              Specific Issues
              Registrar Performance Review

Task groups differ from committees in that they are usually created to address a specific problem or issue. Their mandate is clearly defined in terms of expectations, resources and timetable. Upon submission of their report to the Board, the task group is disbanded.

Committees and task groups do not have the power or authority to make policy decisions. However, they may be asked to develop or recommend policy for consideration by the Board.

Board Meetings

Regular Meetings

Regular meetings are generally held on a bi-monthly basis for the discussion of general business. College registrants and members of the public may attend these meetings as observers. *(refer to the Board Policy document).* The minutes of the meetings are recorded and made available on the College's website.

The schedule of Board meetings is usually as follows:
> September
> November
> January/February
> April
> June

The Board usually does not meet during the summer months.

The essential work to be done at Board meetings is:

- To monitor organizational performance (achievement of outcomes and compliance with policy).

- To address governance-related issues, policy decisions, public safety matters, financial issues and engage in governance level decision making or policy development on matters or issues of material consequence to the public, the College or other stakeholders.

- To discuss new opportunities, challenges, or directions for the College.

- To educate itself on issues, trends or matters that may require future Board policy or decision-making.

- To annually reviewing its Strategic Plan.

- To create, review and revise policies as required.

- To obtain progressive actual operating budget updates.

- To listen to presentations made by staff personnel, consultants, registrants and members of the public.

Board meeting agendas are developed by the Chair in consultation with the Registrar and are based on the Board's annual work plan and items arising during the course of the year that require Board attention or decision-making. Board members wanting to add items to the agenda of a Board meeting should contact the Chair as far in advance of the scheduled Board meeting as possible so that sufficient time is allowed to assemble and distribute, as part of the Board package, material relevant to the agenda item.

Tele-conference/Video-conference Meetings

The *Health Professions Act (HPA)* specifies that *"the Board may meet and conduct business using video-conferencing or teleconference connections or by other electronic means when some or all of the Board members are unable to meet in person"*. If the Chair determines that a

sufficient number of Board members are unable to attend a meeting in person they may arrange for the meeting to be conducted by either video-conference or tele-conference.

In-camera Meetings

In-camera meetings of the Board are characterized by the strictest confidentiality. No minutes are kept, no observers are allowed and staff may not be included.

Board confidentiality and integrity is strongly affected by individual Board member actions. Board members must respect the confidentiality of in-camera Board discussions and refrain from discussing or sharing information on these matters with non-Board members.

The *Health Professions Act (HPA) bylaws Board Meetings (13) items (7) and (8)* state*:*

> *(7)   The Board may exclude any person from any part of a Board meeting if it is satisfied that:*
>
> > *(a)   financial, personal, or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,*
> >
> > *(b)   a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,*
> >
> > *(c)   personnel matters or property acquisitions will be discussed,*
> >
> > *(d)   the contents of examinations will be discussed,*
> >
> > *(e)   communications with the Office of the Ombudsman will be discussed, or*
> >
> > *(f)   instructions will be given to or opinions received from legal counsel for the College, the Board or a committee.*
>
> *(8)   If the Board excludes any person from a part of a Board meeting, it must have its reasons for doing so noted in the minutes of the meeting.*

Extraordinary General Meetings

Requirements and guidelines for extraordinary general meetings are specified in the *Health Professions Act (HPA) bylaws* for the College. Specifically for convening an annual or extraordinary general meeting the following section of the bylaws apply:

> *31.   Notice of General Meetings*
>
> > *(1)   The Registrar must deliver notice of an annual or extraordinary general meeting to every Board member and registrant at least 21 days prior to the meeting*
> >
> > *(2)   Notice of a general meeting must include:*
> >
> > > *(a) the place, day and time of the meeting,*

      (b) the general nature of the business to be considered at the meeting,

      (c) any resolutions proposed by the Board, and

      (d) any resolutions proposed by registrants under section 32 and delivered to the Registrar prior to the mailing of the notice.

    (3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.

    (4) General meeting must be open to the public.

    (5) The Registrar must:

      (a) provide reasonable notice of each general meeting to the public, and

      (b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

The Registrar is also obligated to ensure that every notice or mailing to registrants must also be provided to public representatives sitting on the Board or a committee.

Specific requirements regarding; Resolutions, Voting at a General Meeting and Proceedings at General Meetings can be found in the *HPA bylaws*.

Policies

A. Board Policy

In discharging its responsibilities under the *Act*, the Board is frequently called upon to make decisions on many diverse issues.

The way in which a Leadership Focused Governance (LFG) Board communicates its decisions, positions and intentions to staff and to others regarding all areas of its responsibilities is through policies. Policy statements are deemed effective on a majority vote of the Board.

The Board may set policy in four key areas:

1. ***Board Governance***. This category includes policies that address the Board's purpose and role in the six core elements of governing.

2. ***Board Operations***. This category sets out policies to guide the operations of the Board in carrying out its role and functions.

3. ***Standards of Organizational Conduct***. This category describes any conditions and constraints on the Registrar and staff (the actions and conditions that guide their work in operating the College).

4. ***Professional Practice***. This category includes policies that affect pharmacists, pharmacy technicians or pharmacies.

