



Members Present:

Doug Kipp, Chair, District 4
Beverley Harris, Vice-Chair, District 2
Agnes Fridl Poljak, District 1
Blair Tymchuk, District 3
Bob Craigue, District 5
Anar Dossa, District 6
Aleisha Thornhill, District 7
Bal Dhillon, District 8
Kris Gustavson, Government Appointee
Jeremy Walden, Government Appointee

Regrets:

Ryan Hoag, Government Appointee
George Walton, Government Appointee

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

1. WELCOME & CALL TO ORDER

Chair Kipp called the meeting to order at 8:58 am.

2. IN CAMERA SESSION – LEGAL ADVICE

3. IN CAMERA SESSION – LEGAL ADVICE

4. CONFIRMATION OF AGENDA

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

The Board approve the Agenda for the April 25, 2014 Board Meeting as presented.



5. APPROVAL OF FEBRUARY 21, 2014 MINUTES

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

The Board approve the February 21, 2014 Board Meeting Minutes as amended to include Aleisha Thornhill, District 7 Board Member present at the meeting.

6. CHAIR'S REPORT

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

- Regular meetings with the Registrar and Vice-Chair
 - Committee membership
 - Membership of the Robbery Task Group
 - PharmaNet order entry by pharmacy technicians
 - Registration fee considerations – what we charge pharmacies vs pharmacists and pharmacy technicians
 - Court case updates
- Welcomed the new government appointee, George Walton

7. REGISTRAR'S REPORT

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

- Meetings
 - Hospital pharmacy managers' meeting – presentation on NAPRA and Board activities
 - Ministry officials re: PDP legislative changes
 - ADMs Barb Walman and Arlene Paton
 - DM Sheila Taylor – Social Development
 - Regular meetings with Chair and Vice-Chair
 - Allan Seckel (Doctors of BC), Heidi Oetter (College of P&S) and Geraldine Vance (BCPhA) to discuss e-prescribing implementation in BC
 - Met with Target pharmacy leaders Karen Wolfe and Jeff May re: first year operations
 - Orientation, welcome and swearing-in of new public Board Member, George Walton
 - CPRC and NAPRA meetings
 - London Drugs Managers meeting
 - NAPRA compounding working group meeting
 - BCPhA Board
 - BC Branch CSHP executive
- Strategic planning filming
- Toured Gene Sequencing Centre at UBC (Nislow)



- Discussions with the registrar of companies re: companies names
- Attended Farbeh discipline hearing
- Union negotiations and agreement with COPE 378
- Reviewed the volunteers for committees with CPLT and Vice-Chair Harris
- FOI review and sign off of thousands of pages of redacted documents for release
- Prepared and released statement clarifying the elements of a prescription that a pharmacist can complete
- Attended privacy and FOI training session by David Loukidelis
- Discussed engagement strategy for Pharmacy Practitioner and Pharmacy Reviews
- Discussions re: tobacco sales prohibition with staff and legal counsel
- Meeting with CORE UBC about the results of the survey
- Chaired the inaugural meeting of the Practice Review Program

Pharmacy Technicians on PharmaNet report:

- Maximus has completed an initial review at the request of the Ministry of Health (MoH), the results shared at a meeting on April 8th.

Currently pharmacists are identified/recorded on PharmaNet via two fields: a 5 digit Practitioner ID assigned to them (license number) along with a Practitioner ID Reference two character code for the profession (P1 in our case)

- There are two “shorter term” solutions that could be put in place to identify pharmacy technicians each with an approximate 6-8 month time horizon that do not involve as much programming change as “option C” as there we would try to make use of existing data fields where currently the pharmacist ID is recorded.
 - Create unique Profession Identifier for pharmacy technicians (much like we have “P1” for pharmacists) outside of CPhA established standards as PharmaNet is unable to accept the established PTECH standard code as it has more than two characters
 - Set aside/reserve a range of practitioner ID (College license numbers) as dedicated to pharmacy technicians only and still use “P1” as the Profession Identifier for both pharmacists and pharmacy technicians

Limitations for both options include:

- Potential rejection of claims – potential to corrupt the adjudication process based on current conformance standards
- The useful “life span” of the fix
- Potential need to change our registration policy (re: license numbers for technicians)
- Will require software vendors to be brought for repeated rounds of conformance testing in light of other PNET Modernization and information security initiatives

There is one “longer-term” solution identified that is connected with a more encompassing information security initiative (12 month horizon)



- Add a new field to transactions or repurpose an unused one and change the PharmaNet database to capture Pharmacy Technician data

Add an "Entered By" or similar such field to PharmaNet transactions to allow for the addition of Pharmacy Technician IDs to the existing transactions. This would mean the workflow would remain the same with the Pharmacist ID populating all the current fields. The pharmacy technicians could be assigned a Practitioner ID Ref (i.e. P2) for this new field.

- Will be able to readily identify/audit all registrant types for PharmaNet activities
- Will not interfere with claims adjudication process
- Will bring software vendors in for a single round of conformance testing

More discussion is taking place in the near future based on more scenario testing and MoH review of impact to all stakeholders for these options (MoH, CPBC, SSO's etc.)

* A reminder will be sent out in Readlinks re: pharmacy technicians not having an independent PharmaNet ID.

- a) Business Arising from minutes (APPENDIX 1)
- b) Pharmacists working conditions (ie breaks)
 - C.O.R.E survey follow up: investigated and discovered that breaks are covered under the Employment Standards Act for pharmacists. This needs to be communicated to registrants.
 - Interesting, that other health care professionals are exempt from this.
 - This issue of work load quotas is still being investigated; information will be brought to future meeting.
- c) Options for considerations of action to take in the absence of nominations in a district election.

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

The Board approve Option 1 as presented to address the potential situations where no nominations are received from a district for a Board election.

*B. Tymchuk against

8. UBC: mHEALTH IN COMMUNITY PHARMACY STUDY FUNDING PROPOSAL (APPENDIX 2)

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

The Board approve the UBC mHealth Funding proposal as presented.



9. COMMITTEES

a) Membership Appointments (**APPENDIX 3**)

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

The Board approve dissolving the KA Subcommittee and the CE-Plus Subcommittee.

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

The Board approves the establishment of the Practice Review Committee to be responsible for the development and maintenance of the Practice Review Program.

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

The Board approves all Committee appointments as presented.

b) Committee Annual Reports (**APPENDIX 4**)

- i) CE-Plus
- ii) Community Pharmacy Advisory
- iii) Discipline
- iv) Ethics Advisory
- v) Hospital Pharmacy Advisory
- vi) Injection Drug Administration
- vii) Inquiry
- viii) Jurisprudence Examination
- ix) Legislation Review
- x) Quality Assurance
- xi) Registration

c) Committee Terms of Reference

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

The Board approves the updated Terms of Appointment section universally in the Terms of Reference as presented.

d) Robbery Prevention Working Group Update

Vice-Chair Bev Harris provided a verbal report noting that there is great concern among police and pharmacists regarding the increase in pharmacy robberies. The group felt there was some urgency and as such a follow up meeting is being scheduled for June.



10. COAT OF ARMS – UPDATED VERSION (APPENDIX 5)

Mykle Ludvigsen, Director Public Accountability and Engagement presented two options for the Board's review.

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

The Board approves option 1 Coat of Arms design as presented for use as the College's logo.

11. OPTIONS FOR NAME CHANGE

Bal Dhillon, Board Member, presented stating that the work that the College performs is important and would like our name to accurately reflect this important work. She is proposing engagement with registrants to provide clarity not an actual name change at this time.

The motion presented was taken under advisement:

That the Board directs the Registrar to engage with registrants on the suitability of the existing College name given its longevity, public recognition, and the need to accurately reflect the important work that it does.

12. LEGISLATION REVIEW COMMITTEE UPDATE

Suzanne Solven, Deputy Registrar, introduced Carmel Wiseman from the College of Dental Surgeons who was invited to aid in providing information and clarity. She is a lawyer instrumental in this working group.

- a) Public Notifications (**APPENDIX 6**)
 - i) PPP72 Inquiry and Discipline Publication Policy

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

The Board approve Professional Practice Policy-72 Inquiry and Discipline Publication Policy as presented.

Note: Jeremy Walden, Board Member, commended Deputy Registrar Suzanne Solven and all staff on a job well done; noting this is great for moving forward. The balance of the Board seconded this.



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

The Board approves publishing all discipline decisions on the Canadian Legal Information Institute (CanLII) website once the framework has been implemented.

b) PODSA Form Revisions

Suzanne Solven, Deputy Registrar, noted that PODSA requires public posting unlike HPA.

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

The Board approve the proposed draft Pharmacy Operations and Drug Scheduling Act Forms 4, 5, and 6 for public posting as presented.

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

The Board request a shortened 10 day public posting period from the Ministry of Health.

13. QUALITY ASSURANCE COMMITTEE (QAC) UPDATE (APPENDIX 7)

14. STRATEGIC OPERATIONAL PLAN DELIVERABLES (APPENDIX 6)

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

The Board direct the Registrar to draft bylaws to prohibit registrants from practising, and pharmacies from being located, in premises where tobacco products are sold.

15. AUDIT AND FINANCE COMMITTEE (APPENDIX 8)

It was MOVED (B. Craigie), SECONDED (A. Fridl Poljak) and CARRIED that:

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

16. BOARD HIGHLIGHTS

- \$250,000 granted to UBC mHealth project
- Reminder in Readlinks that pharmacists are responsible for assistants who work under their PharmaNet ID.



- Committee Appointments
- Dissolving of the KA and CE-Plus subcommittees
- Practice Review Committee
- Approval of option 1 for the Coat of Arms
- Public Notification PPP72
- Name change update

CLOSING COMMENTS

Chiar Kipp thanked staff for all their efforts and hard work.

The College of Pharmacists of British Columbia Board Meeting concluded at 4:10 pm.



BOARD MEETING
April
25, 2014

7 (a) Business Arising from Minutes

MOTIONS / ACTION ITEMS	Mtg & Section	Status
Revise mail order and non-dispensing pharmacy sections of Bylaws		Complete
Discuss patient counselling issue at November Board meeting and then send direction to Community Pharmacy Committee	Sep 20/13 9 (d)	Complete
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	Complete
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	Complete
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	Complete
The Board directs the Registrar to develop for implementation, the Hybrid model to be conducted by CPBC Staff.	Sep 20/13 11	Complete
The Board directs the Registrar to suspend the use of the KA exam once an alternative assessment tool is implemented.	Sep 20/13 11	Complete
Follow up regarding public appointee to the Board	Nov 22/13 8	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	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 and contract to be to this UBC research program	Nov/13 13	Complete
Complete CORE survey results to come to Board meeting (TBD) for further consideration.	Nov/13 15	In progress
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	Complete



BOARD MEETING

April
25, 2014

Motion: The Board approve that the College return to the use of the Coat of Arms in its visual identity. <ul style="list-style-type: none"> Find appropriate updated version Integration of new logo/branding (June Mtg) 	Nov/13 18	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. <ul style="list-style-type: none"> Look at change regarding parental leave 	Nov/13 20	1 st part Complete In progress
Motion: In order to best serve and protect the public the Board directs the Registrar to develop a plane to address: <ol style="list-style-type: none"> the need for adequate meal breaks and rest periods to prevent fatigue; and quotas and other issues that interfere with pharmacy professionals' ability to practice in a safe and competent manner. 	Feb/13 5(d)	In progress
Motion: The Board directs the Registrar to invite the Ministry of Health to present their strategy to a future Board meeting	Feb/13 5(e)	In progress
Motion: the Board approve the amendments to Professional Practice Policy-3 Pharmacy References as presented. Provide guidance re: disclaimer that if you have a specialty practice you must have a reference (per comment from Agnes)	Feb/13 7	Complete
Motion: The Board approve 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 to successfully complete the KA exam prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.	Feb/13 9(b)	Complete
Motion: The Board approve the Quality Assurance Committee policy for reinstatement applicants as aligned with the bylaws: 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 must complete the CE requirements prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.	Feb/13 9(b)	Complete
Motion: 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.	Feb/13 9(b)	Complete
Motion: 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.	Feb/13 9(b)	Complete

EmPhAsIS

Empowering Pharmacists in Asthma management through Interactive SMS

Mary De Vera, PhD
Mohsen Sadatsafavi, MD, PhD
Larry Lynd, BSP, PhD
Carlo Marra, PharmD, PhD

Presentation to the BC College of Pharmacists
April 25, 2014



a place of mind



Collaboration for
Outcomes
Research and
Evaluation

EDITORIAL

The Importance of Medication Adherence in Improving Chronic-Disease Related Outcomes

What We Know and What We Need to Further Know

Rajesh Balkrishnan, PhD

“Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments”¹

An Epidemic



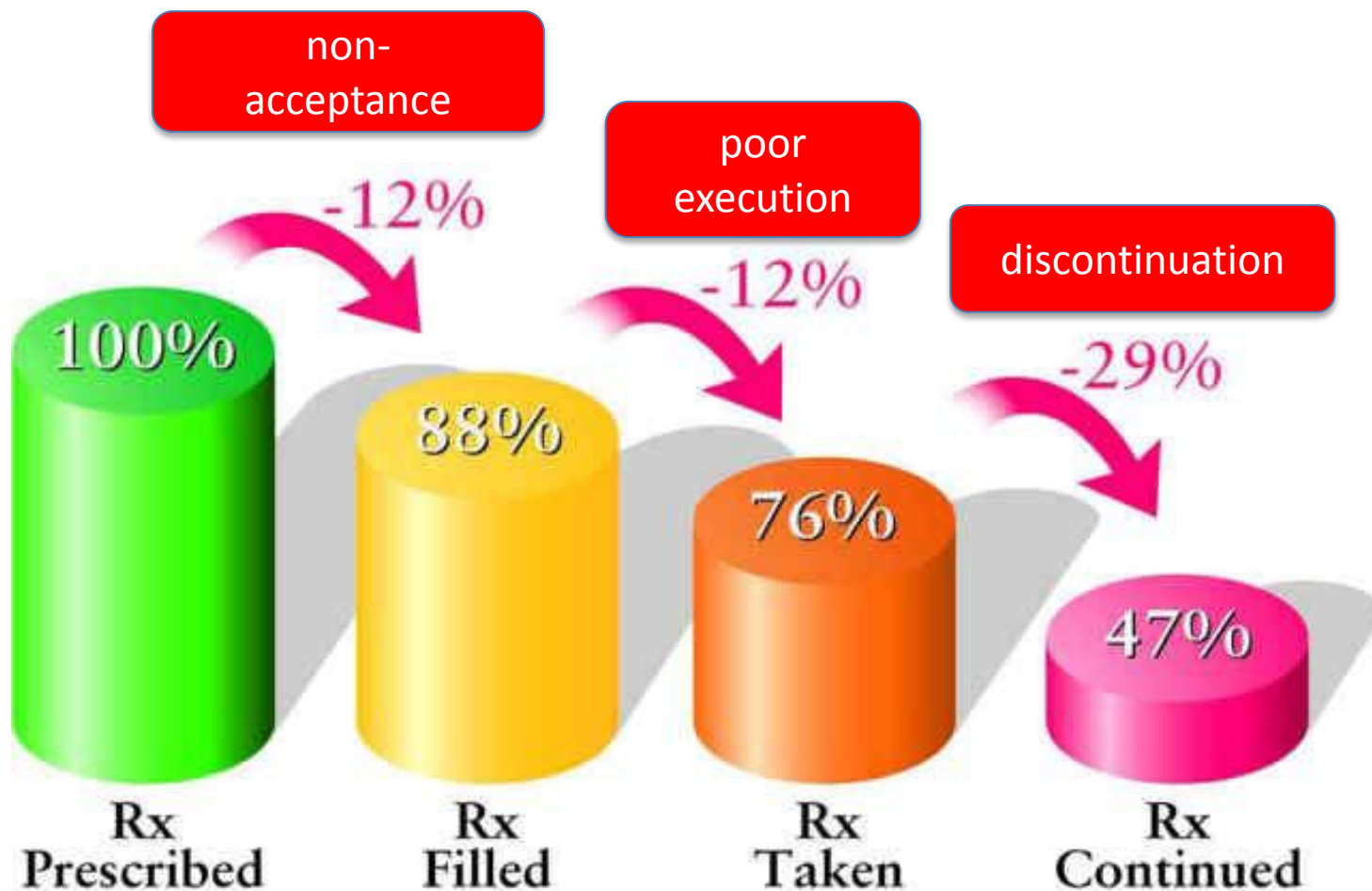
- Non-adherence in patients with chronic diseases: **~50%**

