COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA
Safe and Effective Pharmacy Care

Board Meeting
September 25 and 26th, 2014
College of Pharmacists of British Columbia
200-1765 West 8th Avenue,
Vancouver, BC

MINUTES

Members Present:
Doug Kipp, Chair, District 4
Beverley Harris, Vice-Chair, District 2
Bob Craigue, District 5
Anar Dossa, District 6
Aleisha Thornhill, District 7
Bal Dhillon, District 8
Kris Gustavson, Government Appointee *(in attendance September 26, 2014 only)*
Jeremy Walden, Government Appointee
George Walton, Government Appointee

Regrets:
Agnes Fridl Poljak, District 1
Blair Tymchuk, District 3
Ryan Hoag, Government Appointee

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Cameron Egli, Director – Hospital Pharmacy Practice and Technology
Ashifa Keshavji, Director – Practice Reviews and Competency
Doreen Leong, Director – Community Pharmacy Practice and Registration
Mykle Ludvigsen, Director – Public Accountability and Engagement
Lilith Swetland, Executive Assistant to the Registrar
Lori Tanaka, Executive Assistant to the Deputy Registrar
Doris Wong, Acting Executive Assistant to the Registrar
Tien Huynh, Business and Systems Analyst

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1. WELCOME & CALL TO ORDER

Chair Kipp called the meeting to order at 12:59 pm.

2. CONFIRMATION OF AGENDA

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

The Board approves the Agenda for the September 25 and 26, 2014 Board Meeting as circulated.

CARRIED

3. MINUTES

Approval of June 20, 2014 Board Meeting Minutes.

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

The Board approves the June 20, 2014 Board Meeting Minutes as circulated.

CARRIED

4. CHAIR'S REPORT

Chair Kipp provided a report of College activities he has been involved in since the last Board meeting:

- Regular teleconferences with the Vice Chair and Registrar;
- Meetings and discussions re: court decision and appeal;
- A meeting with Premier Clark in Kimberley;
- Meeting with Health Minister Lake re: College issues.

5. REGISTRAR'S REPORT

Activity Report
Registrar Nakagawa provided a report of activities he has been involved in that are of particular interest to the Board **(Appendix 1)**.

Presentation
Registrar Nakagawa presented a progress report of the College's 2014/15 Strategic Goals **(Appendix 2)**.

6. VOLUNTEER OF THE YEAR

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

The Board directs the Registrar to discontinue the Volunteer of the Year Award.

CARRIED

It was MOVED (B. Craigue) and SECONDED (A. Thornhill) that:

The Board directs the Registrar to revise its volunteer recruitment and recognition strategy to reflect best practices and to report back to the Board at the February 2015 meeting.

CARRIED

7. DELETED

8. PRESENTATION

Karen Sullivan, B.Sc.Pharm., M.H.S.A.(Pharm.Admin.), PharmD gave a presentation entitled *"Results of Customer Surveys on Medication Reviews"* **(Appendix 3)**.

9. PRESENTATIONS

- *"Point of Care HIV Testing: Pharmacy Pilot"* **(Appendix 4)**

  Bob Rai, B.SC.Pharm. and Afshan Nathoo, RN MPH jointly presented an update to the previously approved HIV testing pilot.

- *"Chronic Kidney Disease Screening Pilot Project in Community Pharmacies"* **(Appendix 5)**

  Bob Rai, Karen Philp, and Roger Seccombe presented.

10. PRESENTATIONS:

- CORE Survey Results *"Pharmacist Working Conditions in British Columbia – Additional Analyses"* **(Appendix 6)**

  Larry Lynd, BSP, PhD presented analyses of the findings of the survey conducted by UBC's Collaboration for Outcomes Research and Evaluation (CORE).

- Select Standing Committee on Health's Call for Submission *"How can we create a cost-effective system of primary and community care built around interdisciplinary teams?"* **(Appendix 7)**

  Nicole Tsao B.Sc.Pharm., MSc presented recommendations for the College's written submission to the Select Standing Committee on Health.

  It was MOVED (G. Walton) and SECONDED (B. Craigue) that:

  The Board directs the Registrar to develop a submission to the Select Standing Committee on Health, based on the recommendations as presented.

  CARRIED

11. ADJOURN FOR THE DAY

Chair Kipp adjourned the Board meeting for the day at 3:50pm on September 25, 2014, to resume at 9:00am September 26, 2014.

12. RESUME MEETING

Chair Kipp called the meeting back to order at 9:03am on September 26, 2014.

13. IN CAMERA SESSION

- As per HPA Bylaws section 13(7)(f):

  '*instructions will be given or opinions received from legal counsel for the college, the board, or a committee*'

14. CPBC PROVISION OF MALPRACTICE INSURANCE

Registrar Nakagawa presented information that was included in the briefing package regarding the potential of the College making professional liability insurance available to registrants. Additional information needs to be gathered and will be brought forward to a future Board meeting.

15. NAME OF COLLEGE BURSARY

It was MOVED (D. Kipp) and SECONDED (B. Harris) that:

The Board approves the naming of the new grant approved in February 2014, to be the "Norm Thomas Memorial Bursary."

CARRIED

16. STRATEGIC PLAN UPDATE – STANDARDS

i) Inspections (Practice Review Program)

Board member and Chair of the Practice Review Committee, Bob Craigue and Director of Practice Reviews and Competency, Ashifa Keshavji presented an update and the following recommendations **(Appendix 8)**.

It was MOVED (B. Harris) and SECONDED (D. Kipp) that:

The Board approves that the Practice Review Program (PRP) applies to all full pharmacists and pharmacy technicians with no exemptions.

CARRIED*

*Members Anar Dossa and Kris Gustavson asked that their negative votes be recorded.

It was MOVED (K. Gustavson) and SECONDED (A. Thornhill) that:

The Board approve the revised policy recommended by the Practice Review Committee (PRC) in regards to non-regulated pharmacy employees, as follows:

Where a non-regulated pharmacy employee is performing regulated activities, a Compliance Officer will observe the activities of that employee, and any observations (and action items resulting from those observations) will be recorded on the responsible pharmacy professional's review. That pharmacy professional will be responsible for corrections of those action items in order to be compliant.

CARRIED

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

The Board appoint 2 public members to the Practice Review Committee at this meeting.

DEFEATED

It was MOVED (G. Walton) and SECONDED (A. Thornhill) that:

The Board directs the Registrar to establish a pool of candidates for consideration as public appointees to College committees by March 2015.

CARRIED

17. PRESENTATION:

Dr. Aaron Tejani presented an update on the progress of the project *"Solving Drug Related Problems through Interprofessional Collaboration between Pharmacists and Physicians"* which was funded through a grant previously awarded by the Board **(Appendix 9)**.

18. LEGISLATION REVIEW COMMITTEE

Bylaw changes and Schedules were presented to the Board **(Appendix 10)**.