1. **Board Governance**
   1.1 Purpose and Role Overview
   1.2 Protect the Public
   1.3 Guidance and Direction
   1.4 Standards of Organizational Conduct
   1.5 Organizational Oversight
   1.6 Financial Health and Sustainability
   1.7 Relationships with Stakeholders

2. **Board Operations**
   2.1 Code of Conduct
   2.2 Conflict of Interest
   2.3 Confidentiality
   2.4 Committees and Task Groups
   2.5 Board Work Plan and Meeting Agendas
   2.6 Meeting Observers
   2.7 Succession Planning
   2.8 Board Assessment and Evaluation
   2.9 Registrar Performance Evaluation
   2.10 The Board/Registrar Relationship
   2.11 Reimbursement of Expenses to Board Members and Required Committees

3. Standards of Organizational Conduct
3.1   Financial Planning and Budgeting
3.2   Financial Management
3.3   Risk Management
3.4   Employee Relations
3.5   Employee Compensation and Benefits
3.6   Contractor Services
3.7   Protection of Registrant Information
3.8   Retention of Records
3.9   Charitable/Grant Donations and Sponsorships
3.10 Collaborative Agreements

4. Professional Practice
PPP-3   Pharmacy References
PPP-5   Pharmacy Security
PPP-12   Prescription Hard Copy File Coding System
PPP-15   Narcotic Controlled Drug Signing Authorizations
PPP-20   Prescription Refills
PPP-24   Depot Shipments of Prescriptions
PPP-25   Pharmacy Disaster Preparedness
PPP-26   Pharmacists Distribution of Alternative and Complementary Health Products
PPP-27   Registration Requirements for Pharm.D. Program Students
PPP-29   Triazolam Dispensing Guidelines (rescinded)
PPP-31   Emergency Prescription Refills
PPP-32   Dispensing Multidose Vials
PPP-35   Pharmacists' Refusal to Provide a Product or Service for Moral or Religious Reasons
PPP-39   Responsibility of the Pharmacist When Asked to Provide a Drug That May Harm the Patient (rescinded)
PPP-40   Repackaging Bulk Nonprescription Drugs
PPP-43   Automated Pharmacy Dispensing System
PPP-46   Temporary Pharmacy Closures
PPP-47   Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulations
PPP-50   Centralized Prescription Processing
PPP-54   Identifying Patients for PharmaNet Purposes
PPP-55   Telepharmacy
PPP-56   Standards for Pharmacy Technician Verification of Non-Sterile Products in Hospital Pharmacy Practice
PPP-57   Standards for Pharmacy Technician Verification of Sterile Products in Hospital Pharmacy Practice
PPP-58   Medication Management (Adapting a Prescription)
PPP-59   Pharmacy Equipment
PPP-60   Professional Liability Insurance
PPP-61   Hospital Pharmacy Published Standards
PPP-63   Hospital Pharmacist Role with Respect to Drug Distribution Systems, Drug Administration Devices, Products and Services
PPP-64   Guidelines to Pharmacy Compounding
PPP-65   Narcotic Counts and Reconciliations
PPP-66   Methadone Maintenance Treatment
PPP-68   Cold Chain Management of Biologicals

B. Staff Operational Policies

Developing staff operational policies (those that guide the day-to-day operations of the College) are the responsibility of the Registrar. It is the Registrar's job to ensure that all of the College's staff operational policies are:

- Congruent with Board policies.

- Based on existing Board policies.

Not substitutes for Board policies nor do they fill a gap where Board policy is needed but does not exist.

Terms of Reference: The Board

The role of the Board is to govern the College to ensure fulfillment of the mandate set out in the *Health Professions Act (HPA)* and the *Pharmacy Operations and Drug Scheduling Act (PODSA).*

Its specific areas of responsibility are set out in the Six Elements of Governing Framework *(refer to page 15).*

The Board is guided in its work by a set of Governing Principles *(refer to page 12).* In addition to its Governing Principles, the Board may set policy to govern the operations of the Board and the College.

The Board has the authority to determine and apply consequences to Board members and the Registrar for failing to follow its policies.

The *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA),* the Six Elements of Governing Framework and the Governing Principles serve as the Terms of Reference for the Board.

Terms of Reference: Board Members

Board members play a vital role in ensuring the success and effectiveness of the College. Although the role is one in which you are asked to provide leadership and guidance to the College, there are also obligations that you undertake as soon as you formally assume the title "Board member."

As a member of the Board, you are held liable and accountable for all decisions and actions in support of this self-regulated entity. As a result, the responsibilities and duties of a Board member are subject to public scrutiny. These responsibilities can be divided into two categories:

- Contribution to Board effectiveness.
- Legal and regulatory responsibilities *(refer to page 9).*

Contribution to the Board's Effectiveness

The responsibilities in this area are concerned with the personal approach, commitment and style of involvement of a Board member. The College gains the most from a Board when its members are committed to working and sharing together in its best interests.

The following are obligations and guidelines for maximizing the contribution you make to Board effectiveness.