Ref: WHO 2003

- Burden
 - Deaths/year (US): **~125K**
 - Cost (Canada): **\$7-9 B/year**

Ref: Coombs 1995

A Closer Look



Ref: Overview Medication Adherence – Where Are We Today? 2006

Other forms of non-adherence

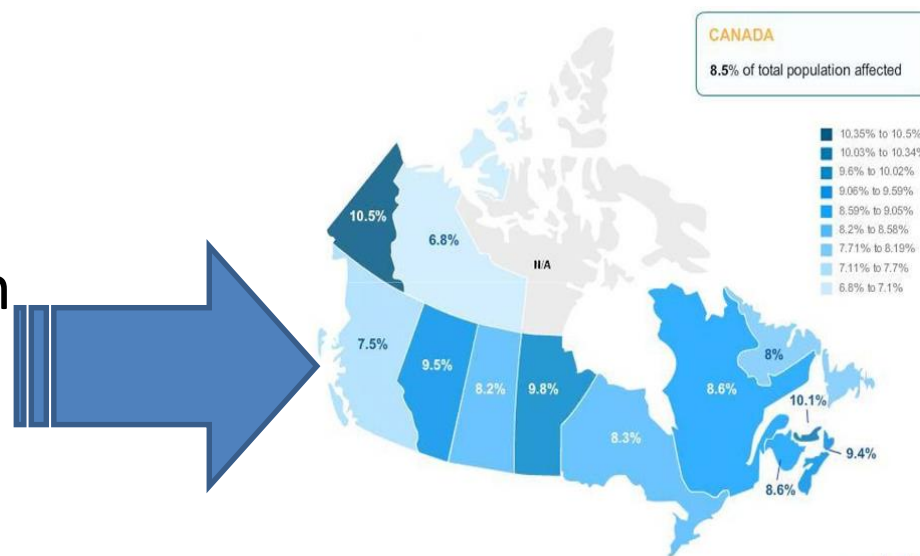
- Taking more of a medication than prescribed
- Taking a medication prescribed for someone else
- Taking a dose with prohibited foods, liquids, etc
- Taking outdated or damaged medications
- Improper storage of medications
- Improper use of medication administration devices (e.g. inhalers for asthma)

In Asthma

Adherence

- Controller: 30 – 70%
- Inverse relation between adherence and adverse asthma outcomes
 - Exacerbations
 - ED visits
 - Hospitalizations
 - Death

Epidemiology



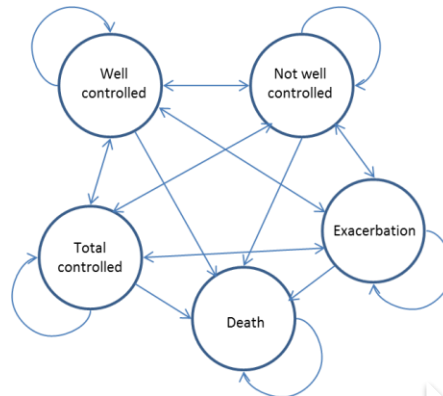
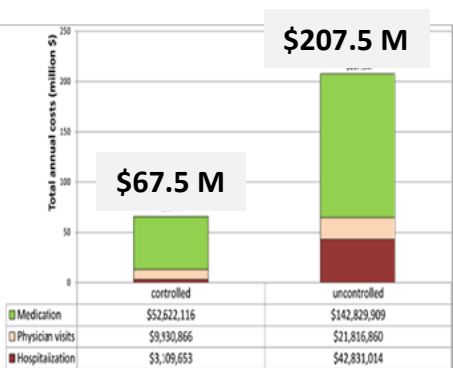
Source: Statistics Canada, Canadian Community Health Survey, 2010

© 2012 National Lung Health Framework



- 235 million worldwide
- Leading cause of absenteeism from school
- Third leading cause of work loss

Asthma Story in BC



Bedouch. PLoS ONE. 2012.



Adherence	Primary Care, %
ICS ^a	31.0 (29.1-32.8)
LABA ^a	14.6 (13.0-16.1)
ICS + LABA	13.1 (11.7-14.5)
LTRA ^a	5.3 (4.2-6.3)
Cromolyns ^a	0.4 (0.0-0.7)
Any controller	34.3 (32.4-36.2)



Sadatsafavi. Chest 2013

Need for Adherence Interventions in Asthma

Editorial

Asthma in the real world

Paul M. O'Byrne, MB, FRCP(C) *Hamilton, Ontario, Canada*

Key words: Adherence, inhaled corticosteroids, long-acting inhaled β -agonists, leukotriene receptor antagonists

Despite the availability of effective and generally very safe

adherence. One such study has compared the effectiveness of LTRAs with that of ICSs either as a first-line controller therapy or LABAs as add-on therapy in asthmatic patients already receiving ICSs in primary care practice.⁸ The study demonstrated that

recommended is vanishingly low, and this is an important reason for the consistent findings of lack of asthma control in many patients. However, if an add-on treatment to an ICS is needed, the proportion of time on ICSs is better when LABAs are chosen when compared with LTRAs. This might be related, in part, to the fact that ICSs/LABAs are usually dispensed as a single inhaler, and therefore the patient cannot take the one component without the other. In addition, the consistent improvement in the outcomes for ICSs/LABAs during the periods of uninterrupted treatment suggests that this combination is also a more effective choice, as the randomized controlled trials comparing these combinations have suggested.¹²

Asthma-related hospitalizations were very infrequent in these patients and not different between the 2 treatment approaches, but a surprising finding of this study was that non-asthma-related hospitalizations were slightly but significantly higher in the patients treated with ICSs/LABAs in the uninterrupted treatment analysis. This might have been a chance observation but requires further evaluation given the concerns about the safety of LABAs when added to ICSs in asthmatic patients.¹³

Although results generated from administrative databases have limitations, which have been recognized by the authors of the study, they allow conclusions that cannot be obtained from randomized controlled trials. The study reinforces the dreadfully poor adherence to regular ICS treatment in asthmatic patients. There is little doubt that the greatest opportunity to further improve outcomes in asthmatic patients is to develop ways to enhance adherence to the effective treatments that are currently available.

REFERENCES

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“There is little doubt that the greatest opportunity to further improve outcomes in asthmatic patients is to develop ways to enhance adherence to the effective treatments that are currently available.”

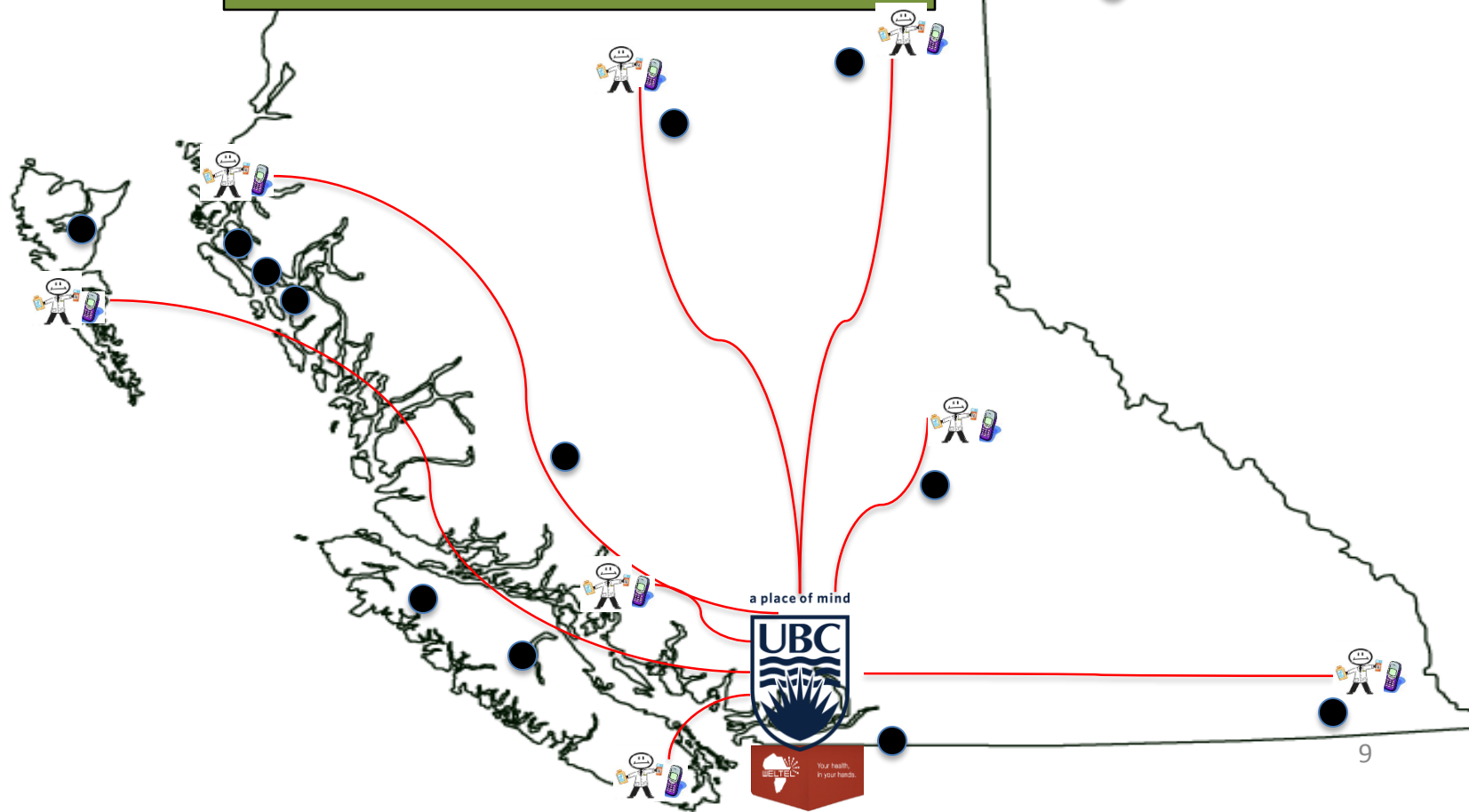
EmPhAsis Trial

Appendix 2

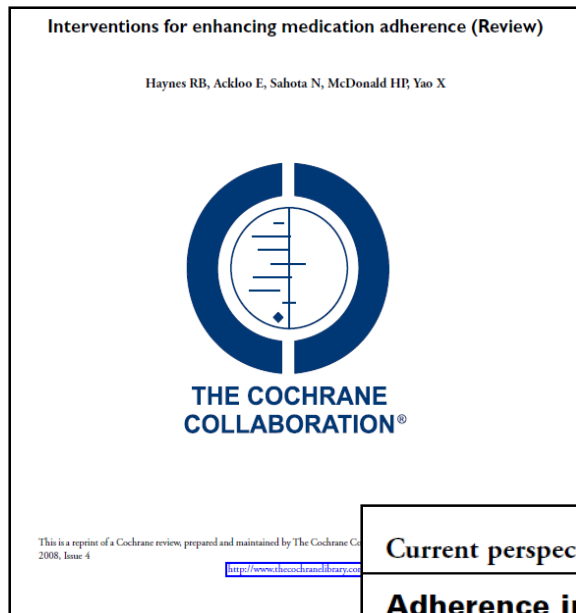
1. Emphasize role of **pharmacists**
2. Take advantage of **SMS** technology (centralized, automated by WelTel)
3. Can only be done in **BC** (use of PharmaNet to provide objective, real-world adherence measure)

Cluster randomized controlled trial **initiated** in **BC** community pharmacies

-  - intervention
-  - usual care



Rationale for EmPhAsIS



recommendations

Current perspectives

Adherence intervention research: What have we learned and what do we do next?

Bruce Bender, PhD,^a Henry Milgrom, MD,^{a,b} and Andrea Apter, MD, MS^c
Denver, Colo, and Philadelphia, Pa

Although there is general agreement from studies demonstrating that adherence to inhaled corticosteroid therapy is often inadequate to establish consistent control, relatively little concurrence exists in reports of interventions to correct the problem. Half of the studies reviewed found that the experimental intervention did not change adherence, and behavior change reported by patients was often not accompanied by changes in treatment success. Studies used a variety of methods that differed in quality with findings that were often contradictory. Key limitations in many studies included reliance on inadequate adherence measures, inclusion of convenience samples of well-motivated patients, and assessments of intervention outcomes artificially boosted by attrition of least adherent participants. Research is encouraged into innovative interventions that are brief, easily implemented, and can be tailored to individual patients and diverse clinical settings. Of particular importance is inclusion of hard-to-reach patients, including urban and rural poor and the use of valid measures of adherence at intervals sufficient to establish enduring benefit. (*J Allergy Clin Immunol* 2003;112:489-94.)