It was MOVED (A. Dossa) and SECONDED (J. Walden) that:

That the Board approves the following resolution:

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

CARRIED

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

That the Board approves the following resolution:

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

CARRIED

19. ROBBERY PREVENTION WORKING GROUP

As Chair of the working group, Board Vice-Chair Bev Harris provided an update on the progress of the Robbery Prevention Working Group to date:

- Wrote a letter of support to PRIME-BC to have a UCR code added for pharmacy theft in order to enable better tracking and statistics of robberies/thefts of pharmaceuticals to allow for greater prevention strategies for public protection
- The creation of a new reporting and notification system for robberies and theft in pharmacies throughout BC is underway, a preliminary version was presented to the Board
- The new Security Policy, as well as the reporting/notification system will be brought forward to the February 2015 Board meeting for approval

20. COLLEGE COMMUNICATIONS IN COMPLIANCE WITH ANTI-SPAM LEGISLATION

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

The Board direct the Registrar to continue to take active measures to ensure the College remains in compliance with Federal Anti-Spam Legislation.

CARRIED

It was MOVED (B. Dillon) and SECONDED (J. Walden) that:

The Board direct the Registrar to develop a method to obtain consent to allow the College to continue to send commercial electronic messages to those who wish to receive them.

CARRIED

21. ADJOURNMENT

The College of Pharmacists of British Columbia Board Meeting concluded at 1:52 pm.

5. Registrar's Report

INFORMATION ONLY

The College has been busy this summer, with the work associated with the Supreme Court decision and other issues. This included numerous meetings and discussions with Board members, lawyers, pharmacists, technicians and colleagues across the country. In addition, I participated in:

- The national e-prescribing Think Tank in Toronto
- CPRC and annual Health Canada meetings in Ottawa
- Inquiry committee sessions
- Corporate engagement sessions
- Meeting with Minister Lake August 6th
- CSHP SES invited presentation in St John's August 8th
- Vacation! (sort of)

Board elections and the new electronic balloting process were implemented, as well as revisions to the Henderson Room to improve the AV capacity both in the room and remotely.

Staffing issues also required attention, and have had an impact on the operation of the office. Mike Stonefield and Pina Naccarato have moved on to new jobs, so I've been busy recruiting and interviewing replacements. Thanks to both of them for their dedication and hard work for the College. Also thanks to Lori Tanaka and Doris Wong for stepping up to cover.

Staff have been active in numerous other activities that will be reported to the Board at this meeting. Most significantly, the Practice Review development has been a major undertaking. Thanks to Ashifa Keshavji, Ashley Cheung, Paul Tier and their team for their leadership in moving this forward.

Electronic Voting: Interim Report

Voting in Districts 2 (Fraser Valley), 4 (Kootenay/Okanagan), and 8 (Pharmacy Technicians) opened on August 27 and will continue until October 3, 2014. Anar Dossa was the only candidate nominated in District 6 (Urban Hospitals) and as a result she has been acclaimed to serve an additional term.

The following candidates are running for election in their respective districts.

District 2 – Fraser Valley

- Shakeel Bhatti
- Ming Chang
- Bev Harris

District 4 – Kootenay/Okanagan

- Doug Kipp
- Blake Reynolds

District 8 – Pharmacy Technicians

- Bal Dhillon
- Lisa Tallman

Background
In April, 2012 the Board made a motion to eliminate the mailed paper voting system and to move to an e-voting for the purposes of Board elections. Moving to an e-Voting system also required a Bylaw change to allow for an electronic ballot.

The College contracted with Big Pulse, a third-party provider of online election solutions, to provide a secure, secret, and effective manner in which ballots and candidate information could be distributed and votes returned all via electronic means. The Ontario College of Pharmacists, the Canadian Pharmacists' Association, and the Real Estate Board of Greater Vancouver have also contracted with Big Pulse to provide similar services.

Ensuring Secrecy, Security, and Legitimacy
In preparation for the current election, the College worked closely with Big Pulse to ensure that the voters were authenticated by the College's systems before passing them through seamlessly to Big Pulse. This was done so that absolutely no information on how a voter electronically marked their ballot could be known to the College or stored on its servers ensuring that ballots were both secret and secure. While the College does have access to total voter turnout, it is not provided with a breakdown of votes or which registrants have or have not yet casted their vote.

In addition to rigorous testing by staff at the College and at Big Pulse of all the functions of the e-voting system, the College ran two tests designed to help ensure an intuitive experience when voters came to vote in this manner for this first time.

In the first, a voting period was run inside the College office with fictional candidate names. While some minor changes were made as a result of feedback from users, this test run was considered a success. In the second test, the College ran a similar election with fictional candidate names to all eligible voters in Districts 2, 4, 6, and 8. This was done to identify any areas which may still have been subject to a bug, or where confusion may still have been occurring. This test also had the additional benefit of familiarizing many actual voters in those districts how to use the new system. After a review of this test, other minor changes were made and the College's first ever e-vote began on August 27.

During the actual voting period, the College is actively monitoring the system to ensure voters are informed on how to use the new system and that any issues that arise during this period are dealt with quickly. For example, an unplanned closure of the system caused by technical issue resulted in votes not being counted from those who were midway through the voting process. A reminder notice was sent shortly after this unforeseen circumstance reminding them of the vote and, if they had already voted, ensured that their vote was indeed recorded.

While the College expects a surge of late voters, similar to its experience in previous paper ballot elections, it is continuing to communicate out the importance of voting to registrants in Districts 2, 4, and 8.

Corporate Engagement

Background

The Registrar was directed by the Board to begin consultations with chain drug stores regarding the issue of pharmacy workload. This included a possible lack of breaks for pharmacists and technicians, and issues surrounding quotas. This request was based on results of the survey conducted by UBC's *Collaboration for Outcomes Research and Evaluation* in late 2013.

This survey found that there was a concern over pharmacy workload and the impact that quotas may have on patient safety. The Board, the body mandated with ensuring safe and effective pharmacy care for British Columbians, asked the Registrar to consult with community pharmacy chains (both corporate and banner) on this matter as a way of better understanding this issue and investigate if the issue could be considered an issue with public interest ramifications that the College should address.

A working team led by Registrar Bob Nakagawa and supported by Director of Public Accountability and Engagement Mykle Ludvigsen and Policy Analyst Christine Paramonczyk has met with 7 separate pharmacy chains to date at the time this was written and will have completed 14 by the end of September 2014.

Dates of Meetings

Date	Chain Drug Store(s)	In Attendance	Location
June 5, 2014	London Drugs	Clint Mahlman, Executive Vice President & Chief Operating Officer John Tse, Vice-President, Pharmacy and Cosmetics	London Drugs head office (Richmond, BC)
July 2, 2014	Pharmasave	Carmen Churcott, Chief Executive Officer Trent Lane, National Director, Pharmacy Innovation	Pharmasave head office (Langley, BC)
July 11, 2014	Loblaw	Mohinder Jaswal, Sr (Interim) Director, Pharmacy Operations West	CPBC offices
August 26, 2014	Shoppers Drug Mart	Karen Sullivan, Director, Pharmacy Professional Services	CPBC offices
September 3, 2014	Remedy'sRX	Julia Zhu, Vice President of Remedy'sRx Specialty Pharmacy Sayeh Radpay, Director, Pharmacy Programs and Marketing	Remedy'sRx head office (Markham, ON)
September 4, 2014	Rexall	Frank Scorpiniti, CEO	Rexall head office (Mississauga, ON)