It is the responsibility of each Board member to:

- Participate actively in the business of the Board and make a positive contribution to providing visionary leadership and direction;

- Fully participate with other Board members in overseeing the management of the affairs and business of the College;

- Act honestly, in good faith and in the best interests of the public;

- Exercise the care, diligence and skill of a reasonably prudent person under comparable circumstances;

- Ensure compliance with relevant acts, bylaws, regulations and policies;

- Stay informed on matters relevant to governing the College;

- Participate actively and constructively in the discussions of the Board;

- Follow Board approved rules and policies in governing and conducting Board business;

- Contribute to building and maintaining a healthy, effective and cohesive Board;

- Represent the interests of the public and not the interests of special groups or individuals. Board members may raise issues brought forward by registrants, members of the public and special interest groups. However, once the issue is brought to the Board table all Board members must examine the issue from the perspective of public safety;

- Maintain solidarity with other Board members in support of a decision made at a Board meeting.

- Come completely prepared and informed regarding all materials compiled and sent to you in order to fully participate in the discussion regarding the agenda.

- Help to advise and direct the Registrar in the management and operations of the College through Board policy;

- Attend all Board meetings. If it is apparent that you are likely to miss several Board meetings and are unable to fulfill your obligations, you may wish to discuss your continued involvement as a Board member with the Chair;

- Inform yourself of the proceedings, decisions, and proposed actions decided upon at missed Board meetings;

- Encouraged to participate fully in debates at the Board table and expressing views which may lead to a more fulsome discussion.

- Board members who are in disagreement with other Board members or the Registrar on Board or College issues or business should use the Board meeting as the venue to express their disagreement or dissatisfaction. The integrity, credibility, public image and ability of the Board to function effectively are enhanced if disagreements or dissatisfaction are confined to Board meetings.

Relationship of the Board and the Registrar

Governance of the College will be most effective when the Board and the Registrar work as partners. However, the Registrar is accountable to the Board, but is not accountable for Board performance.

Although the Board's purpose and mandate is to govern and the Registrar's is to manage the day-to-day operations of the College, the key elements that are the focus of their work are the same. These are:

- Protecting the public.

- Providing leadership and direction.

- Monitoring and oversight.

- Establishing conditions and constraints for all actions and decisions.

- Ensuring the financial health and sustainability of the College.

- Building relationships with stakeholders.

The Board's approach to its work is that its overriding purpose is to guide, direct and oversee the performance of the College. Consequently, it has the power, authority and control to ensure that the College, through the Registrar and their staff, fulfills its legislated mandate and achieves the Board's stated Mission, Vision and Strategic Goals.

The Registrar's approach is to ensure effective contribution to the key elements and to develop and implement strategies and means (programs, services, standards, management, administrative and operational structures) for successfully fulfilling the College's legislated mandate and achieving the Board's stated Mission, Vision and Strategic Goals. The Board gives the Registrar the necessary power and authority to carry out these duties and responsibilities, but the ultimate power rests with the Board.

A primary purpose of both the Board and the Registrar is to provide leadership. The talent, knowledge and skill that each brings to the table needs to be optimized in providing leadership and direction to the organization. This is best achieved when each of the parties invite and value the contribution of the other.

The Board and the Registrar are much stronger and more effective working together as partners. By seeing themselves as partners and collaborators, they open themselves up to building on each other's strengths and minimizing their differences or weaknesses. The lens through which they view challenges, issues and problems is one of joint ownership.

Additional reasons for working together as partners include:

- The Registrar and management team are a constant supply of critical information for the Board on issues, challenges, problems, opportunities and potential threats to the College and its work.

- The Registrar's knowledge of College operations, the political and social environment in which the College operates, and the potential impact or likely consequences of Board policy decisions makes the Registrar a valuable contributor to Board discussions and deliberations that require Board policy or decision-making.

- The perspectives and different experiences of Board members can help staff gain valuable insights into the potential effectiveness of their planned strategies for achieving the Vision and Strategic Goals.

For the partnership to be effective and successful, the partners must understand and respect the boundaries of their respective powers and authority. The process for developing the Mission, Vision and Strategic Goals has input from and the active participation of the Board and the Registrar. Although they work as partners, particularly in the area of providing leadership and direction, it is the Board that has the ultimate power and authority to decide the Mission, Vision and Strategic Goals for the College.

Relationship of the Chair and the Registrar

As the Chair on a Leadership Focused Governance (LFG) Board has no different authority or power than any other Board member, the Registrar's relationship with this person is at the level of colleague. In practice this means:

- If the Registrar requires direction, new policy or interpretation of policy, they need to receive it from the Board (ask that it be placed on the Board's agenda), not from the Chair. The Chair is not to be the interpreter of the Board's policies (unless specifically delegated to do so by the Board).

- Keeping the Board informed. When there is something the Registrar thinks the Chair should know regarding the business and affairs of the College, all Board members should be equally informed.

- Supervision of the Registrar, if required, is a function of the whole Board. Normally, the closest the Board will come to this function is in performing its duties of monitoring and overseeing the management of the College.

- The Board will designate the Chair to act as its liaison with the Registrar in between Board meetings.

- The Chair will confer with the Registrar regarding the preparation of the agenda for Board meetings to determine what items are ready or required to be discussed by the Board, and to ensure that relevant materials are made available to Board members in advance of the meeting.

Relationship of Board and Staff

The Registrar is the Board's only employee. This statement does not mean that staff and the Board do not communicate or interact. It does mean that the method and frequency of interaction is different. Rather than having all staff at every Board meeting, staff are present:

- When they are providing information or performing functions requested by the Board.