• Intervention:

- Involve allied health professionals
- Brief, easily-implemented
- Inexpensive

Research study:

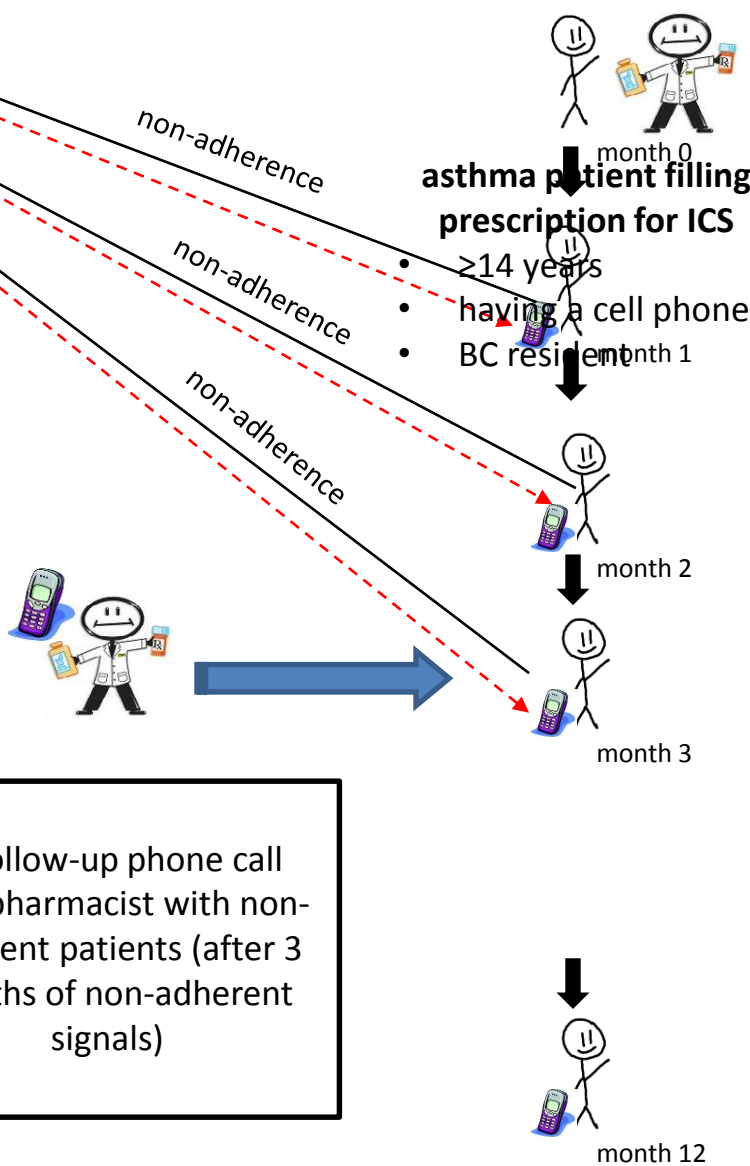
- Grounded in “real-world”
- Use valid adherence measures
- Include hard to reach patients (e.g. rural)

1. Emphasize Role of Pharmacists

- Why?
 - Patients see pharmacists up to 8 times more than doctors *Ref: Knapp. J Am Ph Assoc. 1999*
 - Patients consider pharmacists as trusted sources for medical information
Ref: Donohue. J Am Geriatr Pharmacotherapy. 2009.
- **74** community pharmacies in BC randomized to provide
 - EmPhAsIS intervention (n = 37), Usual care (n = 37)
 - Target **370** asthma patients (5 asthma patients per pharmacy)
- History of pharmacist practice research at CORE
 - PhIND-OA: Pharmacist Identification of New, Diagnostically Confirmed OA
 - PhiT-OA: Pharmacist-Initiated Intervention Trial in OA *Ref: Marra. A&R. 2007; Marra. A&R. 2012.*

EmPhAsIS “Flow”

a place of mind



1. Pharmacist education to discuss treatment, information on chronic, episodic nature of asthma, importance of adherence

2. Monthly assessment of adherence with SMS, centralized at UBC using WelTel platform

3. Follow-up phone call from pharmacist with non-adherent patients (after 3 months of non-adherent signals)

2. Take advantage of **SMS** Technology

- Low-cost, instantaneous, ubiquitous medium
 - 2012: **26.9M** Canadian mobile phone users, BC top 3 highest use
 - 2009: Canadians sent **>35B** text messages
- Promising adherence intervention
 - 2-way vs. 1-way communication (reminders)
 - “Patients not machines”
 - SMS as an instantaneous method of communication to engage patients in their care (behaviour change communication)
- Established, renowned SMS platform → WelTel collaboration in EmPhAsIS



WelTel

- UBC-designed cell-phone based support and engagement platform (Dr. Richard Lester, WelTel.org)
- Landmark trials
 - HIV (Kenya)
 - Canadian trials (TB, EmPhAsIS)
- Customize, centralize transmission of text messages

 **Effects of a mobile phone short message service on antiretroviral treatment adherence in Kenya (WelTel Kenya1): a randomised trial**

Richard T Lester, Paul Ritvo, Edward J Mills, Antony Kariri, Sarah Karanja, Michael H Chung, William Jack, James Habyarimana, Mohsen Sadatsafavi, Mehdi Najafzadeh, Carlo A Marra, Benson Estambale, Elizabeth Ngugi, T Blake Ball, Lehana Thabane, Lawrence J Gelmon, Joshua Kimani, Marta Ackers, Francis A Plummer

Summary

Background Mobile (cell) phone communication has been suggested as a method to improve delivery of health services. However, data on the effects of mobile health technology on patient outcomes in resource-limited settings are limited. We aimed to assess whether mobile phone communication between health-care workers and patients starting antiretroviral therapy in Kenya improved drug adherence and suppression of plasma HIV-1 RNA load.

Methods WelTel Kenya1 was a multisite randomised clinical trial of HIV-infected adults initiating antiretroviral therapy (ART) in three clinics in Kenya. Patients were randomised (1:1) by simple randomisation with a random number generating program to a mobile phone short message service (SMS) intervention or standard care. Patients in the intervention group received weekly SMS messages from a clinic nurse and were required to respond within 48 h. Randomisation, laboratory assays, and analyses were done by investigators masked to treatment allocation; however, study participants and clinic staff were not masked to treatment. Primary outcomes were self-reported ART adherence (>95% of prescribed doses in the past 30 days at both 6 and 12 month follow-up visits) and plasma HIV-1 viral RNA load suppression (<400 copies per mL) at 12 months. The primary analysis was by intention to treat. This trial is registered with ClinicalTrials.gov, NCT00830622.

Findings Between May, 2007, and October, 2008, we randomly assigned 538 participants to the SMS intervention (n=273) or to standard care (n=265). Adherence to ART was reported in 168 of 273 patients receiving the SMS intervention compared with 132 of 265 in the control group (relative risk [RR] for non-adherence 0.81, 95% CI 0.69-0.94; p=0.006). Suppressed viral loads were reported in 156 of 273 patients in the SMS group and 128 of 265 in the control group, (RR for virologic failure 0.84, 95% CI 0.71-0.99; p=0.04). The number needed to treat (NNT) to achieve greater than 95% adherence was nine (95% CI 5.0-29.5) and the NNT to achieve viral load suppression was 11 (5.8-227.3).

Interpretation Patients who received SMS support had significantly improved ART adherence and rates of viral suppression compared with the control individuals. Mobile phones might be effective tools to improve patient outcome in resource-limited settings.

Funding US President's Emergency Plan for AIDS Relief.

Lancet 2010; 376: 1838-45
Published Online November 9, 2010
DOI:10.1016/S0140-6736(10)61997-6
See Comment page 1807
Department of Medical Microbiology, University of Nairobi, Nairobi, Kenya (R T Lester MD, A Kariri BSc, S Karanja BSc, E Ngugi PhD, L J Gelmon MD, J Kimani, MBChB); Department of Medical Microbiology, University of Manitoba, Health Sciences Centre, Winnipeg, MB, Canada (R T Lester, T B Ball PhD, L J Gelmon, J Kimani, Prof F A Plummer MD); Division of Infectious Diseases, Department of Medicine, University of British Columbia, Vancouver, BC, Canada (R T Lester); School of Kinesiology and Health Sciences, Department of Psychology, York University, York, ON, Canada (P Ritvo PhD); Faculty of Health Sciences, University of Ottawa, Ottawa, ON, Canada (E J Mills PhD); Department of Global Health, University of Washington

EmPhAsIS Questions

- **Is EmPhAsIS effective?**
 - Adherence, hospitalizations, reliever medication
- **Is EmPhAsIS cost-effective?**
 - Incremental cost-effectiveness ratio

3. Can only be done in BC



- Is EmPhAsIS effective?
 - Outcomes measured using BC administrative data
 - **PharmaNet** data to provide **real-world, objective** measure of adherence
 - Efficient
 - No self-report or social desirability bias
 - Less-costly (versus medication event monitoring systems)

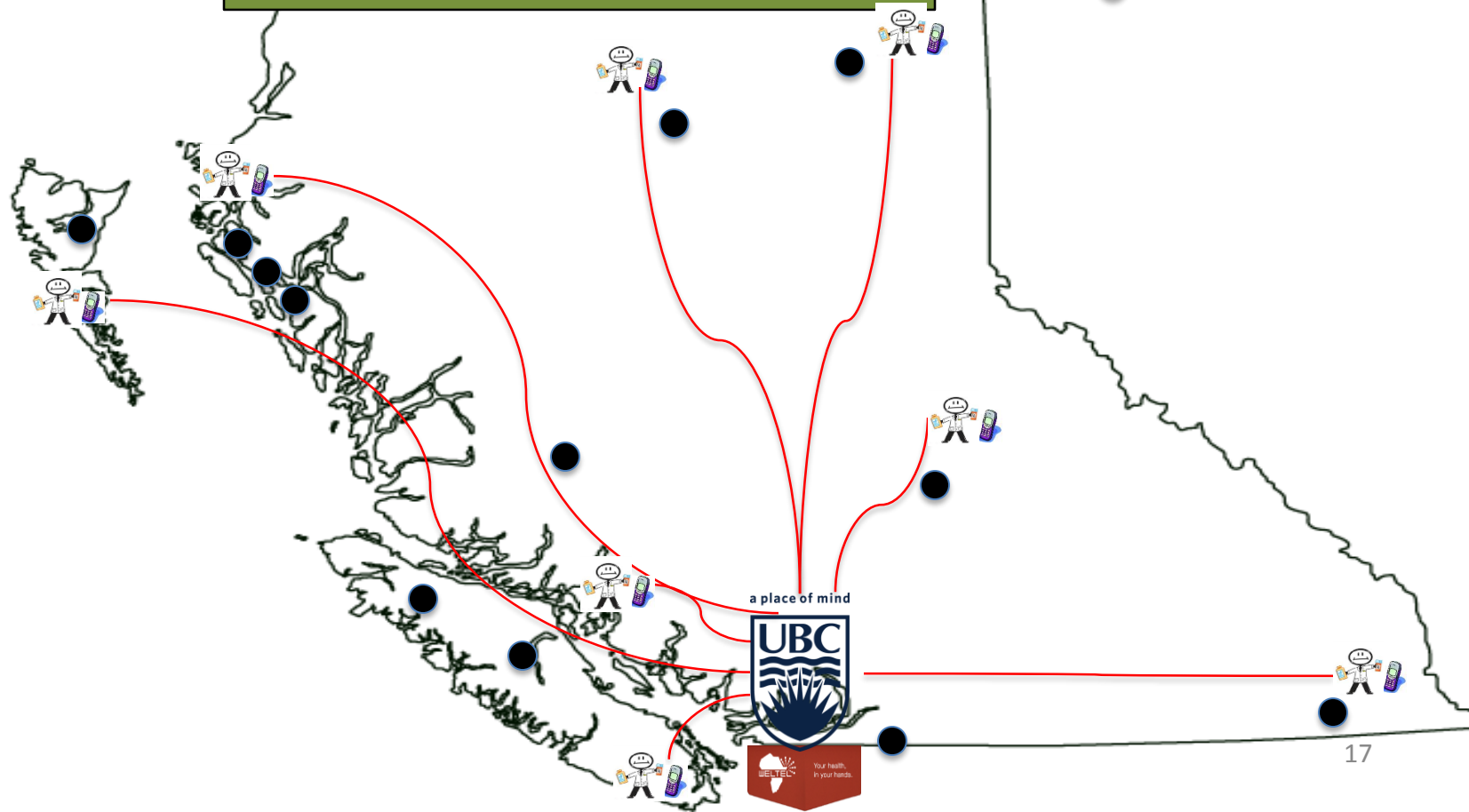
EmPhAsis Trial

Appendix 2

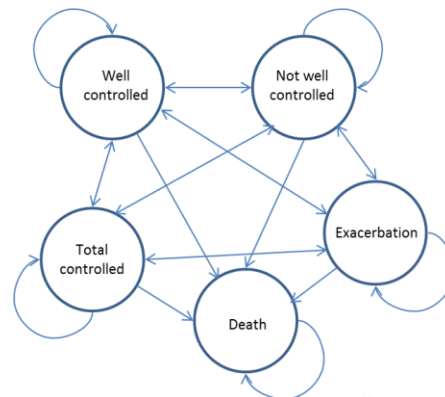
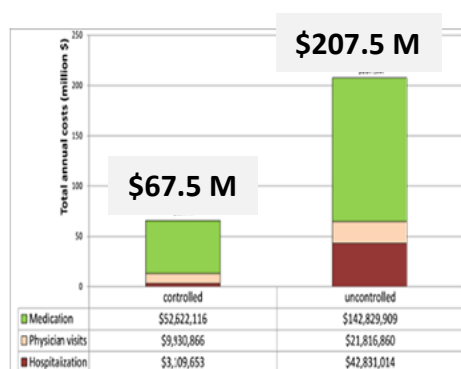
1. Emphasize role of **pharmacists**
2. Take advantage of **SMS** technology (centralized, automated by WelTel)
3. Can only be done in **BC** (use of PharmaNet to provide objective, real-world adherence measure)

cluster randomized
controlled trial
initiated in **BC**
community pharmacies

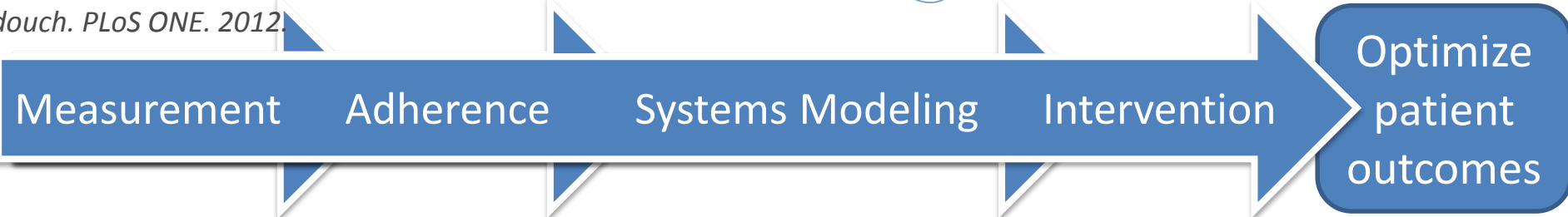
 - intervention
 - usual care



Asthma Story in BC



edouch. PLoS ONE. 2012.