		Russell Cohen, Executive Vice President, Industry and Government Affairs	
September 4, 2014	Target Canada	Jeff May, Director, Healthcare Operation	Target Canada head office (Mississauga, ON)
September 8, 2014	Medical Pharmacies and Drug Trading	Elaine Akers, VP, Operations and Regulatory Affairs Colleen Schultz, Regional Director, Operations, Western Canada	CPBC office
September 9, 2014	Medicine Shoppe	Jon Johnson, National Director, Operations and Training	Medicine Shoppe head office (Edmonton, AB)
September 15, 2014	Costco	Joseph Hanna, Director, Rx Buying/Pharmacy Benefits & Professional Services Ed Toth, Pharmacy Operations Manager, Western Canada	CPBC office
September 18, 2014	People's Drug Mart	Ian Maxwell, CEO Smita Natha, Professional Services Coordinator	People's Drug Mart head office (Burnaby, BC)
September 24, 2014	Sobey's	Sandra Aylward Vice-president, Professional and Regulatory Affairs Jason Hoffman, Senior Director, Pharmacy	CPBC office
TBA	Overwaitea Food Group	Ralph Lai, General Manager, Pharmacies	CPBC office

** At the time of this report, the College had not yet received a response from Walmart in regards to the scheduling of a meeting.*

Issue: Quotas and Breaks

Key Messages

- We have conducted a survey led by CORE at UBC, based on the Oregon example.
- I have been asked to look into the issue of quotas and the impact that may have on patient safety.
- We will be reminding pharmacists and technicians that the Employment Standards Act does apply to them (union, management exceptions).
- As a result of its survey findings, Oregon adopted new administrative rules defining grounds for discipline of pharmacies that fail to provide a working environment that protects the health, safety and welfare of patients.
- Our survey findings are currently being analyzed.
- We want to get a full understanding of this issue, to inform our next steps.

Discussion
The issue of 'quotas' is complicated. Many chains indicated that while they, like most businesses, had established goals and objectives, performance targets, or budgets based on certain expectations of the number of services delivered or products dispensed, most were firmly against the concept of a 'quota' or that these targets were put in place with the belief that something other than patient need was driving them.

In the case of some chains, performance targets were identified as positive measures that encouraged pharmacists to move into newer or more advanced areas of practice and as a way of successfully implementing a change management strategy. In one meeting, an executive described such a strategy as critical to achieving the promise to the public that at any location of that particular pharmacy, a patient could receive a flu shot if he or she requested one. Such targets were introduced in such a way to help transition the pharmacist to patient-centered care and away from what was termed "count, pour, lick, and stick".

Other chains indicated that these targets were used as a metric to measure employee performance and that they were set in such a way to ensure that pharmacists were successfully performing at a satisfactory level. These targets were often described as "reasonable", "minimal", or "low" and should only be done in cases where there was clinical need. One executive noted that such targets were based on peer-to-peer assessments. For instance, if one pharmacist in a location was providing five medication management reviews in one week, whereas other pharmacist in the same location was performing one such review over the same period, the variation in the number of reviews would prompt a discussion on the level and type of service being provided.

Some executives from pharmacy chains that indicated they employed measures that could be described as "quotas" openly discussed the varying viewpoints on this issue. It was often their position that performance targets or goals were incorrectly seen as "quotas" with no basis in patient need. They did not provide precise information on how those metrics are established or generally what happened in cases where they were not met, or in cases where they were exceeded.

Issue: Practice Review Program
Key Messages
- The Practice Review Program is a key initiative of the Board's strategic plan, and it is intended to improve compliance to College standards and guidelines
- Principles include fairness, comprehensiveness, and to not be unreasonably disruptive.
- We want to partner with pharmacists, technicians, and pharmacies to enhance quality and ensure patient safety
- The College engaged with pharmacists, techs, pharmacies and on the design of the program.

Discussion
Feedback on the Practice Review Program was largely supportive. Many chains offered their stores as potential pilot sites, and asked if any of their pharmacists had served on any of the engagement forums that was held by the Practice Review Project Team earlier this year. While some chains indicated that their pharmacists had expressed anxiety about the new system, they also identified that similar experiences in Alberta had resulted in anxiety disappearing when pharmacists were actually

exposed to the new system. Many chains saw the Practice Review Program as a way of advancing the profession and were supportive of ways in which the College was already educating the public on what to expect and that they would be providing in-pharmacy materials for patients or other store customers when a Compliance Officer is present. In addition, one executive remarked on its organization's challenges in providing oversight of pharmacy services. The executive noted that the Practice Review Program would provide valuable assistance to them in ensuring quality services at their pharmacies.

No chain was opposed to the program, and no chain expressed a belief that the program would cause undue hardship on the business operations of the pharmacy.

Issue: Tobacco

Key Messages

- The College has been opposed to the sale of tobacco in premises where pharmacies are located for decades. We're now prepared to do it ourselves.
- The Board is committed to this initiative, and it is a key part of our Strategic Plan.

Discussion

Only a small number of chains continue to sell tobacco, and those chains that do are largely nationally-operating retailers that have adapted to current legislation in all other provinces that prevent tobacco sales in premises containing a pharmacy. In one case, a large national chain asked the College to ensure that in the case of an incoming Bylaw, that the College provide plenty of advance warning so that their retail locations could be adapted to meet new requirements.

London Drugs, a chain based and with a significant presence in British Columbia, is opposed to any initiative that would effectively ban the sale of tobacco in its stores. It believes that selling such products in their stores assists in attracting smokers to their stores, and offering services and information on how to quit while selling the product. London Drugs produces pamphlets and bag stuffers with anti-smoking information that it provides at the counter where tobacco sales are found or is given by the staff person working there when the tobacco sale is made.

The Chain is also of the belief that it is outside of the scope or mandate of the College to define what legal products a store can or cannot sell, pointing to a number of products which contain high amounts of sugar, fat, or meat that they also sell which might be considered unhealthy.

Incentives Bylaw

While not a formal topic for discussion during these meetings, the Incentives Bylaw was discussed at each of them with the Registrar providing an update on the current regulatory situation at the time and the status of the legal challenge.

Conclusion

While time-intensive and with some travel required, the opportunity to meet face to face for candid discussions on issues related to the College has proven invaluable, both in terms of relationship-building and better understanding of the environment in which the College regulates. In addition, feedback from pharmacy chain executives has indicated that they were eager to meet with the College, learn more about its current priorities, and share their thoughts about the College's work.