- When the Registrar is asked to report on or explain a matter of interest to the Board and a staff person is more knowledgeable or up-to-date on the topic.

Generally, requests by staff to address the Board on management and operational matters, as a rule, should not be granted. The Board should only grant such requests when staff has exhausted all efforts to address or resolve their concerns with the Registrar.

Communication to the Board

The responsibility falls to the Registrar to ensure that the Board is informed on changes or matters that are likely to affect assumptions in which Board decisions and policies are based. Also, any relevant trends that are likely to affect the College and potentially affect the public image of the Board and the College must be shared. This information, accompanied by the Registrar's analysis of the impact or consequences, needs to be provided to the Board by the Registrar in a timely fashion.

The Registrar is also obligated to ensure that the Board has a relevant staff perspective on matters it is studying or discussing in preparation for a policy decision.

Board Information Requirements

The information needs of the Board can be classified into three categories.

1. *Decision information:* This is the information the Board receives to assist it in making decisions. As much as is possible, this information should be factual and nonjudgmental. Although staff might have an interest in responding to one need over the others, this bias is not contained in the information presented to the Board, unless directly requested by the Board.

2. *Monitoring information:* This is the information used to gauge whether Board decisions have been satisfied. This information is essentially evidence that demonstrates degree of achievement of a specific outcome or goal or compliance with one or more Board policies.

3. *Incidental information:* This is the general information that is valuable or important to Board members, but which is not necessary for them to conduct Board business. Such things might be program initiatives, restructuring of various departments, etc.

It is important to the effective and successful operation of the Board that the Registrar delivers high quality, focused information in the decision and monitoring categories. The Registrar should avoid consuming valuable time in the Board meetings providing incidental information.

Monitoring Reports

Monitoring occurs on a regular basis throughout the year. The Board designates when it wishes to monitor the various strategic goals and policies. These will normally be spread out so that there is sufficient time to do the monitoring, as well as sufficient time in each Board meeting to deal with monitoring reports if necessary. The Board also designates the method by which each strategic goal and policy is monitored.

The methods are:

- Executive Report (Registrar).

- External Report (for example; Auditor's report).

- Direct Inspection (Task group or individual Board member).

For many of the strategic goals and policies, the Registrar is designated as the person to provide the monitoring report. Once the Board has set the method and schedule(ie: the Board meeting agenda and corresponding Board briefing package may be used for this purpose), the Registrar is automatically responsible for ensuring that each of the monitoring reports is sent to the Board members in advance of the meeting in which the report is due.

If the monitoring is done by a task group of the Board or by an external consultant, the monitoring reports must still be submitted to the Board in advance of the Board meeting at which they will be reviewed.

Terms of Reference: Chair

The primary work of the Chair is to manage the work of the Board, to represent the Board as required and to ensure that the Board operates within its mandate to governing and adhering to the rules and policies it establishes.

The Chair is only permitted to make decisions on behalf of the Board that are authorized in legislation, regulations, bylaws, Board policies or when delegated to do so by the Board.

The Chair has no authority to supervise or direct the Registrar. This is the responsibility of the whole Board.

Leadership and Vision

- Provide leadership to the Board in guiding the achievement of the goals of the organization.

- Being aware of the issues, problems, challenges that will have an impact on the stakeholders and the College.

- Using the Board development section of the agenda to educate and inform the Board about new developments, trends, opportunities and threats.

- Guide and direct the Board in following its chosen approach to governing unless this approach is deemed by the Board or by the legal body to whom it is directly accountable to be detrimental to the public interest or to the work of the College. This also includes guiding and directing the Board in fulfilling its mandated roles and responsibilities.

Guiding and Directing the Board's Work

- **Planning:** Direct, manage and oversee the work of the Board, its committees and task groups. Ensure that the Board engages in an annual planning exercise to identify its priorities and work plan for the coming year.

- **Monitoring:** Ensure the Board has assigned the methods and a schedule for monitoring its policies and that it is in accordance with the schedule.

- **Chairing Meetings:** Chair the Board meetings effectively, assuring adequate discussion on all issues, but keeping the meeting moving. Ensuring the Board's agenda is consistent with the governing principles.

- **Managing the agenda:** Ensure that the Board follows the agenda, that the time allocated for items is respected and that each agenda discussion is consistent with the Board's governing approach.

- **Clarifying the objective for each agenda item:** Before the Board starts to discuss an agenda item, members should be clear about whether the purpose of the discussion is information sharing, educating Board members about the specifics of an issue, reviewing options in preparation for decision making, or to make a decision.

- **Manage the meeting process:** Make sure the discussion stays on track, summarize progress, ensure all points have been presented, and bring closure to the discussion. To do this effectively, the Chair will follow meeting conduct guidelines.

- **Manage Board member participation and performance:** Encourage and help to facilitate the participation of all members of the Board and build consensus.

- **Guide Board Committees and Task Groups:** Guide and direct relevant Board committees and task groups, and ensure that these have clear terms of reference, expectations, goals and timelines.

- **Assess the Board's performance:** Encourage members to complete and submit evaluations after each Board meeting.