Adherence	Primary Care, %
ICS ^a	31.0 (29.1-32.8)
LABA ^a	14.6 (13.0-16.1)
ICS + LABA	13.1 (11.7-14.5)
LTRA ^a	5.3 (4.2-6.3)
Cromolyns ^a	0.4 (0.0-0.7)
Any controller	34.3 (32.4-36.2)

Sadatsafavi. Chest 2013

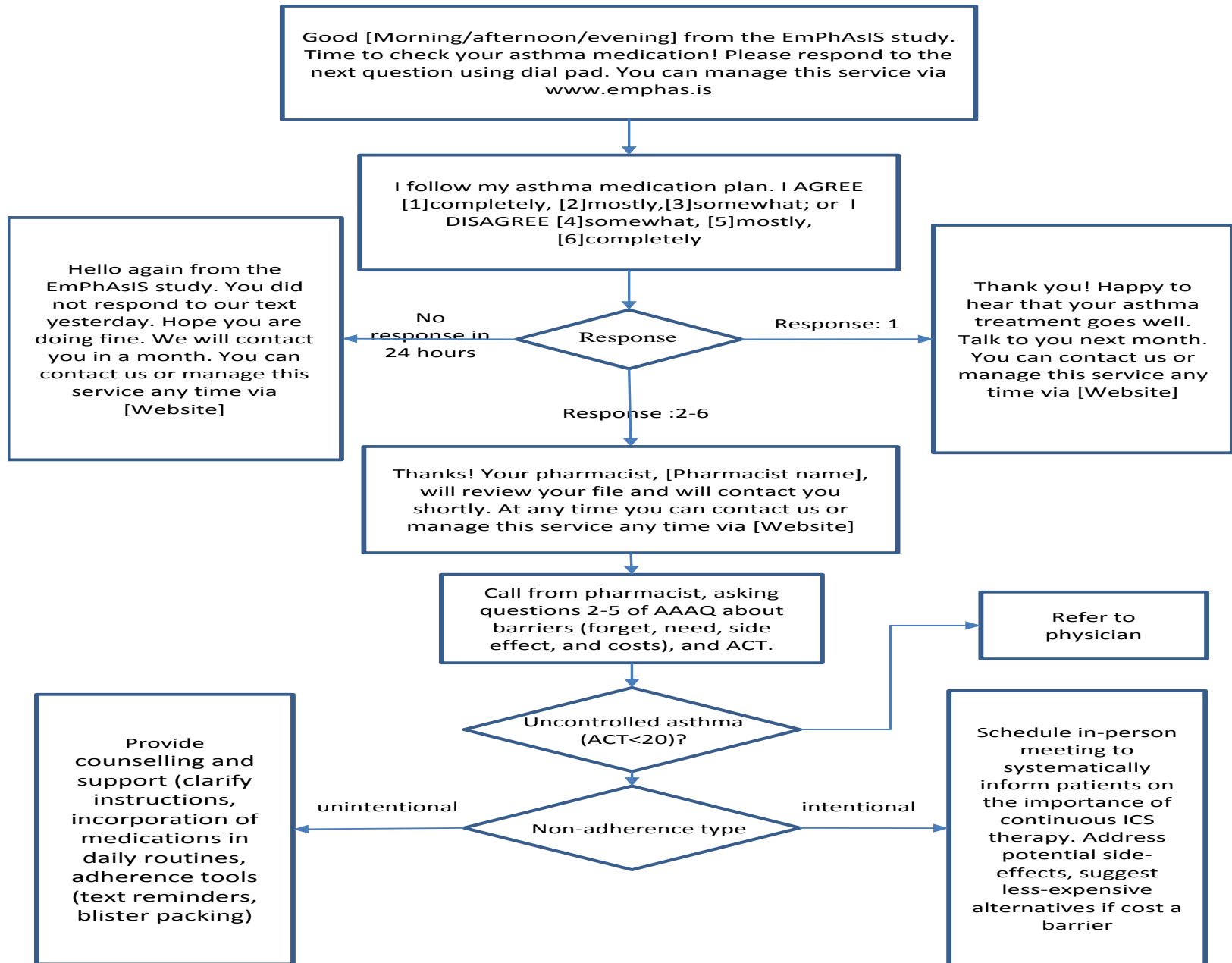


Thank You!

Piggyback: Spirometry in Pharmacies

- Spirometry as point-of-care service
 - Recruit 8 pharmacies (4 intervention, 4 usual care)
 - Pharmacists provided with training
 - Patients attending pharmacies will be asked to complete spirometry testing at baseline (0 months) and 12 months

Figure 1: EmPhAsIS SMS transmission flow chart



Adult Asthma Adherence Questionnaire (AAAQ)

- Diagnostic tool for adherence and eliciting potential adherence barriers
 - Question 1
 - General adherence monitoring question
 - Questions 2 to 5
 - Specific barriers to adherence (among non-adherent patients)

General Adherence: I follow my asthma medication plan

- I agree completely.....()₁
 I agree mostly.....()₂
 I agree somewhat.....()₃
 I disagree somewhat.....()₄
 I disagree mostly.....()₅
 I disagree completely.....()₆
Score > 1 suggests possible adherence problem.

Specific Barriers:

A. I forget to take at least one dose of my inhaled steroid each day

- I agree completely.....()₁
 I agree mostly.....()₂
 I agree somewhat.....()₃
 I disagree somewhat.....()₄
 I disagree mostly.....()₅
 I disagree completely.....()₆
Score ≤ 3 indicates probable specific barrier

B. My asthma is mild and does not require regular preventative treatment

- I agree completely.....()₁
 I agree mostly.....()₂
 I agree somewhat.....()₃
 I disagree somewhat.....()₄
 I disagree mostly.....()₅
 I disagree completely.....()₆
Score ≤ 4 indicates probable specific barrier

C. My inhaled steroid causes side effects

- I agree completely.....()₁
 I agree mostly.....()₂
 I agree somewhat.....()₃
 I disagree somewhat.....()₄
 I disagree mostly.....()₅
 I disagree completely.....()₆
Score ≤ 3 indicates probable specific barrier

D. I can't afford my inhaled steroid medication

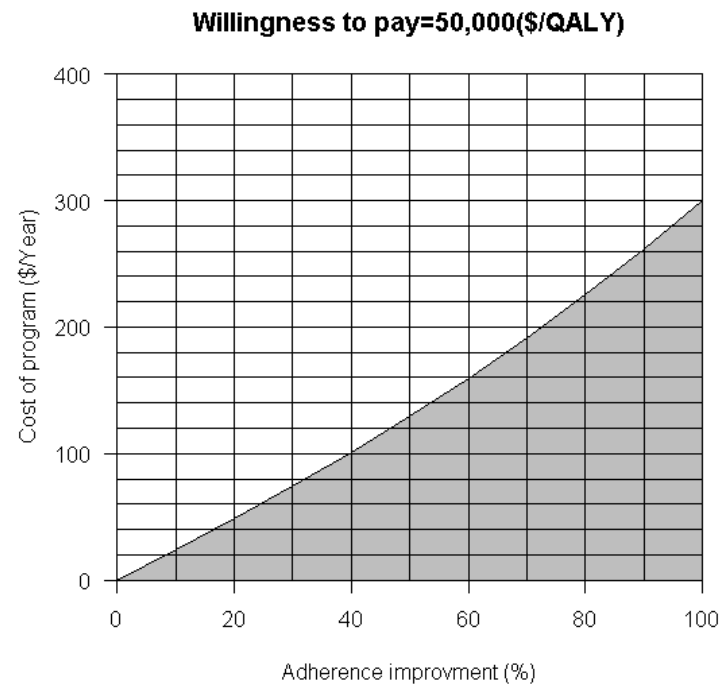
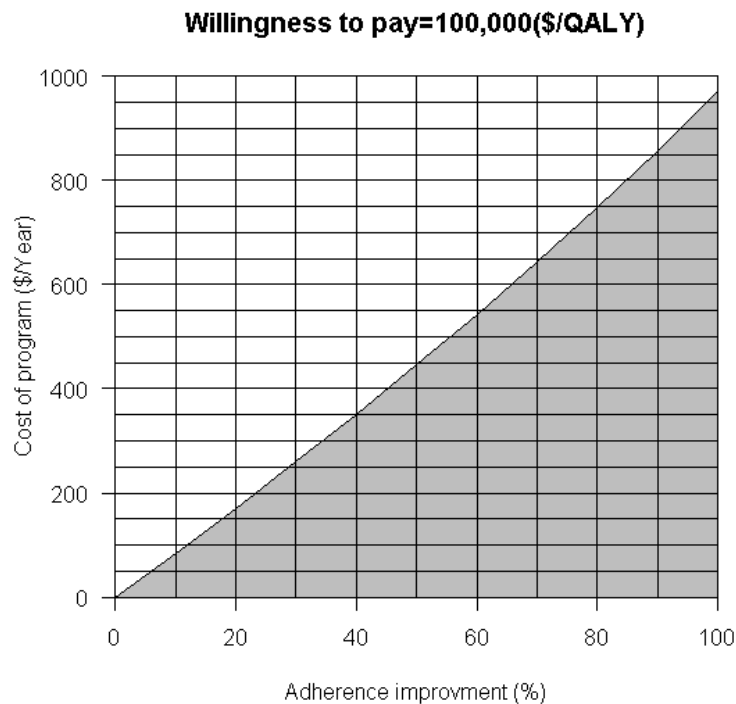
- I agree completely.....()₁
 I agree mostly.....()₂
 I agree somewhat.....()₃
 I disagree somewhat.....()₄
 I disagree mostly.....()₅
 I disagree completely.....()₆
Score ≤ 3 indicates probable specific barrier

SMS in EmPhAsIS

- How to use? How often?
 - 2-way vs. 1-way argument
 - Assess patient adherence vs. remind patients to take medication
 - Patient engagement with their care more promising
 - How often?
 - Need to balance frequency of transmission
 - Diabetes: “Too many phone calls frustrate”
 - HIV, Pediatrics: “Participant fatigue with daily SMS”
 - Too much → higher patient drop-out

Adherence Interventions in Asthma

Need to Inexpensive



Ref: Zafari. *J Allergy Clin Immunol.* 2014 (In Press)

EmPhAsIS Timeline

		Year 1												Year 2												Year 3																	
Research Tasks	Duration	1	2	3	4	5	6	7	8	9	#	#	#	1	2	3	4	5	6	7	8	9	#	#	#	1	2	3	4	5	6	7	8	9	#	#	#						
Recruitment (target: 30-35 patients / month)	12 m	█																																									
Follow-up and data collection	24 m	█												█																													
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Data access request (initiated at end of recruitment)	6 m													█																													
Statistical analysis	6 m																									█																	
Economic analysis	3 m																															█											
Dissemination and knowledge translation	3 m																																								█		

Funding EmPhAsIS

	Year 1	Year 2	Year 3	Total
EmPhAsIS cost	\$148,808	\$138,888	\$122,264	\$409,960
Secured Funding				
Canadian Institutes of Health Research Bridge Funding				-\$100,000
Canadian Foundation for Innovation Equipment Funding				-\$59,920
Funding Request				
				\$250,000



BOARD MEETING
April 25, 2014

9. a) Committee Membership

DECISION

Recommendations:

Community Pharmacy Advisory Committee

Current Structure	Proposed Members	Status
Pharmacist: 6	Salima Wali	Current
	Cassandra Elstak-Blackwell	Current
	Fady Moussa	Current
	Dinah Purewal	Current
	Elijah Ssemaluulu	Reappoint
	Mohinder Jaswal	New
Technician: 1	Sukhjit Bains	Reappoint

Discipline Committee

Current Structure	Proposed Members	Status
Pharmacist: 11	Jerry Casanova	Current
	Patricia Gerber	Current
	Wayne Chen	Current
	Jody Croft	Current
	Sanjiv Khangura	Reappoint
	Christopher Kooner	Reappoint
	Marylene Kyriazis	Reappoint
	Shiraz Thobani	Reappoint
	Susan Troesch	New
	Maria Yen	New
	Anita Jaizebetic-Maravic	New
Technician: 1	Onnolee Osbourne	New
Public: 6	James Ellsworth	Current
	John Scholtens	Current
	Jeff Slater	Current
	Jeremy Walden	Current
	Karla Pederson	Reappoint
	Carol Williams	Reappoint



BOARD MEETING
April 25, 2014

Ethics Advisory Committee

Current Structure	Proposed Members	Status
Pharmacist: 5	Nafisa Merali Berny Leung Vincent Lin Cristina Alarcon Omar Saad	Current Current New Reappoint Reappoint
Technician: 1	Robyn Miyata	Reappoint
Ethicist: 1	Dr. Bashir Jiwani	Reappoint
Public: 1	Frank Archer	Reappoint

Hospital Pharmacy Advisory Committee

Current Structure	Proposed Members	Status
Pharmacist: 11	Keith McDonald Anita Lo Anca Jelescu Bodos Fruzsina Pataky Joshua Batterink Dawn Robb Lily Cheng Gordon Harper Sarah Jorgensen Ashley Fairfield Aleisha Thornhill	Current Current Current Current Reappoint Reappoint Reappoint Reappoint New New New
Technician: 1	Yvonne Dresen	Reappoint



BOARD MEETING April 25, 2014

Jurisprudence Exam Committee

Current Structure	Proposed Members	Status
Pharmacist: 6	Salima Wali Maria Ton Tony Seet Melanie Johnson Maggie Chui Soroush Rabiei	Reappoint Current New New New Reappoint
Technician: 2	Kathleen Keelan Roberta Walker	Reappoint Reappoint

Quality Assurance Committee

Current Structure	Proposed Members	Status
Pharmacist: 5	Glenda MacDonald Agnes Fridl Poljak Gary Jung Dorothy Zahn Barry Wilson	New Reappoint New New Current
Technician: 1	Bal Dhillon	New
Public: 3	George Walton (Board) Jeff Slater John Scholtens	New Current Reappoint



BOARD MEETING April 25, 2014

Registration Committee

Current Structure	Proposed Members	Status
Pharmacist: 5	Raymond Jang Shakeel Bhatti Thuy Hoang Charles Park Carolyn Cheung	Current Current Reappoint Current New
Technician: 2	Ashley Foreman Yonette Harrod	Reappoint Reappoint
Public: 4	Nathan Roeters Joy Sisson Jeremy Walden Laura Bickerton	Reappoint Reappoint Current Current

Residential Care Advisory Committee

Current Structure	Proposed Members	Status
Pharmacist: 7	Alvin Singh Douglas Danforth Christopher Kooner Anna Kownacki Wendy Letoria Joyce Quon Maria Ton	New Current Reappoint Current Reappoint Reappoint Current
Technician: 1	Rapinder Chahal	Current



BOARD MEETING April 25, 2014

Practice Review Committee

Current Structure	Proposed Members	Status
Pharmacist: 5	Robert Craigue	New
	Fady Moussa	New
	Perry Tompkins	New
	Anar Dossa	New
	Aleisha Thornhill	New
Technician: 1	Karen Callaway	New
Public: 1	Kris Gustavson	New

MOTIONS:

- 1) That the Board approves dissolving the KA Subcommittee and the CE-Plus Subcommittee.
- 2) That the Board approves the establishment of the Practice Review Committee to be responsible for the development and maintenance of the Practice Review Program.
- 3) That the Board approve all Committee Appointments as presented:

Community Pharmacy Advisory Committee
Discipline Committee
Ethics Advisory Committee
Hospital Pharmacy Advisory Committee
Injection Drug Administration Committee
Inquiry Committee
Jurisprudence Examination Subcommittee
Practice Review Committee
Quality Assurance Committee
Registration Committee
Residential Care Advisory Committee

Annual Report to the Board for CE-Plus Subcommittee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership: Glenda MacDonald
Bob Crague
Hani Al-Tabbaa
Bal Dhillon
Jim He
Gary Jung
Amy Kim
Fady Moussa
Dorothy Zahn

Chair: Glenda MacDonald

Vice Chair: Bob Crague

Staff Resource: Ashifa Keshavji

Mandate: To ensure that the Professional Development Program's CE Component, the CE-Plus tool, continues as a valid and effective continuing professional development tool in accordance with current quality assurance practices.