Advanced Practice Pharmacist (APP) – Update

1. Completing the communications plan for stakeholder engagement. This plan is designed to introduce the concept of the APP to and gather high-level feedback from the other large health professions regulatory authorities as well as their advocacy associations, UBC and MoH.
2. Initial stakeholder engagement to be completed through end of October 2014.
3. Analysis of APP-enabling legislative changes underway with legal counsel
4. On August 6th, Chair Kipp and I met with Minister Lake to introduce the APP concept and advise of our plans.

e-Prescribing – Update

- e-Prescribing pilot in Gibson's continues and feedback to MoH is ongoing
- Current focus of work is internal to MoH (with Maximus) to:
    - prepare for full software vendor engagement (pharmacy and EMR) – ***Late 2014***
    - prepare for the publication of conformance standards and development of testing scenarios – ***December 2014***
    - plan for wider stakeh older engagement (incl CPBC, BCPhA etc) to discuss roll out plans, seek input and feedback – ***In late 2014 with roll out in 2015***

UBC Funding Requests

Summary: Interprofessional Medication Reconciliation (IP MedRec) Program Funding Request
This request supports the College of Pharmacists of BC's Strategic Goal #2: *Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.*

The program, led by Drs. Arun Verma and Judith Soon (both RPh, PhD), establishes distributed training for pharmacists residing or practicing in Victoria, Prince George and Kelowna. Medicine and Nursing currently have training sites in these locations. The program will allow pharmacists to define and enhance their role within the IP MedRec setting.

Funds are requested to upgrade the current clinical training programme, conduct quantitative and qualitative research to establish benefit of initiative, and to reimburse the $200 registration fee once pharmacist requirements for CE are complete. Anticipated recruitment is a total of 30 practicing pharmacists. An additional 224 third year Pharmacy students would also benefit.

Funding awarded $39,813. Distribution January 2, 2015 through April 30, 2016.

Summary: Enhanced Training in Emergency Contraception
This request supports the College of Pharmacists of BC's Strategic Goal #3 Scope of Practice: *...supporting clinical skills development, encouraging BC pharmacists to enrol in programs that support best practices, and ensuring required knowledge, skills and abilities required of pharmacists are integrated in pharmacy programs.*

The program, led by Dr. Judith Soon (RPh, PhD) in collaboration with Drs. Ellen Wiebe (MD) and Konia Trouton (MD), will upgrade the clinical skills training program to provide pharmacists with enhanced skills in emergency contraception (EC) options, including the fitting of copper intrauterine devices and direct provision of oral levonorgestrel.

Funds are requested to upgrade the clinical skills training program, conduct quantitative and qualitative research to establish the benefits of the initiative, develop a rapid referral pathway for EC IUD insertion, and to reimburse the $50 registration fee once pharmacist requirements for CE are complete. Anticipated recruitment is 500 pharmacists across BC.

Funding awarded $87,554. Distribution November 1, 2014 through April 30th, 2016 in quarterly installments (March 31, 2015; June 30, 2015; September 30, 2015; December 31, 2015).

Pharmacy Technicians' Access to PharmaNet - Update

- Ministry of Health continues to support the College in its efforts to recognize pharmacy technicians as a standalone category of users.
- This transition needs to happen as part of the larger effort to address role based access in PharmaNet. Work is underway to define this new framework, which is expected to become available in Spring 2015.
- Ministry of Health would then create an implementation plan to address the activities required to identify this group of users; next official update expected in Spring 2015.

Strategic goals 2014/15

Progress report

25 Sept 2014

COLLEGE OF PHARMACISTS
OF BRITISH COLUMBIA

Strategic Milestones – Reporting Process

Review 2014/15 milestone status at each Board meeting

- **Detail is in the strategic plan document**
- **Additional information will be provided on major events during Board meeting when appropriate**

- Red (delayed)
- Yellow (will be done in fiscal Q of target Board meeting)
- Green (on track)

At end of year (Feb 2015 Board meeting)

- **12 month summary for 2014/15**
- **Review forward looking milestones for 2015/16**
  - Align with 2015/16 fiscal plan (approved in Feb meeting)

1. Public Expectations

Milestone	Board Meeting	Status
1a) Role and value of profession		
Board refine plan based on outcomes of 1st year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb'15	

2. Interdisciplinary Relationships

Milestone	Board Meeting	Status
2a) Work with other regulated professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services		
Presentation to Board on outcomes of collaborative opportunities program	Nov ‘14	
Options presented to Board on refinements to program for 15/16	Feb '15	
2b) 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 each other’s role		
Board assesses outcomes of pharmacist/pharmacy technician networking sessions and updates plan	Feb '15	

3. Scope of Practice

Milestone	Board Meeting	Status
3a) Support pharmacists and pharmacy technicians to practice to their current scope		
3(a)(i) Enhance availability of continuous education tools and programs		
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	✓
Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Feb '15	
3(a)(ii) Encourage BC pharmacist to enrol in programs that support best practices		
Update: Report out on numbers of pharmacists participating in programs	Nov '14	
Decision: Review options on program supporting best practices and prioritize, aligning with fiscal budget	Feb '15	

Note: committed to do additional survey in Sept, results and decision at Nov Board meeting.

CE Survey –Access to CE credits

- **CE/PDAP survey at end of 2013 (600 registrants)**
- **Key constraints identified:**
    1. Time
    2. Availability
    3. Cost
    4. Accessibility (due to their location)

- **College launched to ALL registrants (Aug 5th, 2014)**
    - *e-Therapeutics+ Complete*
    - *e-Therapeutics Highlights CE (12.5 CEUs/year)*

- **UBC CPPD provides distance learning to ALL registrants online (23 CEUs/year)**

Additional CE Survey Underway

- **Anticipate new CE requirements to support strategic plan objectives including:**
  - Interdisciplinary and intra-disciplinary collaborative opportunities
  - Supporting pharmacists to practice to the current and future scope of practice (lab values, APP)
  - Evolving practice and standards (launch of Practice Review program)

- **Results will be reported at Nov Board meeting**

3. Scope of Practice

Milestone	Board Meeting	Status
3a) Support pharmacists and pharmacy technicians to practice to their current scope		
3(a)(iii) Ensure required knowledge skills and abilities required of pharmacist and pharmacy technicians are integrated into pharmacy and pharmacy technician programs		
Update: Report to Board on changes made to entry to practice criteria	Feb '15	
3(a)(iv) Encourage uptake of pharmacy technicians into community practice settings		
Results of the survey on the uptake of pharmacy technicians into community and other areas of practice was shared with the Board at the June 2014 meeting.	Jun '14	

3. Scope of Practice

Milestone	Board Meeting	Status
3b) Develop and update legislation, policy, and tools to support future scope of practice		
3(b)(iii) Access to patient lab data		
Update: Report summarizing need to provide access to lab data	Sept '14	✓
3(b)(iv) Advanced Pharmacist Practice (APP) certification legislation		
Update: Presentation of stakeholder engagement plan	Nov '14	

4. Standards

Milestone	Board Meeting	Status
4a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency		
Decision: Board approve public posting of proposed bylaw changes supporting package of legislation updating 6 standards	Feb '15	
4c) Develop standards for pharmacy workload		
Decision: Board approve public posting of proposed bylaw changes supporting standards for pharmacy workload	Feb '15	

4. Standards

Milestone	Board Meeting	Status
4d) Inspections (Practice Review)		
Update: Progress report on setting up of new inspector infrastructure	Jun '14	✓
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)	Sept '14	
Update: Confirmation of Community Pilot Program launch	Nov '14	
Update: Results from Community Pilot Inspections	Feb '15	

4. Standards

Milestone	Board Meeting	Status
4e) Align CE requirements with evolving practice and standards		
Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new inspection program	Sept ‘14	
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	