- **Enforce discipline:** Ensure adherence to any meeting rules created by the Board, governance policies, code of conduct and governing principles.

- **Board spokesperson:** Unless otherwise directed by the Board, the Chair or the Registrar will speak on behalf of the Board. They are limited to stating the position of the Board. The Chair is also responsible for representing the Board or College when and as required.

- **Liaison with the Registrar:** On behalf of the Board, the Chair will liaise with the Registrar.

Terms of Reference: Vice–Chair

The Vice-Chair upholds the responsibilities of the Chair when the Chair is unavailable or unable to perform in the role of Chair.

Terms of Reference: The Registrar

The role of the Registrar is to manage the College on behalf of the Board. They are the link between the Board and the staff. As a result, the Board's interaction with staff occurs through the Registrar.

The Registrar's job can be stated as deliverables in the following areas:

- Comply and fulfill the items set out in (a) to (p) below;
- Provide relevant guidance and direction to the College;
- Accomplish the Board's Vision and stated Strategic Goals;
- Comply with the Board's Standards of Organizational Conduct;
- Comply with all relevant legislation and regulations;
- Oversee the College's operations and performance;
- Protect the interests of the public;
- Ensure the financial viability and sustainability of the College;

- Obtain and utilize knowledge of the College's stakeholders in addressing issues of concern to both the public and the College.

Rather than a job description that seeks to specify all activities and actions that a Registrar must perform, the Board has set out the following deliverables and expectations for which the Board will hold the Registrar accountable:

a) Within the parameters established by the Board, effectively and efficiently manage the College staff to fulfill its legislated mandate, Mission, Vision and Strategic Goals;

b) Provide a safe, secure and healthy working environment for all staff;

c) In collaboration with the Board, develop the Vision and Strategic Goals that define the direction and results to be achieved;

d) Develop and implement the strategies and operational plans necessary to achieve the Vision;

e) Develop a comprehensive budget that addresses all the requirements to achieve the Vision and Strategic Goals while fulfilling the College's existing obligations;

f) Ensure the integrity of the College's internal control and management information systems;

g) Direct and monitor the activities of the College in a manner that ensures its assets are safeguarded and optimized in the best interests of the persons it exists to serve; and

h) Identify the principal risks that could be faced by the College and ensure the implementation of systems to manage these risks;

i) Hire, manage, supervise, evaluate and if necessary terminate the employment of staff;

j) Develop and implement operational policies necessary for the effective and efficient operation of the College;

k) Establish and maintain an annual Board approved plan for the development and succession of senior management;

l) Manage and oversee communication and relationships between the organization and its key stakeholders and, along with the Chair, act as a principal spokesperson for the College;

m) Ensure that the Chair and the Board are provided with relevant and timely information regarding material issues;

n) Foster an organizational culture that promotes ethical practices and encourages individual integrity and social responsibility;

o) Seek Board approval for expenditures, revenue measures, leases or other actions and transactions falling outside the guidelines and policies approved by the Board;

p) Work with the Board to lead and direct the College and to assist it where needed with governance and Board development.

Three (3) Year Strategic Plan

In the September 2013 Board meeting, the following was approved (italicized description following each goal summarizes the strategic intent).

❖ **Vision**
Better health through excellence in pharmacy.

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

❖ **Theme**
Quality of pharmacy services to optimize patient outcomes.

1. **Public Expectations**
   Public expectations placed on pharmacists and pharmacy technicians are informed by a better understanding of our role, our dedication to continuous quality improvement, and our accountability to the public
   Ensuring Public Expectations Are Met
   - *Events for pharmacists and pharmacy technicians designed to reinforce best practices in delivering patient-focused care and in developing relationships with patients are held over a three-year period, with an awareness campaign launched for the public in year two that aligns public expectations with professional practice on what the public expects from their pharmacist or pharmacy technician.*

2. **Interdisciplinary Relationships**
   Consistent with the Health Professions Act, enhance communication and collaboration with other healthcare professionals in order to ensure safe and quality care.
   Building Relationships with Other Health Professionals
   - *Working with other health professions, develop opportunities for pharmacists and pharmacy technicians to better define and enhance their role on the health care team supporting better health outcomes for patients.*

3. **Scope of Practice**
   The current and future care and services that pharmacists and pharmacy technicians deliver are safe, effective and aligned with the healthcare needs of the public.
   Advancing Pharmacy Practice Based on the Needs of Patient Care
   - *Pharmacists and pharmacy technicians will be better supported in practicing to their current scope by creating educational opportunities and communication tools. The College will seek to advance the profession by supporting the integration of pharmacy technicians into community practice, introducing legislation supporting access to patient laboratory data, the Advanced Practice Pharmacist designation, and removing many of the conditions that currently apply to adaptations and to pharmacist injecting authority.*

4. Standards

Standards of practice are current and are being met in order to ensure safe and effective pharmacy care.

Updating and Reinforcing Standards to Deliver Better Health Outcomes

- o *The College will review and update standards, add a new standard for pharmacy workload, while ensuring alignment with the continuing education requirement for pharmacists and pharmacy technicians. A new pharmacy and practice review system will strengthen enforcement with corrective action to be taken as needed. The role of the pharmacist and the pharmacy technician as health professionals bound to a code of ethics will be strengthened by the prohibition of tobacco products in premises where a pharmacy is located and the prohibition of loyalty points or other inducements on prescription or pharmacy service purchases.*

5. Technology

Current and emerging technologies are utilized when opportunities exist to enhance safe and effective pharmacy care.