Responsibilities:

- Develop, update and maintain the CE-Plus content, requirements, and forms.
- Establish standards for monitoring and auditing CE-Plus submissions for compliance with requirements.
- Develop recommendations and policies for review and approval by the Quality Assurance Committee.
- Review correspondence and appeals pertaining to the CE-Plus audit and recommend outcomes for the Quality Assurance Committee's approval.

Relevant Statistical Information:

- Number of meetings: 2

Accomplishments:

- Launch of new PDP Portal in May 2013
- Conducted CE-Plus feedback survey (14 % of registrants participated)
- Made recommendations with regards to the CE-Plus tool and PDP Portal to the QAC based on the CE-Plus feedback survey results

Goals for the Next Fiscal Year:

- See QAC Annual Report

Annual Report to the Board for Community Pharmacy Advisory Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership: Amy Huang
Salima Wali
Sukhjit Bains
Cassandra Elstak-Blackwell
Fady Moussa
Dinah Purewal
Elijah Ssemaluulu

Chair: Amy Huang

Vice Chair: Salima Wali

Staff Resource: Dr. George Budd

Mandate: To provide recommendations to the Board on matters relating to community pharmacy practice.

Responsibilities:

- Review issues related to the practice of pharmacy that have been directed to the committee by the Board, Board committee or College staff.
- Assist in the development of policies, procedures, guidelines and legislation pertaining to pharmacy practice issues and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board regarding pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information:

Meetings:

- Number of meetings: 1

Accomplishments:

- Provided recommendations on the following proposed Professional Practice Policies:
 - PPP 65 - Narcotic count and reconciliation
 - PPP 3 - Pharmacy references

Goals for Next Fiscal Year:

- Support the Practice Review Committee (PRC) in development of the Practice Review Program (PRP)

Annual Report to the Board for Discipline Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership: Jerrold Casanova
Wayne Chen
Peter Cook
Jody Croft
Baldeep Dhillon
James Ellsworth
Patricia Gerber
Sanjiv Khangura
Chris Kooner
Marylene Kyriazis
Michael MacDougall
Gillian Mayo
Karla Pederson
John Scholtens
Jeff Slater
Barbara Stipp
Shirazali Thobani
Jeremy Walden
Carol Williams

Chair: Jerrold Casanova

Vice Chair: Patricia Gerber

Staff Resource: Suzanne Solven

Mandate: Hear and make a determination of a matter referred to the committee regarding a pharmacist's or pharmacy technician's conduct, competency and/or ability to practice, pursuant to legislation.

Responsibilities:

- Conduct hearings of a matter
- Determine disposition of the matter
- Inform respondents, complainants and the public about action taken
- Inform respondents and complainants about the discipline process as applicable

Relevant Statistical information:

- Number of meetings: 4
- Number of hearing days: 1
- Number of Discipline files heard:
 - Ali Laal – Hearings: 1

Goals for the Next Fiscal Year:

- Professional Development for Discipline Committee – how to conduct hearings and write decisions

Annual Report to the Board for Ethics Advisory Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership: Cristina Alarcon
Frank Archer
Bashir Jiwani
Berny Leung
Robin Manweiler
Nafisa Merali
Robyn Miyata
Omar Saad

Chair: Frank Archer

Vice Chair: Robyn Miyata

Staff Resource: Suzanne Solven

Mandate: To provide recommendations to the Board and the registrar on matters relating to the Code of Ethics, Conflict of Interest Standards and any related policies or guidelines.

Responsibilities:

- Provide advice and guidance regarding ethical questions and dilemmas that have been directed to the committee from the Board, Board committees or College staff.
- Review and recommend updates to the code of ethics and conflict of interest standards as necessary.
- Consult on education program proposals relating to ethics issues.

Ongoing Projects

- Developing a patient relations program in cooperation with other healthcare professions as a requirement under Section 16 (2) (f) of the Health Professions Act, as designated under Section 12 (2) (h), by Section 5 of the Pharmacists Regulation.
- Determining the practical responses to drug shortages in hospital and community pharmacies.

Relevant Statistical information:

- Number of meetings: 0

Goals for the Next Fiscal Year:

- To review any items forwarded by the Board for consideration.
- To approve the developed patient relations program for referral to the Board.
- To determine the practical responses to drug shortages in hospital and community pharmacies, and to make recommendations to registrants dealing with this problem.

Annual Report to the Board for Hospital Pharmacy Advisory Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership: (11 in total)

Fruzsina Pataky
Anca Jeiescu Bodos
Shelley Novak
Yvonne Dresen
Jerry Casanova

Lily Cheng
Josh Batterink
Dawn Robb
Gordon Harper

Chair: Keith McDonald

Vice Chair: Anita Lo

Staff Resources: Cam Egli (Director), Jonathan Lau (Hospital Inspector/Practice Consultant)

Mandate:

To provide recommendations to the Board on matters relating to hospital pharmacy practice issues.

Responsibilities

- Review issues related to the practice of hospital pharmacy that have been directed to the committee by the Board, Board committees or College staff.
- Assist in the development of policies, guidelines and proposed legislation pertaining to hospital pharmacy issues and standards.
- Assist in the identification and definition of hospital pharmacy issues that promote safe medication standards of practice.
- Recommend appropriate action to the Board regarding hospital pharmacy issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical information

Meetings:

March 19, 2013

Oct 22, 2013

Jan 30, 2014 (postponed)

Accomplishments

- Reviewed and updated PPP-65 Narcotics Count and Reconciliation.
- Reviewed and approved PPP-24 Depot Shipments of Prescriptions.
- Reviewed and updated PPP Hospital Record Retention.

- Worked with the hospital executive directors around the province on the supplied of narcotics from hospitals to BCAS (BC Ambulance Services).
- Advised the College on the impact of PPP-66 MMT on hospital practice.
- Advised the College on the issue of RN and LPN prescribing and dispensing.
- Worked with different College departments and committees to champion the new medication reconciliation process.

Goals for Next Fiscal Year

- Continue to work with the Extemporaneous Compounding Task Group to translate expert recommendations into professional policies and regulations.
- Provide recommendation to the College regarding the new hospital practice review process.
- Introduce a new standard of practice for the verification of automated product checkers, which are more and more common in the hospital pharmacy setting.
- Continue to review and update existing legislation and professional policies to reflect current best-practice.

Annual Report to the Board for the Injection Drug Administration Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership:

Omar Alasaly
Elizabeth Brodtkin
Mona Kwong
Aileen Mira
Mitch Moneo
Chris Salgado
Cameron Zarembo

Chair: Cameron Zarembo
Vice Chair: Omar Alasaly
Staff Resource: Doreen Leong

Mandate:

To develop, review and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and to maintain patient safety and public protection with respect to authorized pharmacist's administration of injections to patients.

Responsibilities:

- Must review, develop and recommend to the Board standards, limits and conditions respecting the performance by full pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of full pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May make recommendations to the Board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by full pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.
- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

Relevant Statistical Information:

The Injection Drug Administration Committee (IDAC) met once during this reporting period in March, July and December.

Accomplishments:

- Reviewed and recommended bylaw revisions related to enabling student pharmacists to administer injections under direct supervision

Goals for the Next Fiscal Year:

- Review the standards, limits and conditions related to immunizations given the experience pharmacists have had to-date.
- Review the standards, limits and conditions to remove the restrictions on injection authority.

Annual Report to the Board for Inquiry Committee

Reporting Period: March 1, 2013 – February 28, 2014

Membership: Sofia Ahmad
 Gregory Atherton
 Dorothy Barkley
 Heather Baxter
 Cindy Bondaroff
 Karen Callaway
 Sally Chai
 Bev Harris
 Yonette Harrod
 Ryan Hoag
 John Hope
 Nerys Hughes
 George Kamensek
 Patricia Kean
 Fatima Ladha
 Susan May
 Smita Natha
 Jing-Yi Ng
 Errol Povah
 Nancy Slater
 Cynthia Widder
 Yi (Liz) Zhang

Chair: Heather Baxter

Vice-Chair: Jing-Yi Ng

Staff Resource: Suzanne Solven

Mandate: Investigate complaints and concerns regarding a pharmacist's conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

Responsibilities:

- Investigate complaints on its own motion or raised by a complainant as soon as possible,
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the Criminal Records Review Act,
- Determine disposition of items (1) and (2),
- Inform registrants, complainants and the Health Professions Review Board about the inquiry process and complaint outcomes, as necessary, and
- Report to the Board as applicable.

Relevant Statistical Information:

- Number of in-person meetings: 21
- Number of teleconferences: 48
- Number of investigations directed by the Inquiry Committee: 151

- Breakdown of formal complaint files heard by the Inquiry Committee in fiscal 2013/2014:

Total		Complaint Types (may be more than one type)		Disposition Status:	
Total # of complaints received:	606	Medication-related:	70	Total files reviewed by IC:	159
Total # of official complaints:	123	Privacy/Confidentiality:	3	Total new files reviewed:	110
Total # of calls/tips/FYI files:	483	Professional Conduct/Competency:	77	Total reconsiderations:	49*
Total # of registrants:	162	Fitness to practice:	10	Active/Pending:	88**
		Business-related:	0	Disposed and Closed:	88
Total # of complaints via HPRB:	0	Unlawful activity:	5	Disposed and Monitoring:	21
		Sexual misconduct:	1		

* Some files have been reconsidered more than once.

** 6 files were carried over from previous fiscal years.

Accomplishments:

- The Inquiry Committee spent a significant amount of time reviewing the results of an undercover investigation that highlighted significant areas of practice concern in methadone dispensing pharmacies. The undercover investigation focused on the provision of incentives and not meeting minimum standards of practice required for safe and effective pharmacy care. Below is a summary of what has been reviewed to date and the dispositions of the Inquiry Committee:

Three pharmacies reviewed in June 2013 – same owner

- Nine registrants involved
- **Dispositions:** all registrants consented to undertakings in Consent Agreements
 - Three registrants had gone to Former status prior to or during Inquiry Committee's review – signed Consent Agreements to never apply for reinstatement or registration with the College or any other jurisdiction
 - Five registrants consented to re-take the Jurisprudence Exam
 - Five registrants consented to Letters of Reprimand
 - Three registrants consented to pay a fine (\$7500.00, \$15,000.00 and \$20,000.00)
 - Three registrants consented to not be a manager, director, or owner of a pharmacy or hold shares in any corporation that owns a pharmacy for a period of two years
 - Two registrants consented to suspensions of their registration – one registrant for one month and the other registrant for six months

Three pharmacies reviewed in July 2013 – same owner

- Eleven registrants involved
- **Dispositions:**
 - Nine registrants signed Letters of Undertaking to not repeat conduct, and to sign a Declaration of Understanding that they had read and understood legislation pertaining to practice standards

(Community Pharmacy Standards of Practice, PODSA Bylaws, Code of Ethics)

- One registrant had gone to Former status prior to or during Inquiry Committee's review – signed Consent Agreements to never apply for reinstatement or registration with the College or any other jurisdiction
- Three registrants consented to:
 - Re-take the Jurisprudence Exam
 - Letters of Reprimand
 - Pay a fine of \$15,000.00
 - Suspension for a period of 90 days
- One registrant consented to not be a manager, director, or owner of a pharmacy or hold shares in any corporation that owns a pharmacy for a period of two years
- One registrant not reviewed yet – waiting for information from another related complaint file

Two pharmacies (unrelated) reviewed at the end of October 2013

- **Pharmacy A:**
 - Three registrants involved
 - **Dispositions:**
 - Three registrants signed Letters of Undertaking to not repeat conduct, and to sign a Declaration of Understanding that they had read and understood legislation pertaining to practice standards (Community Pharmacy Standards of Practice, PODSA Bylaws, Code of Ethics)
 - Two registrants consented to Letters of Reprimand
 - Unannounced pharmacy inspections for two registrants for the pharmacies they currently manage
 - One registrant consented to a fine of \$5000.00

- **Pharmacy B:**
 - Four registrants involved
 - **Dispositions:**
 - Two registrants signed Letters of Undertaking to not repeat conduct, and to sign a Declaration of Understanding that they had read and understood legislation pertaining to practice standards (Community Pharmacy Standards of Practice, PODSA Bylaws, Code of Ethics)
 - One registrant consented to a Letter of Reprimand
 - One registrant consented to pay a \$2,500.00 fine
 - Unannounced pharmacy inspections for the pharmacy for one of the registrants who is currently pharmacy manager

- Two registrants – awaiting a response regarding proposed disposition:
 - One registrant – proposed disposition includes consenting to a Letter of Undertaking to not repeat conduct, and to sign a Declaration of Understanding that she had read and understood legislation pertaining to practice standards, and a Letter of Reprimand
 - One registrant had been suspended by the Inquiry Committee for an unrelated complaint file in 2012 – proposed Consent Agreement to never apply for reinstatement or registration with the College or any other jurisdiction

Goals for Next Fiscal Year:

- Committee professional development with external consultants on substance abuse in healthcare professionals, administrative law and how to chair meetings.

Annual Report to the Board for the Jurisprudence Examination Subcommittee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership:

Gianni DelNegro
Stephanie Hahn
Kathleen Keelan
Fatima Ladha
Hesham Metwaly
Soroush Rabiei
Maria Ton
Salima Wali
Roberta Walker

Chair: Salima Wali
Vice Chair: Maria Ton
Staff Resource: Doreen Leong

Mandate:

To ensure that the Jurisprudence Examination continues as a valid and reliable assessment instrument.

Responsibilities:

- Develop, update and maintain Jurisprudence Examination blueprint and content.
- Establish and validate assessment and assessment standards.
- Develop recommendations and policies for review and approval by the Registration Committee.
- Review correspondence and appeals pertaining to the examination questions and acceptable answers, and recommend outcomes for the Registration Committee's approval.

Relevant Statistical Information:

The Jurisprudence Subcommittee met 4 times during this reporting period in March, July and December. In addition a Jurisprudence Exam Blueprinting Workshop was conducted in February 2013 and an Item Review Workshop was conducted in November 2013.

Accomplishments:

- One exam form was developed and used for both pharmacist and pharmacy technician candidates.
- A revised Jurisprudence Exam Blueprint was approved. All items were recoded using the new blueprint and new exam forms developed.
- Twelve practitioners (both pharmacists and pharmacy technicians) attended the Item Review Workshop. All items were reviewed for content, relevancy and consistency with revisions recommended for the items.

Goals for the Next Fiscal Year:

- Incorporate the revisions to the items, as appropriate.
- Explore the feasibility of administering the Jurisprudence Exam online.
- Conduct psychometric analysis of items.

Annual Report to the Board for Legislation Review Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership: Bal Dhillon
Jeremy Waldon

Chair: Anar Dossa

Staff Resource: Suzanne Solven

Mandate: To provide recommendations to the Board and the Registrar on matters relating to pharmacy legislation and policy review.

Responsibilities:

- Provide advice and guidance regarding proposed legislation/policy changes that have been directed to the committee from the Board, Board committees or College staff.
- Identify priorities for change within legislation review planning cycle.
- Determine if broader external stakeholder consultation is required.
- Chair of Committee presents priorities to Board for approval.
- Approve final draft of proposed legislation/policy prior to presentation to Board.
- Chair, (with Deputy Registrar) present revised documents to Board for approval.
- Review public posting comments as necessary.