4. Standards

Milestone	Board Meeting	Status
4f) Prohibit tobacco products in premises where a pharmacy is located		
Decision: Board approve public posting of proposed bylaw changes supporting prohibition of tobacco products in premises where a pharmacy is located	Jun '14	
Decision: Board approve filing of bylaw changes with MoH supporting prohibition of tobacco products in premises where a pharmacy is located	Nov '14	
Update: Legislation in place that prohibits tobacco products in premises where a pharmacy is located	Feb '15	
4g) Prohibit use of loyalty programs related to the provision of pharmacy services		
Update: Summary report on loyalty point compliance for 2014/15	Feb '15	n/a

**deadlines changed as per Board June 2014*

5. Technology

Milestone	Board Meeting	Status
5a) 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		
Renew PNET Services contract	Apr '14	✓
Letter sent to MoH requesting enhancements to PNET	Apr '14	
Status of request to MoH for enhancements to PNET	Feb '15	
5b) Provide e-access to current and comprehensive drug information		
Board decision on options for e-library resources	Jun '14	✓
Roll out of e-library	Nov '14	✓

PharmaNet Database Enhancements

- **Scope of task redefined**
  - Single MoH enhancement request split into distinct subject matter areas with individualized strategies

- **Individualized strategies are based on the dependencies and stakeholders relevant to subject matter**

PNET Subject Matter Area	Board Date
Pharmacy Technicians added as distinct practitioners	Sept'14
HIV/AIDS medications	Sept'14
Physician provided medication samples	Nov'14
Renal/transplant medications (already on PNET)	Done
Cancer care medications	Feb'15
Medication list at discharge from acute care & medication review reports	Feb'15

Key Survey Findings

September 2014

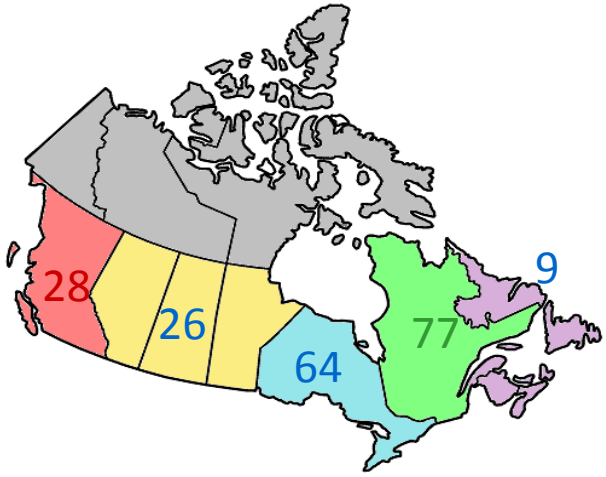
SHOPPERS DRUG MART SUSTAINABLE SOLUTIONS REPORT: A FOCUS ON MEDICATION REVIEWS

INSIGHTS FROM PHYSICIANS, SENIORS AND SDM PATIENTS

SHOPPERS DRUG MART

Physician Perceptions of Pharmacists and their roles

We asked 204 GPs/FMs from across Canada what they thought about pharmacists….



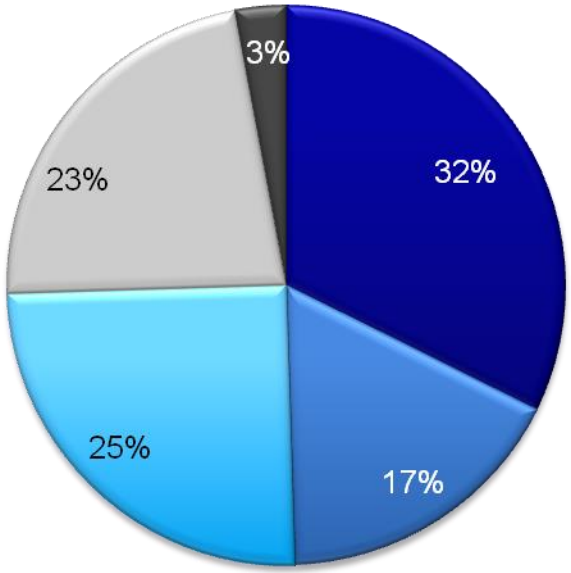
Respondent Breakdown	Total
Quebec	77
Ontario	64
Rest of Canada	63
Total	204

And this is what they told us……

SHOPPERS DRUG MART

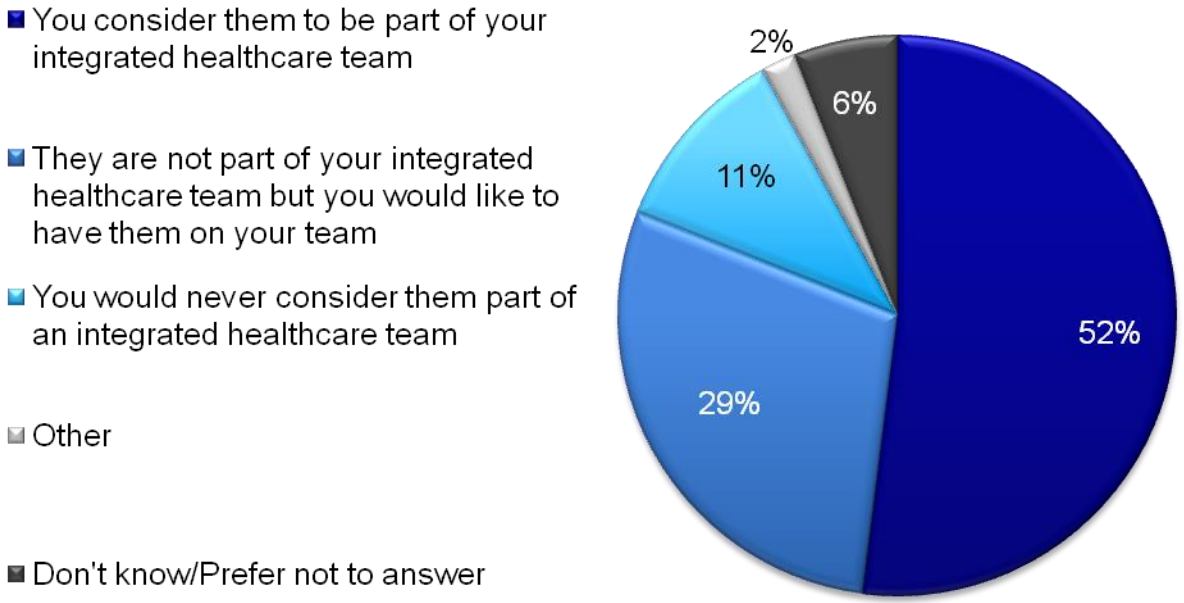
GPS' OWN ROLE VIS-À-VIS AN INTEGRATED TEAM

- You are part of an integrated team of healthcare professionals working closely together
- You are part of an integrated team of healthcare professionals but you do not work closely together
- You are part of group of healthcare professionals but you are not integrated as a team and do not work closely together
- You are a healthcare professional who works independently of any support provided by other healthcare professionals
- Don't know/Prefer not to answer



Base: All Respondents (n=204)