Using Technology to Enhance Patient Care

- o *The College will continue to support the development of the next generation of PharmaNet (PNet) which provides a more comprehensive patient drug history to healthcare professionals. The College will seek to use technology to enhance patient care through the provision of current and comprehensive online drug information sources to assist registrants in evaluating therapeutic options.*

DISTRICT CHART

District 1 Metropolitan Vancouver	District 2 Fraser Valley	District 3 Vancouver Island/Coastal	District 4 Kootenay/Okanagan		District 5 Northern BC	District 6 Urban Hospitals	District 7 Community Hospitals	District 8 Pharmacy Technicians
Bowen Island	Abbotsford	Alert Bay	100 Mile House	Lillooet	Atlin	Capital Regional District (Victoria) Area Bounded by & including: on the North - City of North Vancouver, on the East - Pitt River and City of Surrey; on the South - Canadian/ USA Boundary	Pharmacists practising in hospitals outside of District 6	Regulated Pharmacy Technicians practising in BC
Brackendale	Agassiz	Bowser	Armstrong	Logan Lake	Bella Coola			
Burnaby	Aldergrove	Brentwood Bay	Ashcroft	Lumby	Burns Lake			
Garibaldi	Chilliwack	Campbell River	Barriere	Lytton	Chetwynd			
Garibaldi Highlands	Clayburn	Chemainus	Blind Bay	Merritt	Dawson Creek			
Lions Bay	Clearbrook	Cobble Hill	Boswell	Montrose	Dunster			
New Westminster	Cloverdale	Colwood	Cache Creek	Nakusp	Fort Nelson			
North Vancouver	Coquitlam	Comox	Castlegar	Naramata	Fort St. James			
Pemberton	Crescent Beach	Courtenay	Cawston	Nelson	Fort St. John			
Richmond	Cultus Lake	Cowichan Station	Chase	New Denver	Fraser Lake			
Squamish	Delta	Crofton	Christina Lake	Okanagan Falls	Hazelton			
Steveston	Essondale	Cumberland	Clearwater	Oliver	Houston			
Vancouver	Fort Langley	Duncan	Clinton	Osoyoos	Hudson's Hope			
West Vancouver	Haney	Errington	Cranbrook	Oyama	Kitimat			
Whistler	Hope	French Creek	Crawford Bay	Peachland	Mackenzie			
	Ladner	Fulford Harbour	Crescent Valley	Penticton	Masset			
	Langley	Gabriola Island	Creston	Princeton	McBride			
	Maple Ridge	Ganges	Elkford	Revelstoke	New Hazelton			
	Matsqui	Gibsons	Enderby	Robson	Prince George			
	Mission	Gold River	Fernie	Rossland	Prince Rupert			
	Mt. Lehman	Halfmoon Bay	Forest Grove	Rutland	Queen Charlotte City			
	North Delta	Hornby Island	Fruitvale	Salmo	Quesnel			
	Pitt Meadows	Ladysmith	Galloway	Salmon Arm	Smithers			
	Port Coquitlam	Lake Cowichan	Genelle	Scotch Creek	Stewart			
	Port Moody	Lantzville	Golden	Sicamous	Terrace			
	Sardis	Madeira Park	Grand Forks	Sorrento	Tumbler Ridge			
	Surrey	Mill Bay	Greenwood	Sparwood	Tupper			
	Tsawwassen	Mitchell Bay	Heffley Creek	Summerland	Valemount			
	Vedder Crossing	Nanaimo	Invermere	Tappen	Vanderhoof			
	White Rock	Nanoose Bay	Jaffray	Trail	Waglisla (Bella Bella)			
	Whonnock	Parksville	Kaleden	Vernon	Williams Lake			
		Pender Island	Kamloops	Wasa				
		Port Alberni	Kaslo	Westbank				
		Port Alice	Kelowna	Westwold				
		Port Hardy	Keremeos	Winfield				
		Port McNeill	Kimberley	Ymir				
		Powell River	Kinnaird					
		Quadra Island						
		Qualicum Beach						
		Roberts Creek						
		Saanichton						
		Salt Spring Island						
		Sechelt						
		Shawnigan Lake						
		Sidney						
		Sointula Island						
		Sooke						
		Sunshine Coast						
		Tofino						
		Ucluelet						
		Union Bay						
		Victoria						