Relevant Statistical information:

- Number of meetings: 3

Goals for the Next Fiscal Year:

- To ensure CPBC Bylaw Review Schedule work continues and meets target timelines.
- To incorporate additional proposed changes into the review schedule.
- To seek board approval if any changes to the priority scheduling needs to occur.

Annual Report to the Board for Quality Assurance Committee

Reporting Period:	Mar 1, 2013 – Feb 28, 2014
Membership:	Bob Craigue Agnes Fridl Poljak Karen Callaway Kris Gustavson Harpreet Khtaria John Scholtens Jeff Slater Lorna Tina Barry Wilson
Chair:	Robert Craigue
Vice Chair:	Agnes Fridl Poljak
Staff Resource:	Ashifa Keshavji
Mandate:	To ensure that registrants are competent to practice and to promote high practice standards amongst registrants.

Responsibilities:

- Monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- Establish and maintain a quality assurance program to promote high practice standards among registrants and continuous learning and professional development.
- Recommend standards of practice for continuing competency for the Board's approval.
- Develop practice guidelines and / or advisory statements when required.
- Establish and maintain a quality assurance program in accordance with current testing standards and assessment practices.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the quality assurance program.

Relevant Statistical information:

- Number of meetings: 6

Accomplishments:

- Board approval of focused practice reviews as a basis for development of the new Practice Review Program (PRP)
- Development of PRP Principles
- Update of QAC Policies

Goals for Next Fiscal Year:

- Enhance PDP Portal: Phase 2
 - Self-Assessment Tool Kit (optional learning resources)
 - Self-assessment against the Standards of Practice
 - Self-assessment in therapeutic knowledge
 - Self-assessment in communicating with patients
 - Online CE needs survey
- Update CE-Plus Tool
 - Learning Record Form (content, visual and functionality)
 - Tutorial and Learning Record examples

Annual Report to the Board for Residential Care Advisory Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership: Carol Hansen
Douglas Danforth
Rapinder Chahal
Christopher Kooner
Anna Kownacki
Wendy Letoria
Joyce Quon
Maria Ton

Chair: Carol Hansen
Vice Chair: Douglas Danforth
Staff Resource: Sharon Kerr

Mandate: To provide recommendations to the Board on matters relating to residential care pharmacy practice issues.

Responsibilities:

- To review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the attention of the committee by the Board, Board committees or College staff.
- To assist in the development of policies, guidelines and legislation pertaining to residential care pharmacy practice and standards.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Relevant Statistical Information:

- Number of meetings: No in person meetings were held due to the fact that the changes to the Residential Care Bylaws that committee proposed last year have not been approved by the legislature and will not be resubmitted for a several years.

Accomplishments:

- Via email, the committee reviewed and made recommendations to PPP-65 Narcotic Counts and Reconciliation.

Goals for the Next Fiscal Year:

- Support the Practice Review Committee (PRC) in development of the Practice Review Program (PRP)
- Review the Interpretation Manual for Residential Care and submit it to the Practice Review Committee for approval.
- Continue to propose legislation changes to the Residential Care Facilities and Homes Standards of Practice.
- Update and approve any legislation changes required for the Interpretation Manual to reflect new legislation.

Annual Report to the Board for the Registration Committee

Reporting Period: Mar 1, 2013 – Feb 28, 2014

Membership:

Shakeel Bhatti
 Laura Bickerton
 Ashley Foreman
 Yonette Harrod
 Thuy Hoang
 Raymond Jang
 Charles Park
 Nathan Roeters
 Wayne Rubner
 Joy Sisson
 Lorna Tina
 Jeremy Walden (Board)

Chair: Raymond Jang
Vice Chair: Jeff Slater (currently not on the committee)
Staff Resource: Doreen Leong

Mandate:

To ensure that registrants are qualified to practice.

Responsibilities:

- Review all matters relating to applicants for registration and determine applicants' eligibility for registration including establishing the conditions and requirements for registration.
- Grant registration, including reinstatement and registration renewal, to all individuals who satisfy the Registration Committee that they are qualified to be a registrant, including payment of required fees.
- Develop policies and requirements with respect to the registration of new, renewing and reinstating registrants.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the registration processes.
- Inform registrants, complainants and the Health Professions Review Board, as required about the registration process and outcomes.

Relevant Statistical Information:

The Registration Committee met 5 times during this reporting period in March, May, October, December and February.

Accomplishments:

- Key policies, processes and exam results reviewed and approved including the International Pharmacy Technician regulation requirements, Exam Appeal Policy, English Language Proficiency Policy and Jurisprudence Exam results.
- Applications reviewed whereby applicant had issues related to the statutory declaration:

- Pharmacist Reinstatement application, less than 6 years in Non-practising or former pharmacist register (N=1)
- Pharmacist Pre-registration - International Pharmacy Graduate application (N=3)
- Pharmacist Pre-registration - Agreement on Internal Trade application (N=2)
- Pharmacist Pre-registration – US (N=1)
- English Language Proficiency Appeal (N=2)
- Jurisprudence Exam Appeal (N=1)

Goals for the Next Fiscal Year:

- Review requirements / policies / implementation issues related to incorporating structured practical training for reinstatement
- Review requirements / policies / implementation issues related to requiring minimum practice hours for registration renewal
- Annual review of all registration policies
- Review and recommend bylaw changes related to pre-registration and registration requirements and transfer from former category to non-practising register and from former to reinstatement



BOARD MEETING April 25, 2014

11. Coat of Arms – updated version

DECISION

There have been a number of versions of the Coat of Arms used by the College over the years. The following are samples of what has been used in the past and are the basis from which this updated version was created.

In the return to the Coat of Arms as a visual identity, the College engaged the services of graphic artists to help ensure that this classic image could be used not only on paper but also on computer monitors, televisions, tablets and smartphone screens and still retain a clear link to all previous versions and retaining most of the major components from all previous versions.

The version being presented to you today is the one designed for use via electronic means and on basic documents such as standard letterhead and business cards. A more detailed, colourful version will be created for use on more ceremonial and important document such as certificates and for display.

MOTION:

That the Board approve the Coat of Arms design as presented for use as the College's logo.



BOARD MEETING

April 25, 2014

EXAMPLE 1:

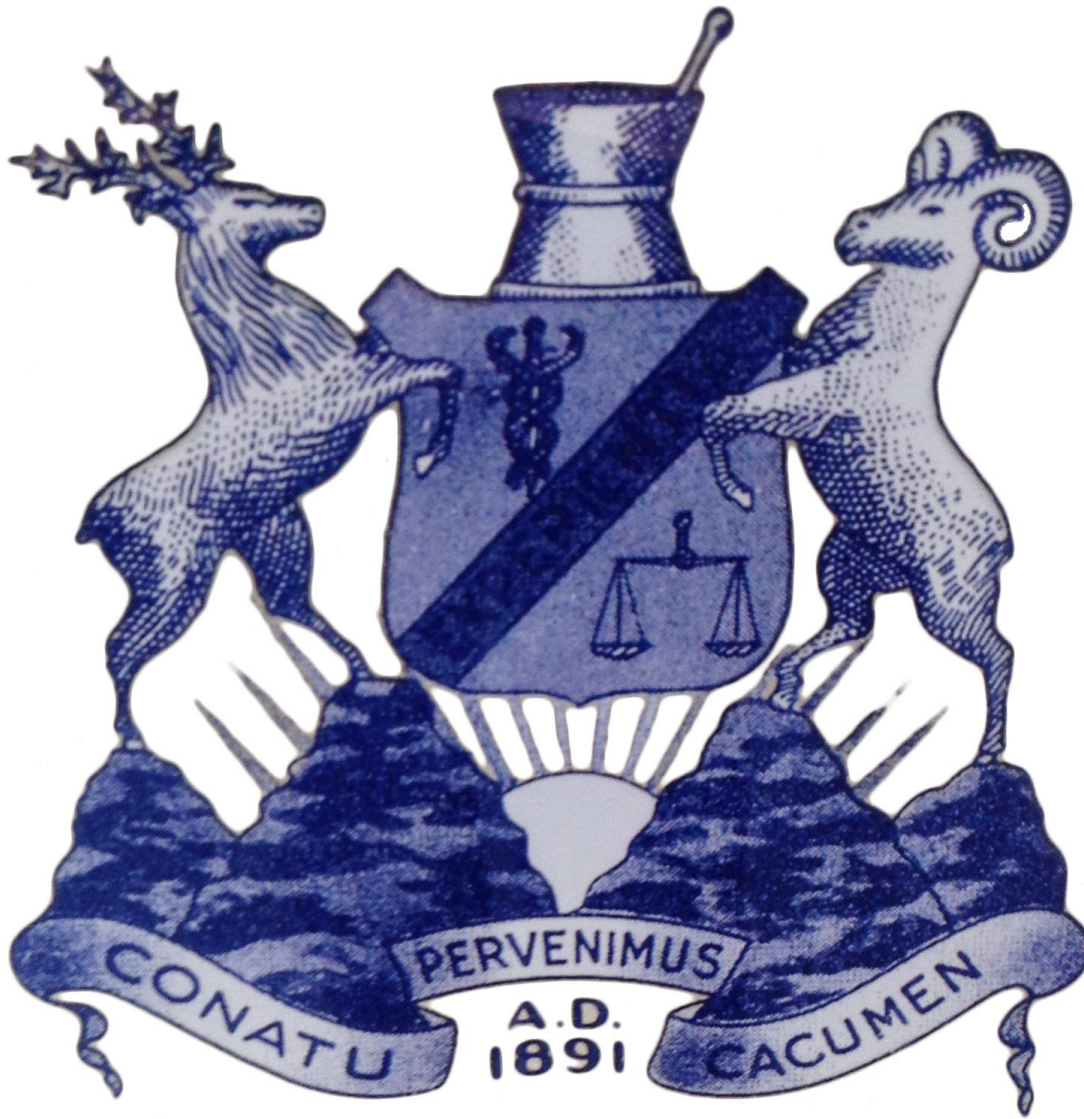




BOARD MEETING

April 25, 2014

EXAMPLE 2:





BOARD MEETING April 25, 2014

EXAMPLE 3:



EXAMPLE 4:



POLICY STATEMENT(S):

1. Inquiry and Discipline results will be published consistent with the Health Profession Regulators of BC (HPRBC) recommended public notification framework pursuant to s. 39.3 of the *Health Professions Act*.
2. Citations will be published consistent with the HPRBC recommended public notification framework pursuant to s. 53(1)(b) of the *Health Professions Act*.

BACKGROUND:

The College of Pharmacists of BC has an obligation to publish details of its inquiry and discipline proceedings under certain prescribed circumstances, pursuant to section 39.3 of the *Health Professions Act*.

SUPPORTING DOCUMENTS

Health Professions Act

Health Professions Regulators of BC Public Notification Framework



COLLEGE OF PHARMACISTS
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Quality Assurance Committee (QAC) Update

Board Meeting:
April 25th, 2014

Presented By:
Bob Craigie



CE-Plus Subcommittee Update

- Reviewed a sample of 65 registrants' CE-Plus submissions
 - 57 pharmacists – 451 Learning Records
 - 8 pharmacy technicians - 79 Learning Records
- Final CE-Plus Subcommittee meeting – all CE-Plus activities will be overseen by QAC moving forward



CE-Plus Reviews Outcomes

- Used Learning Record Guidelines to determine whether submissions are meeting expectations
- Identified:
 - Learning Record examples
 - Improvements to the form
 - Communication to registrants



Quality Assurance Committee Update

PRP Principles

- **Integrated Enforcement Regime:** part of an integrated enforcement regime- following the practice review processes the Inquiry Committee may be recipients of the output of this program.
- **Fair, Equitable, and Consistent Process:** will introduce new levels of standardization of inspection processes and remediation actions, which will be seen by the public, the Pharmacy Managers and the Pharmacy Professionals as fair, equitable and consistent.
- **Prioritized by Known Areas of Need:** criteria which are used to select pharmacies to review will be derived from current assessment of areas of need, based on complaints, investigations, and the judgment of the Practice Review Committee members, and will continually evolve and strengthen over time.



PRP Principles (continued)

- **Demonstrated Value:** The Practice Review Program will demonstrate value in enhancing patient safety and quality service.
- **Not Unreasonably Disruptive to Pharmacy Operations or the Public:** The practice review process that is implemented will not be unreasonably disruptive to pharmacy operations, nor members of the public, during the execution of a practice review visit by College Compliance Officers.
- **Comprehensive in Scope:** The Practice Review Program will target to review all pharmacy operations in the province, within a timeframe specified by the Practice Review Committee.



Practice Review Program Feedback Forums

Held two forums:

Community Pharmacists Forum

- Tuesday April 15th, 2014
 - Invited all the College committee members that are in community pharmacy practice
 - 12 pharmacists and 2 pharmacy technicians attended
 - Corporate Chains, Independent Chains, Independents
 - Central Fill, compounding, methadone, compliance packaging, LTC



Practice Review Program Feedback Forums

Pharmacy Manager's PRP Feedback Forum

- Wednesday April 16th, 2014
 - Invited all Pharmacy Managers in community pharmacy practice
 - 20 Pharmacy Managers attended
 - Corporate Chains, Independent Chains, Independents
 - Staff range 1-15, regular to extended hours
 - Specialty pharmacies
 - Central Fill, compounding, methadone, compliance packaging, LTC



Pharmacy Manager's PRP Feedback Forum

- Pharmacy Manager's were pleased that they will be involved in scheduling process
- Positive feedback on the pre-review and the opportunity for correction prior to review by a compliance officer
- Efficiency through the use of technology and web applications
- Confidentiality maintained through single sign on through eServices (for notification of results)
- Cost and efficiency
- 3 volunteers for pilot



Ministry of Health Update

- Staff met with ministry regarding the Practice Review Program and the expected legislative changes
- Draft Bylaws completed for preliminary review by Ministry and Board approval in June 2014



Next Steps

- First Practice Review Committee (PRC) scheduled for mid-May 2014
- Develop program for presentation and approval at June 2014 Board meeting





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Practice Review Program Project Board Update

Friday, April 25th, 2014

Paul Tier, Project Manager (Contractor)