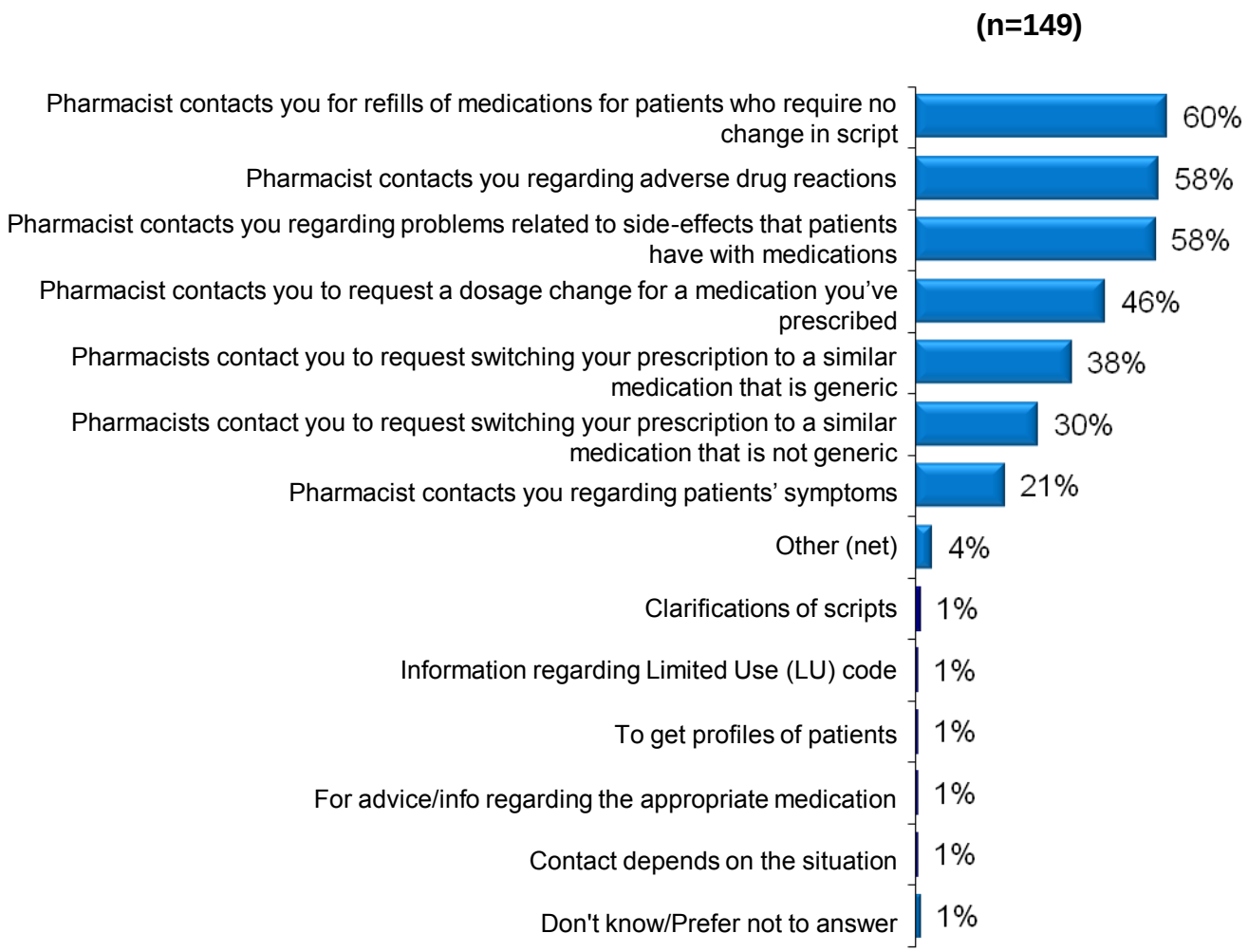
ROLE OF RETAIL PHARMACISTS IN INTEGRATED TEAM



Base: All Respondents (n=204)

SHOPPERS DRUG MART

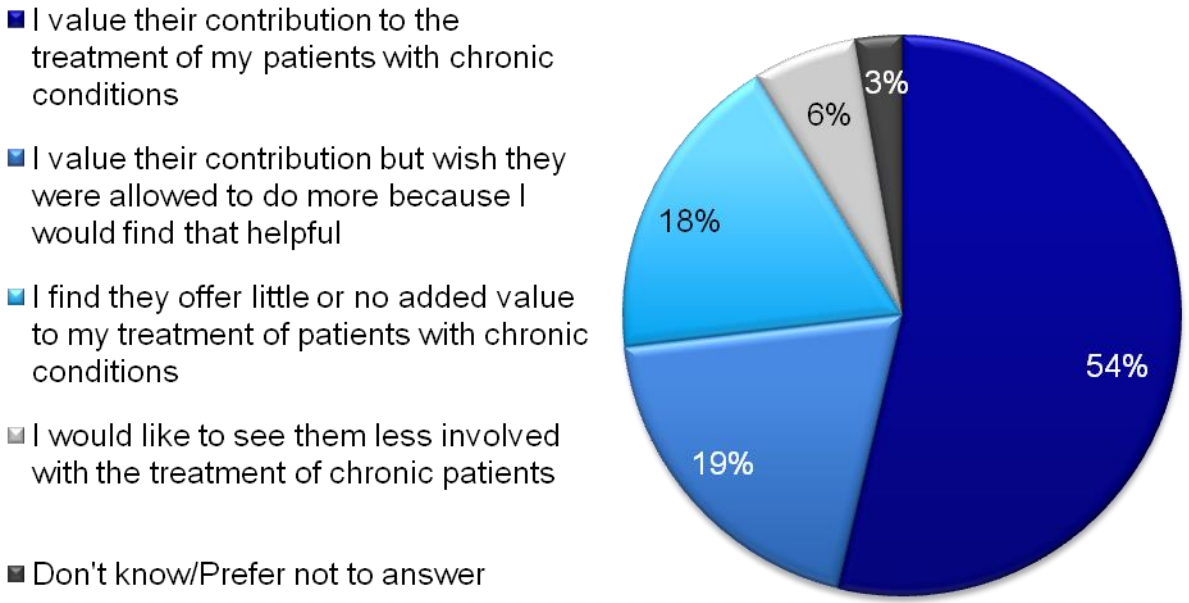
TYPE OF INTERACTIONS WITH RETAIL PHARMACISTS RE: PATIENTS WITH CHRONIC CONDITIONS