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List of Acronyms

CPBC	College of Pharmacists of British Columbia
BCPhA	British Columbia Pharmacy Association
District 1	Metropolitan Vancouver
District 2	Fraser Valley
District 3	Vancouver Island/Coastal
District 4	Kootenay/Okanagan
District 5	Northern British Columbia
District 6	Urban Hospitals
District 7	Community Hospitals
AACP	American Association of Colleges of Pharmacy
ACCP	American College of Clinical Pharmacists
ACP	Alberta College of Pharmacists
ADPC	Association of Deans of Pharmacy of Canada
AFPC	Association of Faculties of Pharmacy of Canada
AIT	Agreement of Internal Trade
APES	Association des pharmaciens des establissemente de santé de Quebec
APhA	American Pharmacists Association
APP	Advanced Practice Pharmacist
APPC	Atlantic Provinces Pharmacy Council
ASCP	American Society of Consulting Pharmacists
ASHP	American Society of Health-System Pharmacists
BCCDC	BC Center for Disease Control
BCHA	British Columbia Health System
BOE	Board of Examiners
BPMH	Best Possible Medical History
BPS	Board of Pharmaceutical Specialties (US)
CACDS	Canadian Association of Chain Drug Stores
CAHP	Canadian Academy of the History of Pharmacy
CANPI	Canadian Association of Pharmacy Inspectors
CAPDM	Canadian Association of Pharmacy Distribution Management
CAPSI	Canadian Association of Pharmacy Students and Interns
CAPT	Canadian Association of Pharmacy Technicians
CCAPP	Canadian Council for the Accreditation of Pharmacy Programs
CCCEP	Canadian Council on Continuing Education in Pharmacy
CCCP	Canadian council of Clinical Pharmacy
CCGD	Canadian Council of Grocery Distributors

CCOHTA	Canadian Coordinating Office for Health Technology Assessment
CDAC	Canadian Drug Advisory Committee
CDMA	Canadian Drug Manufacturers Association
CDSA	Controlled Drugs and Substances Act
CE	Continuing Education
CEP	Continuing Education Program
CEU	Continuing Education Unit
CFP	Canadian Foundation for Pharmacy
CHI	Canada Health Infoway
CHP	Consumer Health Products Canada
CIHI	Canadian Institute for Health Information
CMA	Canadian Medical Association
CAN	Canadian Nurses Association
CNNAR	Canadian Network of National Association of Regulators
COMPUS	Canadian Optimal Medication Prescribing and Utilization Service
CPBA	Canadian Pharmacists Benefits Association
CPD	Continuous Professional Development
CPhA	Canadian Pharmacists Association
CPJ	Canadian Pharmaceutical Journal
CPPD	Continuing Pharmacy Professional Development
CPRC	Council of Pharmacy Registrars of Canada
CPSBC	College of Physicians and Surgeons of British Columbia
CPSI	Canadian Patient Safety Institute
CPTEA	Canadian Pharmacy Technician Educators Association
CRNBC	College of Registered Nurses of British Columbia
CRPNBC	College of Registered Psychiatric Nurses of British Columbia
CRO	Complaints Resolution Officer
CSA	Canadian Standards Association
CSHP	Canadian Society of Hospital Pharmacists
DAD	Dial-A-Dietician
DCAP	Drug Cost Assistance Program
DIN	Drug Identification Number
DIN-HM	Drug Identification Number for Homeopathic Medicine
DIS	Drug Information System
DPO	Desired Practice Outcome
DWI	Daily Witnessed Ingestion
EIP	Early Intervention Program
ELP	English Language Proficiency
EMR	Electronic Medical Record

ESL	English as a Second Language
ETP	Entry to Practice Examination
FAQ	Frequently Asked Question
FDR	Food and Drug Regulations
FIP	International Pharmaceutical Federation
FMRAC	Federation of Medical Regulatory Associations of Canada
FOIPPA	Freedom of Information and Protection of Privacy Act
FPP	Framework of Professional Practice
FTE	Full Time Equivalent
HPA	Health Professions Act
HPRB	Health Professions Review Board
HRDSC	Human Resources Development Skills of Canada
IDAC	Injection Drug Advisory Committee
IME	Independent Medical Evaluation
IPC	Inspector/Practice Consultant
IPG	International Pharmacy Graduate
IPS	International Pharmacy Services
ISMP	Institute for Safe Medicine Practices
KA	Knowledge Assessment
KPI	Key Performance Indicators
LGIC	Lieutenant Governor in Council
LPP	Learning and Practice Portfolio
MACP	Mobility Agreement for Canadian Pharmacists
MAP	Monitoring Adapting Prescriptions
MMT	Methadone Maintenance Treatment
MOH	Ministry of Health
MPhA	Manitoba Pharmacists Association
MRA	Mutual Recognition Agreement
MSP	Manitoba Society of Pharmacists
NABP	National Association of Boards of Pharmacy
NACPP	National Advisory Committee on Pharmacy Practice
NAPLEX	North American Pharmacy Licensing Examination
NAPRA	National Association of Pharmacy Regulatory Authorities
NBPhS	New Brunswick Pharmaceutical Society
NCCC	National Continuing Competence Committee
NCCP	National Continuing Competence Program
NDS	National Drug Schedules
NDSAC	National Drug Scheduling Advisory Committee
NHPD	Natural Health Products Directorate