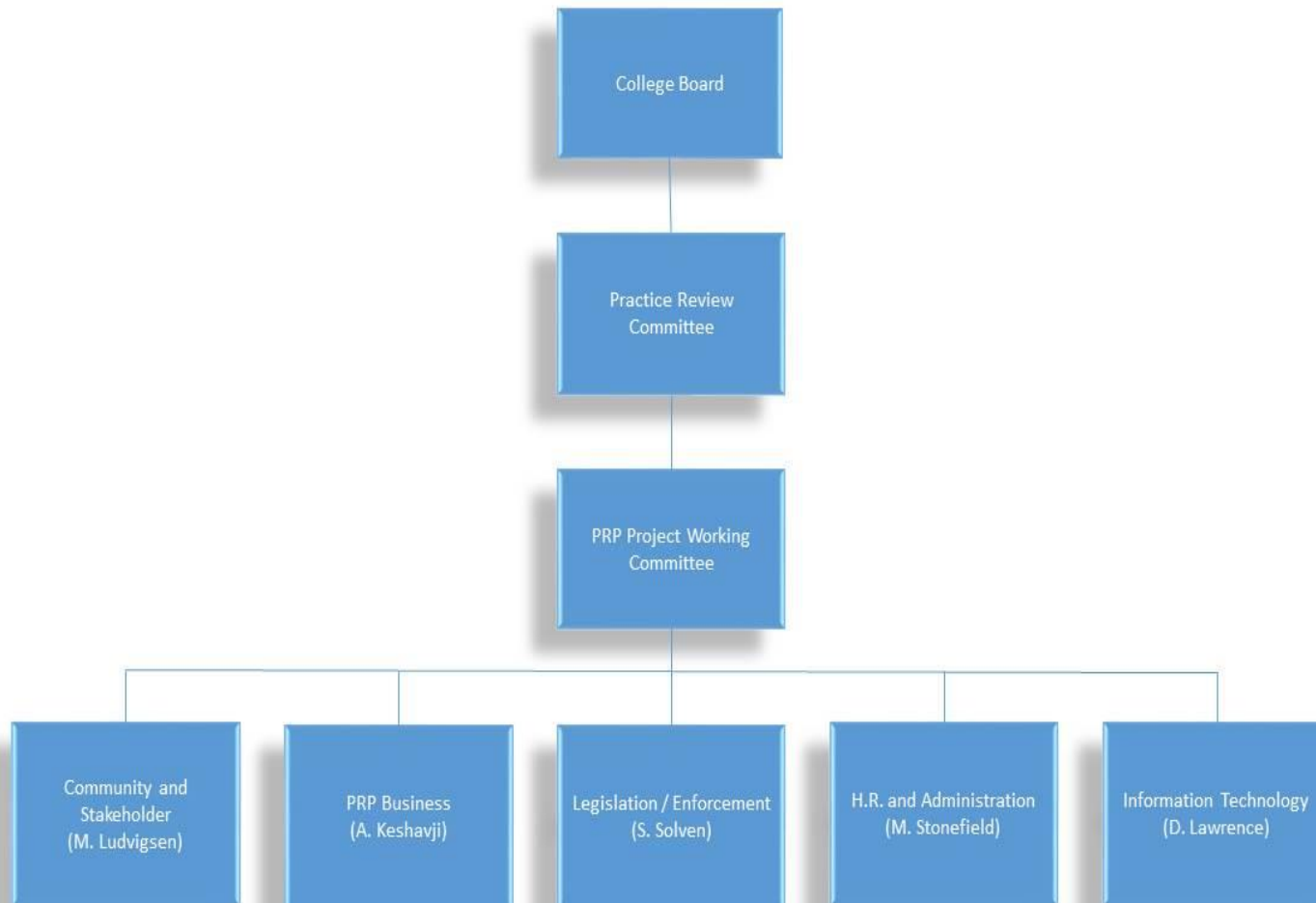


Agenda

- **Review of PRP Project Structure / Working Committee**
- **Review of Project Plan**
- **Preliminary Project Scope and Processes**
- **Tasks Completed To-Date**
- **Tasks in Coming Month**
- **Questions and Clarifications**



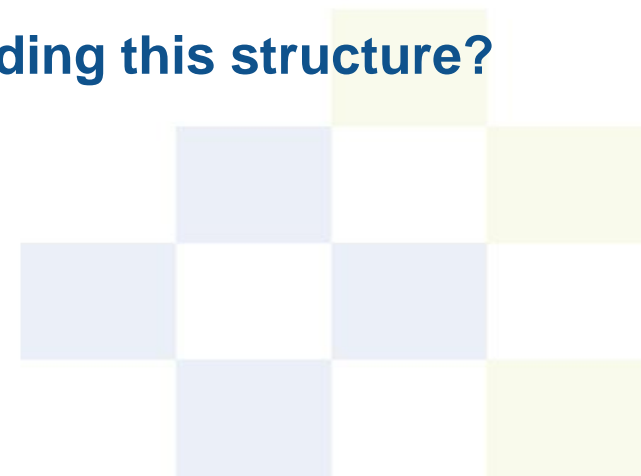
PRP Project Structure / Working Committee



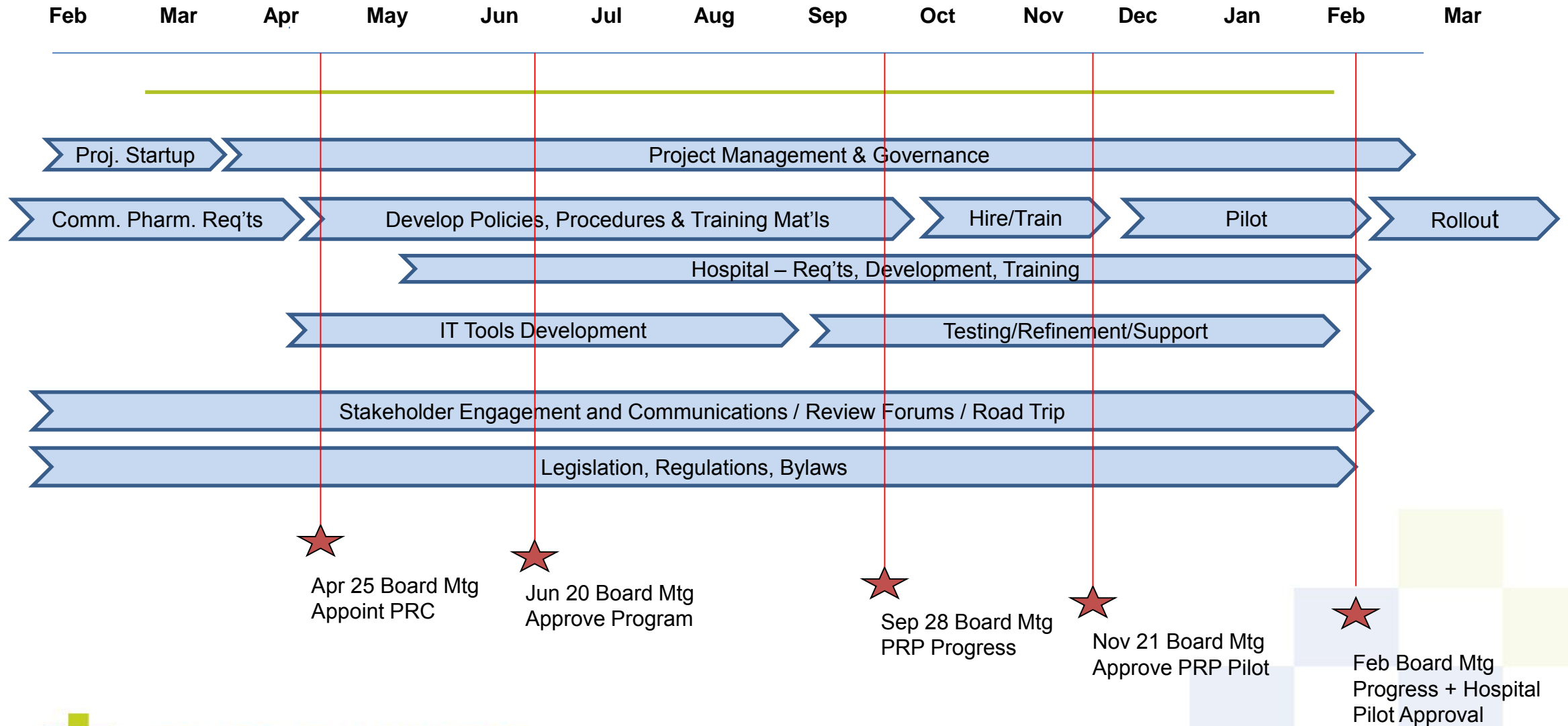
Working Committee:

- Meets monthly
- Stream Leads + Key Personnel
- Tracks progress
- Addresses key issues to resolve
- Reports to PRC (via Project Manager)

Questions regarding this structure?



The PRP Project Plan - Key Reporting Milestones

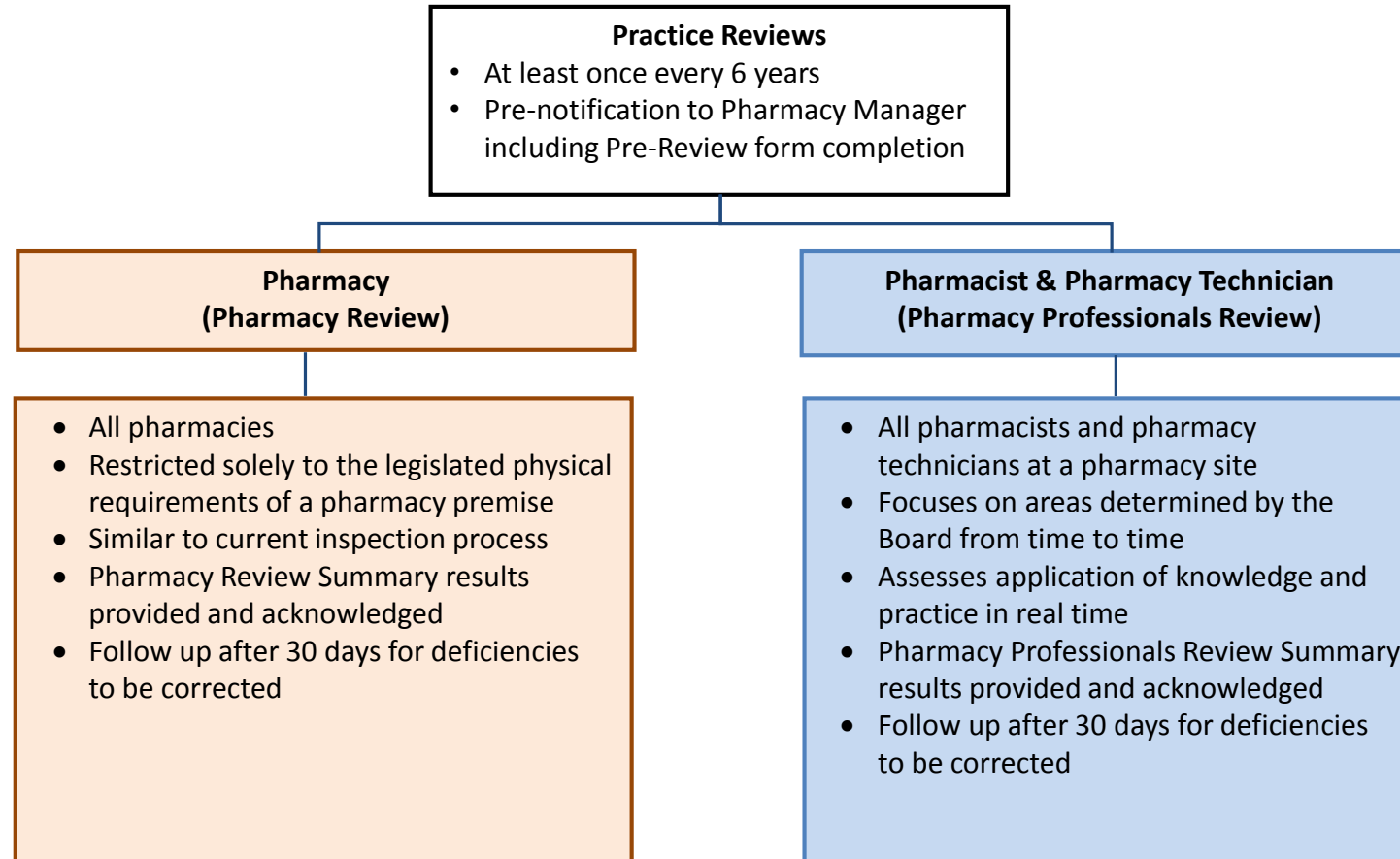


Timeline

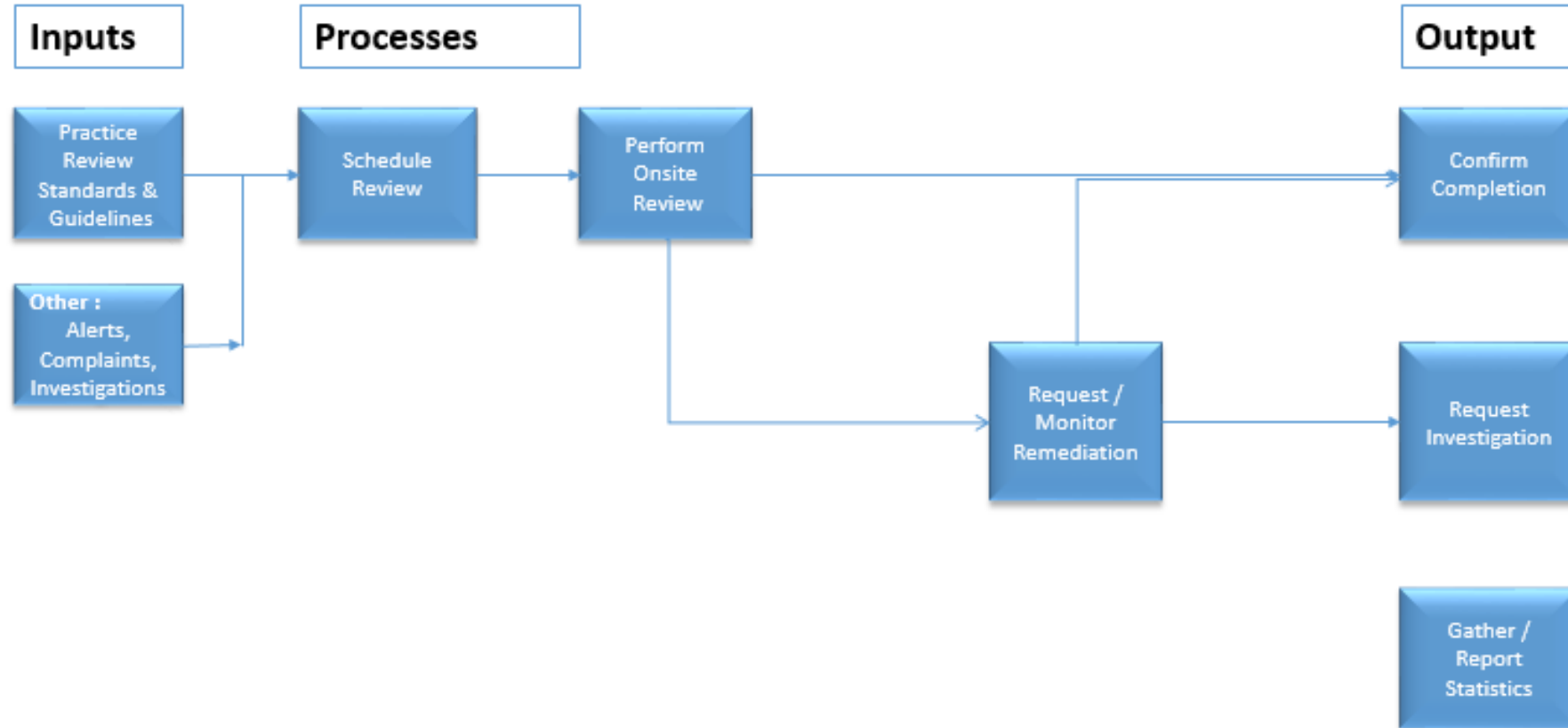
Dates	Activities
Now- Mid-May 2014	<ul style="list-style-type: none"> • Continuing stakeholder engagement/communications • Continue requirements confirmation & design • Policy recommendations • Detailed review of Program with PRC mid-May (2 Days)
Mid-May – Oct 2014	<ul style="list-style-type: none"> • Continuing stakeholder engagement/communications • Board approval of Program – June • Fully develop processes/procedures • Fully develop IT tools • Fully develop Compliance Officer Training materials / plans
Oct-Dec 2014	<ul style="list-style-type: none"> • Hiring/Training of Compliance Officers • System Testing
Jan-Feb 2015	<ul style="list-style-type: none"> • Pilot Phase / Limited Rollout (fine tuning)
Mar 2015-Onwards	<ul style="list-style-type: none"> • Full Rollout – Community Pharmacy • Estimated Pilot – Hospital Pharmacy