Subsample: GPs who report any interaction with pharmacists

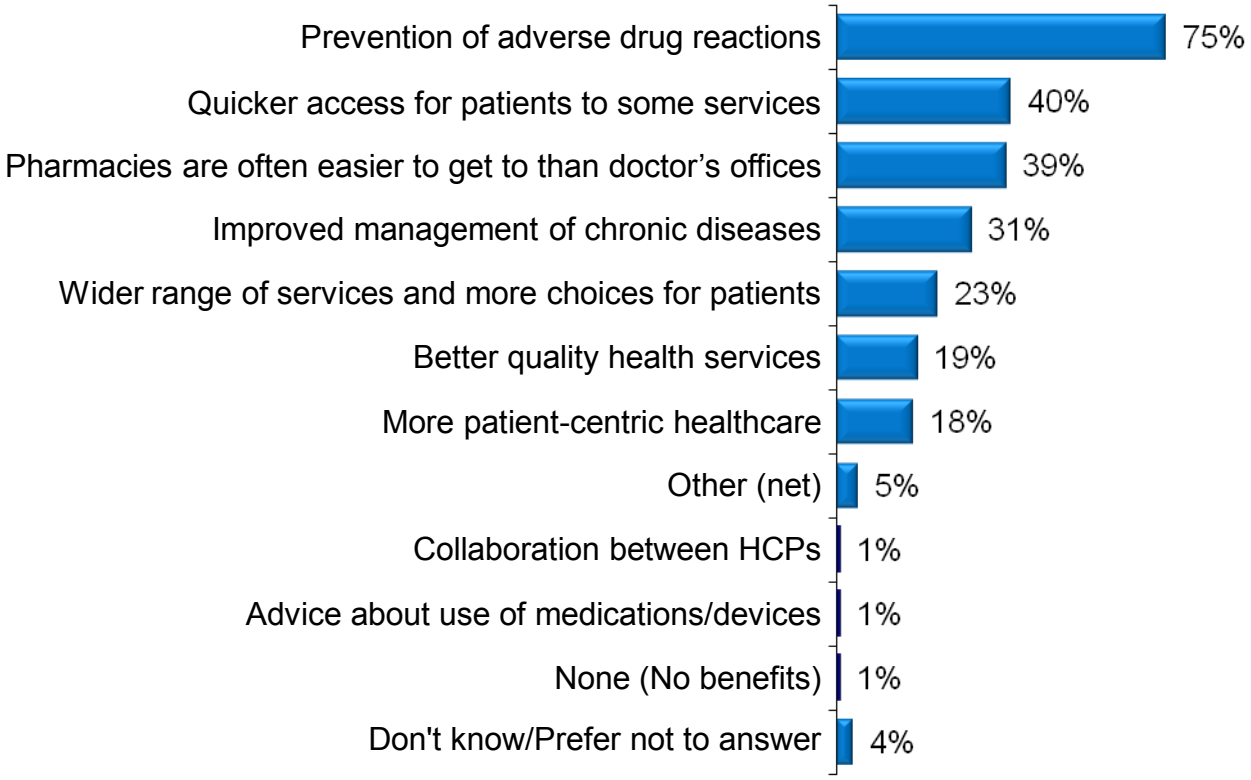
EVALUATION OF INTERACTIONS WITH RETAIL PHARMACISTS RE: PATIENTS WITH CHRONIC CONDITIONS

(n=149)



Subsample: GPs who report any interaction with pharmacists

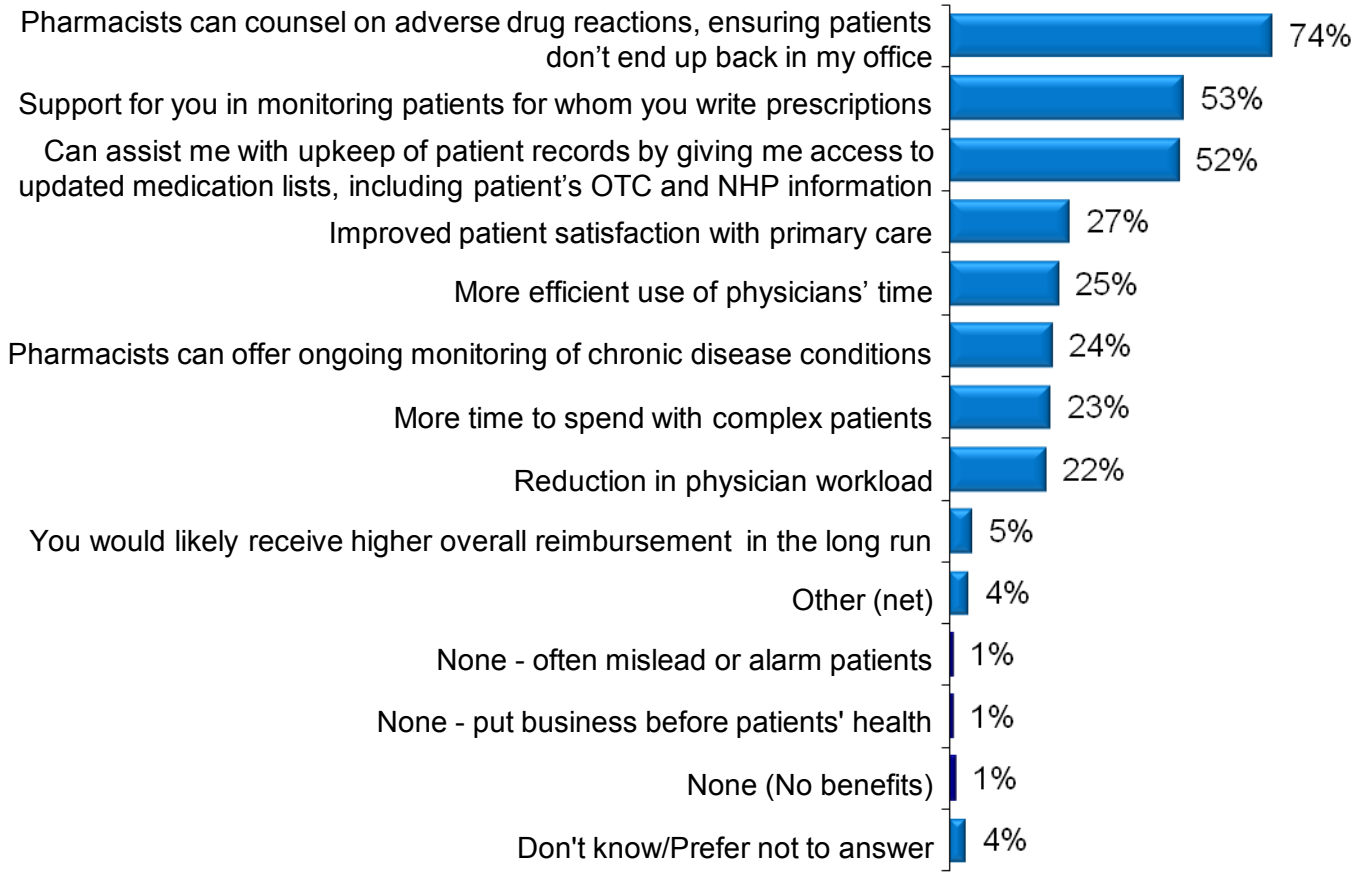
BENEFITS OF EXPANDED PHARMACISTS' ROLE FOR PATIENTS



Base: All Respondents (n=204)