NHPR	Natural Health Products Regulations
NLPB	Newfoundland and Labrador Pharmacy Board
NPN	Natural Product Number
NSCP	Nova Scotia College of Pharmacists
OCP	Ontario College of Pharmacists
OIC	Order in Council
OPA	Ontario Pharmacists Association
OPQ	Ordre des Pharmaciens du Quebec
OSCE	Objective Structured Clinical Examination
OSPE	Objective Structured Performance Examination
PA	Practice Audit
PAAB	Pharmaceutical Advertising Advisory Board
PANL	Pharmacy Association of Newfoundland and Labrador
PANS	Pharmacy Association of Nova Scotia
PD	Professional Development
PDAP	Professional Development and Assessment Program
PDC	Provincial Distribution Center
PEBC	Pharmacy Examining Board of Canada
PEIPhA	Prince Edward Island Pharmaceutical Association
PEIPB	Prince Edward Island Pharmacy Board
PET	Program Evaluation Task Group
PHN Data	Personal Health Number Data
PHN	Personal health Number
PLA	Prior Learning Assessment
PLAR	Prior Learning Assessment and Recognition
PPP	Professional Practice Policy
PPODSA	Pharmacists, Pharmacy Operations and Drug Scheduling Act
PODSA	Pharmacy Operation and Drug Scheduling Act
PRA	Provincial Regulatory Authority
PSD	Pharmaceutical Services Division
PT	Pharmacy Technicians
QAC	Quality Assurance Committee
QOS	Quality Outcome Specialist
RTW	Return to Work
SAP	Special Access Programme
SCP	Saskatchewan College of Pharmacists
SM	Standards Met
SNM	Standards Not Met
SPE	Structured Practical Evaluation

SPhA	Saskatchewan College of Pharmacists
SPT	Structured Practical Training
TB	Treasury Board
TBS	Treasury Board Staff
TPD	Therapeutic Products Directorate
TSE	Test of Spoken English
UBC	University of British Columbia
VIPPS	Verified Internet Pharmacy Practice Sites

College of Pharmacists of BC – Board Policies

PPP	Professional Practice Policy
UBC	University of British Columbia

College of Pharmacists of BC – Board Reference

HPA	Health Professions Act
CPBC	College of Pharmacists of British Columbia
PODSA	Pharmacy Operations and Drug Scheduling Act
LFG	Leadership Focused Governance
PPP	Professional Practice Policy

EXPENSE CLAIM FOR BOARD

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

200-1765 West 8th Avenue, Vancouver, BC V6J 5C6
T 604.733.2440   F 604.733.2493

Committee/Event   **BOARD COMMITTEE MEETING**

Name _____

Address _____

_____

S.I.N. _____

Birth date _____

Date	Description	Honoraria $400/day ($50/hr) $	Mileage $0.50/km km	Mileage $0.50/km $	Meals Type	Meals $	Travel & accom. $	Misc. $	TOTAL $
					Breakfast				
					Lunch				
					Dinner				
					Breakfast				
					Lunch				
					Dinner				
					Breakfast				
					Lunch				
					Dinner				
					Breakfast				
					Lunch				
					Dinner				
					Breakfast				
					Lunch				
					Dinner				
	TOTAL:								

MEAL RATES (receipts not required)

Breakfast	$19.00
Lunch	$19.00
Dinner	$33.00
Per day	$71.00

Submitted by (signature) _____   Date _____

Approved by (signature) _____   Date _____

Form - Expense - board member v2010.3

College of Pharmacists of BC
GUIDELINES FOR CLAIMING EXPENSES (BOARD)

1. **REIMBURSEMENT PROCEDURES**

   Submit claims for reimbursement immediately upon completion of meeting or travel.

   Submit **original receipts** for all expenses except for meals, mileage and bus fares.

   Travel status begins when you leave your home for college business.

   Convert expenses paid in **foreign currencies** into Canadian dollars at the current rate of exchange.

   Payment – direct deposit. Please attach a VOID cheque the first time you submit a claim and each time you change your bank account.

   Honoraria are subject to CPP contributions. To be CPP exempt, you must provide a copy of your CPP award letter.

2. **MEALS**

   While on travel status, per diem will be provided for meals:
Breakfast	$19.00
Lunch	$19.00
Dinner	$33.00

   On the day of departure, if travel status begins:
After 7 am	breakfast cannot be claimed
After 1 pm	breakfast and lunch cannot be claimed
After 7 pm	no meals can be claimed

   On the day of return, if travel status terminates:
Before 7 am	no meals can be claimed
Before noon	breakfast can be claimed
Before 7 pm	breakfast and lunch can be claimed
After 7 pm	all meals can be claimed

   If meals are provided while attending meeting or on travel status, there will be no reimbursement for meals purchased independently.

3. **TRAVEL**

   Mileage on personal vehicle will be reimbursed at a rate of $0.50 per km.

   If you choose to drive rather than fly to a meeting, you will be reimbursed the lesser amount of the cost of an **economy airfare** or the mileage.

   Other travel or related expenses that will be reimbursed include taxi, ferry, bus, parking and airport taxes.

4. **ACCOMMODATION**

   Where hotel accommodation is necessary, arrangements are to be arranged through the College office. Please provide advanced notice of at least 24 hours for any changes or cancellations; otherwise you may be personally responsible for any charges incurred.

BOARD GOVERNANCE REFERENCE AND BOARD POLICIES

DECLARATION FORM

Declaration of completion and understanding to be signed by each Board member following the annual Board Orientation session and handed into the Board Chair prior to the next regularly scheduled Board meeting:

I, _____ as a Board member of the College of
   (print name)

Pharmacists of British Columbia, declare that I have thoroughly read,

understood and will abide by the Board Governance Reference and the Board

Policies and any subsequent versions.

Signature:_____