Practice Review Program (PRP)



Project Scope

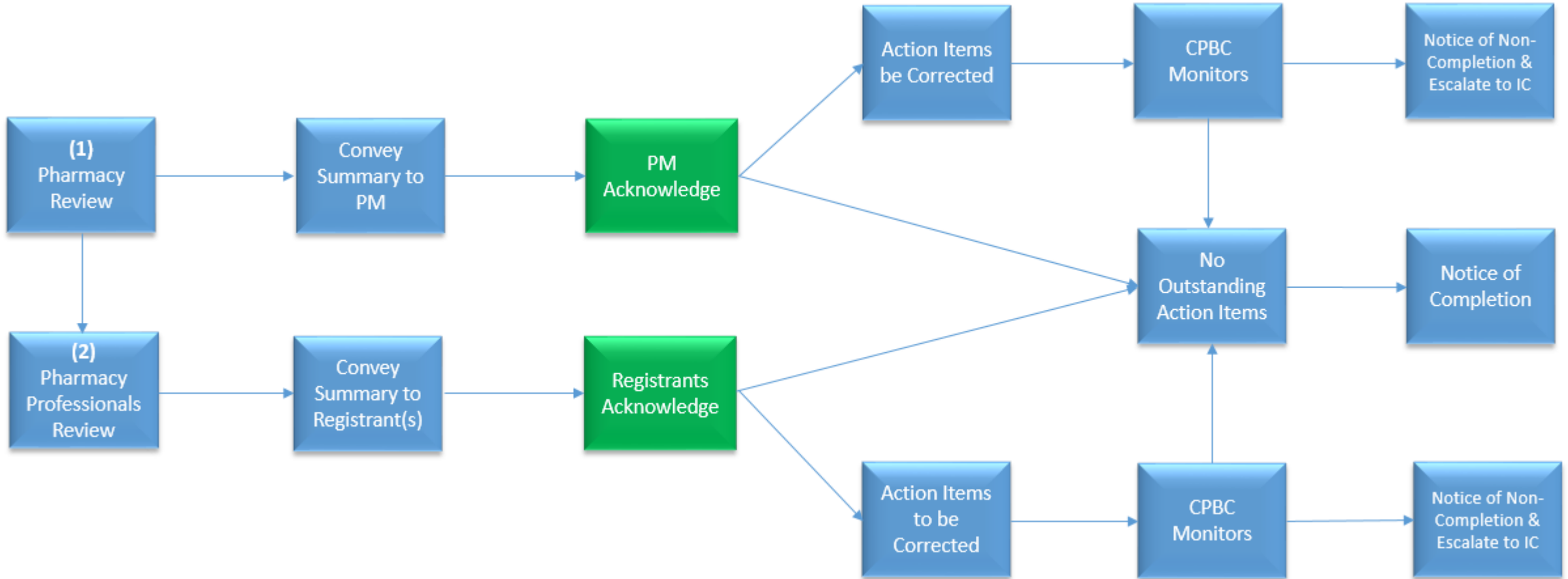


Sample – Forum Reviews (Apr) Scheduling Practice Reviews



Sample – Forum Reviews (Apr)

Practice Review Results – Managing Action Items



Project Activities (Feb/Apr 2014)

- **Project initiation phase:**
 - Project Charter, initial Project Plan/Schedule
 - Issues and Risk Management Registers
 - Project Working Committee Terms of Reference and first meeting
- **Review of project documentation to-date, and IT Prototype**
- **Initial Joint Applications Design Session**
 - Reviewing/confirming requirements
 - Raised new issues, policy, action items
 - Several follow up design sessions
- **Updates to QAC:**
 - Received endorsement of project principles
 - first Decision Request (practicality of reviewing all Registrants) – resulted in clear direction re. Universality



Project Activities (Feb/Apr 2014) Cont'd.

- **Conducted first Stakeholder Forums**
- **Initiated HR tasks, re. policies, job descriptions, etc.**
- **Clarified enforcement policy options**
- **Legal (legislation bylaw) changes review**
 - Review with privacy consultant (David Loukidelis)
- **Excellent progress on Communications (Mykle to review)**
- **Confirm PRP scheduling requirements (based on focussed reviews)**



Project Activities – May

- **Initiate detailed planning for procedures and training materials**
 - Re-using Alberta Materials wherever possible
- **Resolve many high priority issues**
 - Especially those affecting IT development
 - Further refine requirements
- **Detailed review of Program processes and policies with PRC (mid-May)**
- **Work on Compliance Officer's review forms**
- **Work on detailed processes for prioritized scheduling of pharmacy reviews**
- **Start procedures development**
- **IT development**
- **Start Privacy Impact Assessment**



Questions - Clarifications





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Practice Review Program: *Engagement and Communications Update*

Board Meeting:
April 25th, 2014

Presented By:
Mykle Ludvigsen



@BCpharmacists



The Engagement Process

Dates Conducted: Dec 2013 - Feb 2014

Intended Outcome:

To better understand the perceived benefits and challenges of the upcoming changes to the practice review process and to assure that we understand which evaluation standards of practice, competencies, behaviours, or other characteristics are the most relevant or critical.



Questions

- What do you think are some of the key challenges of using the new focused practice review system to review practices like yours?
- What do you think are some of the key benefits of using the new focused practice review system to review practices like yours?
- Which standards of practice, competencies, behaviours, or other characteristics are the most relevant or critical to practices like yours and could be a focus area for the focused practice review?



Significant Interest in Program

- ~ 1000 total number of participants
- Total number of thoughts = 4883
- Total number of stars assigned to priorities = 40686
- Response rate was one of the highest the company had ever encountered.



Key Questions to Ask

- Does this align with what we originally thought?
- Are we surprised by anything here?



Focus Areas

Question detail

Q3 Which standards of practice, competencies, behaviours, or other characteristics are the most relevant or critical to practices like yours and could be a focus area for the focused practice review?

(for more information - select a group below)	overall rating	participant count	average rating
▶ 1. Counselling patient with either Rx or OTC meds	675	285	2.37
▶ 2. Accessing Pharmanet and documentation	336	182	1.85
▶ 3. Ability to communicate effectively	290	151	1.92
▶ 4. Rx medication and OTC knowledge	280	159	1.76
▶ 5. Communication with other professionals	167	105	1.59
▶ 6. Ethics and practice with integrity	154	86	1.79
▶ 7. Documentation	138	97	1.42
▶ 8. Handling of possible drug interactions	110	63	1.75
▶ 9. Problem solving	103	60	1.72
▶ 10. Focus should be on accuracy and complete counseling	83	48	1.73



Challenges

Question detail

Q1 What do you think are some of the key challenges of using the new focused practice review system to review practices like yours?

(for more information - select a group below)	overall rating	participant count	average rating
▶ 1. Stressful for the pharmacist to get assessed while working	222	101	2.20
▶ 2. One day may not reflect everyday	184	100	1.84
▶ 3. Disruption of work-flow	174	93	1.87
▶ 4. Subjectiveness of the evaluator	164	77	2.13
▶ 5. "Observing" doesn't actually represent pharmacist's knowledge	154	73	2.11
▶ 6. A bias of the reviewer whether intentional or not	146	70	2.09
▶ 7. Time constraints	145	78	1.86
▶ 8. Busyness of the pharmacy	113	56	2.02
▶ 9. Ability of assessor to see all competencies	88	49	1.80
▶ 10. Assessor must be practicing in the same field	83	43	1.93



Benefits

Question detail

Q2 What do you think are some of the key benefits of using the new focused practice review system to review practices like yours?

(for more information - select a group below)	overall rating	participant count	average rating
▶ 1. Real life situations	746	295	2.53
▶ 2. Valuable feedback	357	171	2.09
▶ 3. A more realistic review than KA	331	150	2.21
▶ 4. Relevant to our daily practice and more realistic	221	119	1.86
▶ 5. Focus on how each pharmacist work in their unique practice	174	96	1.81
▶ 6. Opportunity for coaching and improving practice	169	97	1.74
▶ 7. College can measure current practice standards against what is actual	103	54	1.91
▶ 8. It's a good chance to see the challenges faced in retail pharmacy	50	26	1.92
▶ 9. Give better understanding of strengths/weakness in actual practice	46	26	1.77
▶ 10. Best practice tips would be identified	28	18	1.56



Questions?



Communications Pre-Launch

Broad themes established:

- Partners in quality
- Building on our existing inspections system
- Getting the little stuff right will make a big difference

May

- BCPhA Conference Presentation
- 2 Videos Released: 'How' and 'Why'
- Key Initiative Page Launched
- *ReadLinks* released with feature article

Through Summer

- Updates using all College communications tools



Communications Pre-Launch (2)

Late September-Mid October

- **Roadshows Begin**
 - *What is a practice review?*
 - *How do I prepare for practice review?*
 - *What are we looking for?*
 - *How do I schedule a review?*
 - *Who will see my results?*
 - *What if I fail?*
 - *What's happening outside of community practice?*
 - *What do I tell my patients during the review?*
- **Targeted Communications to the Public**



Questions?





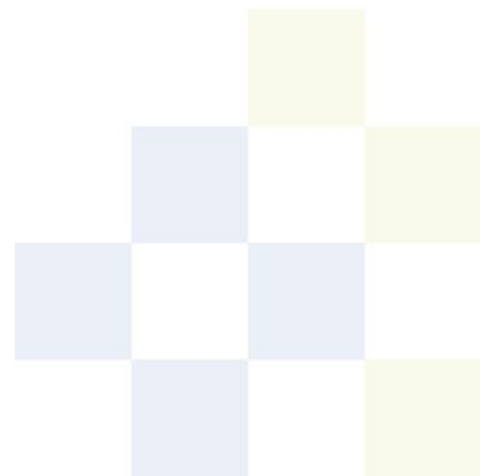
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Audit and Finance Committee Presentation to the Board

April 25, 2014



Summary of Unaudited 12 Month
Actuals 2013/14 Fiscal Year



Actuals (unaudited) vs Budget 13/14 - Summary

	2013/14 BUDGET	2013/14 ACTUAL	Variance (BUD vs. ACT) \$	Variance (BUD vs. ACT) %
TOTAL REVENUE	7,622,491	8,375,687	753,196	10%
TOTAL EXPENSES BEFORE AMORTIZATION	7,221,457	7,098,682	122,774	2%
NET SURPLUS (DEFICIT) BEFORE AMORTIZATION EXPENSES	401,034	1,277,005	875,971	
Amortization Expenses	282,376	250,774	31,602	11%
TOTAL EXPENSES AFTER AMORTIZATION	7,503,833	7,349,457	154,376	2%
NET SURPLUS (DEFICIT)	118,658	1,026,231	907,573	



Actuals (unaudited) vs Budget 13/14 - Revenue

	2013/14 BUDGET	2013/14 ACTUAL	Variance (BUD vs. ACT) \$	Variance (BUD vs. ACT) %
Registration and Licensure				
Pharmacy Fees	1,582,159	1,640,283	58,124	4%
Pharmacist Fees	3,853,821	4,082,630	228,809	6%
Pharmacy Technician Fees	473,269	298,286	(174,983)	(37%)
	5,909,248	6,021,199	111,951	2%
Non Registration and Licensure				
Other	1,040,992	1,235,881	194,889	19%
Grants	400,000	726,432	326,432	82%
Investment Income - GIC	142,256	233,612	91,355	64%
Investment Income - JV	129,994	158,564	28,570	22%
	1,713,243	2,354,488	641,246	37%
TOTAL REVENUE	7,622,491	8,375,687	753,196	10%



Actuals (unaudited) vs Budget 13/14 - Expenses

	2013/14 BUDGET	2013/14 ACTUAL	Variance (BUD vs. ACT) \$	Variance (BUD vs. ACT) %
Board & Registrar's Office	365,332	481,023	(115,692)	(32%)
Grant Distribution	562,000	1,161,367	(599,367)	(107%)
Registration and Licensing	333,788	273,723	60,066	18%
Quality Assurance	202,647	68,440	134,207	66%
Inspections	54,022	22,470	31,552	58%
Legislation, Discipline and Investigations	821,084	465,554	355,529	43%
Hospital Pharmacy and Practice	105,347	93,162	12,186	12%
Public Accountability and Engagement	144,092	132,236	11,856	8%
Licensure Services ¹⁴	-	-	0	0%
Special Projects ¹⁵	-	-	0	0%
Finance & Administration	1,103,867	1,058,219	45,648	4%
Salaries & Benefits	3,529,277	3,342,488	186,788	5%
TOTAL EXPENSES	7,221,457	7,098,682	122,774	2%



Balance Sheet

Actuals (unaudited) vs Budget 13/14

	2013-14 Budget	2013-14 Actuals
As of February 28th, 2014		
Assets	\$	\$
Current		
Cash	3,702,768	1,315,952
Short term investments	6,771,714	10,213,278
Receivables	91,607	180,671
Prepays and deposits	89,905	78,434
Investment in Joint Venture	1,669,820	1,607,760
	12,325,814	13,396,095
Development costs	161,988	76,670
Property and equipment	488,056	506,526
	12,975,858	13,979,292
Liabilities and Net Assets	\$	\$
Liabilities		
Current		
Payables and accruals	393,809	732,484
Current portion of capital lease obligations	47,084	16,838
Deferred revenue	3,017,452	2,942,145
Deferred revenue-Restricted Building Fund	348,291	-
Unearned revenue	871,048	616,685
	4,677,684	4,308,153
Capital lease obligations	24,251	101,116
	4,701,935	4,409,269
Net Assets		
Opening Balance	8,454,092	8,543,791
<i>Unrestricted Surplus (Deficit)</i>	118,658	964,018
<i>Restricted Surplus (Deficit)</i>	-	62,213
<i>Current year RBF - transfers out</i>	(282,827)	-
Closing Balance	8,273,923	9,570,022
	12,975,858	13,979,292



Cash Flow

Actuals (unaudited) vs Budget 13/14

Cash derived from (used in)	
Operating	
Excess of revenue over expenditures	1,026,231
Amortization	250,774
Gain on sale of office equipment	(3,898)
Change in non-cash operating working capital	
Receivables	(159,690)
Prepays and deposits	(21,544)
Payables and accruals	146,001
Deferred revenue	50,468
Unearned Revenue	(503,932)
	784,410
Capital lease repayments	(46,249)
Investing	
Purchase of property and equipment	(133,230)
Increase in development costs	(21,302)
Increase in investment in Joint Venture (JV)	(3,784)
(Increase)/Decrease in short term investments	(1,355,521)
	(1,513,837)
Net increase (decrease) in cash	(775,677)
Cash, beginning of year	2,091,629
Cash, end of year	1,315,952