SHOPPERS DRUG MART

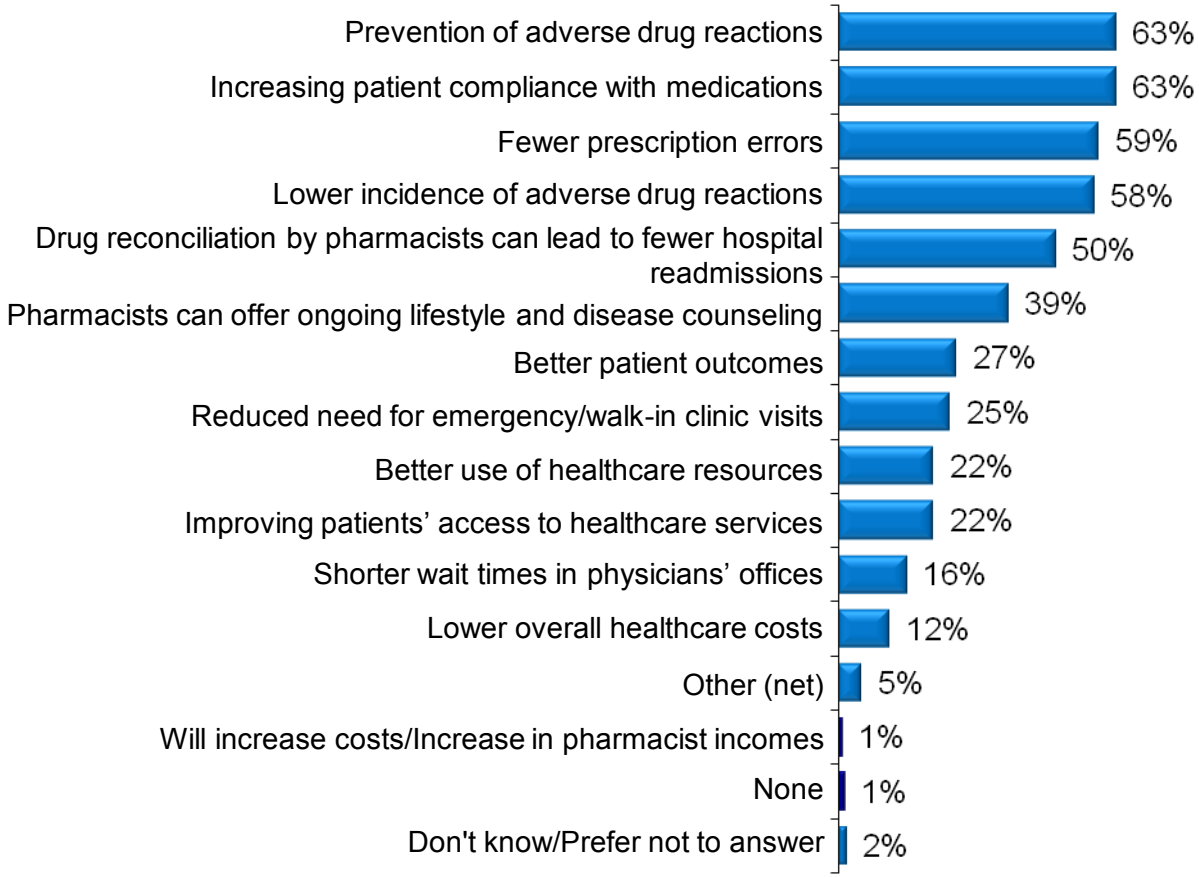
BENEFITS OF EXPANDED PHARMACISTS' ROLE FOR PHYSICIANS



Base: All Respondents (n=204)

SHOPPERS DRUG MART

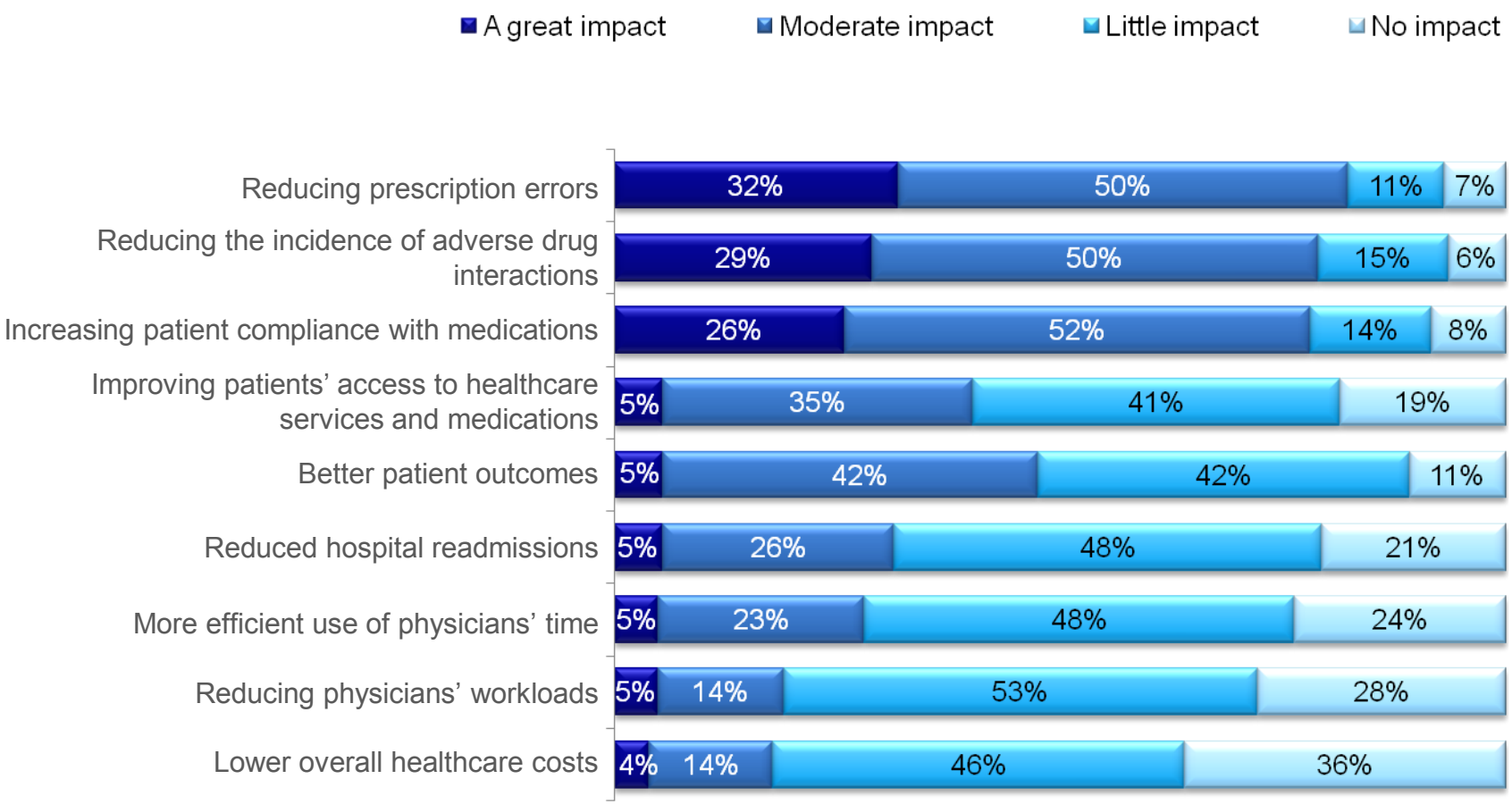
BENEFITS OF EXPANDED PHARMACISTS' ROLE FOR HEALTHCARE SYSTEM



Base: All Respondents (n=204)

SHOPPERS DRUG MART

IMPACT OF EXPANDED PHARMACISTS' ROLE

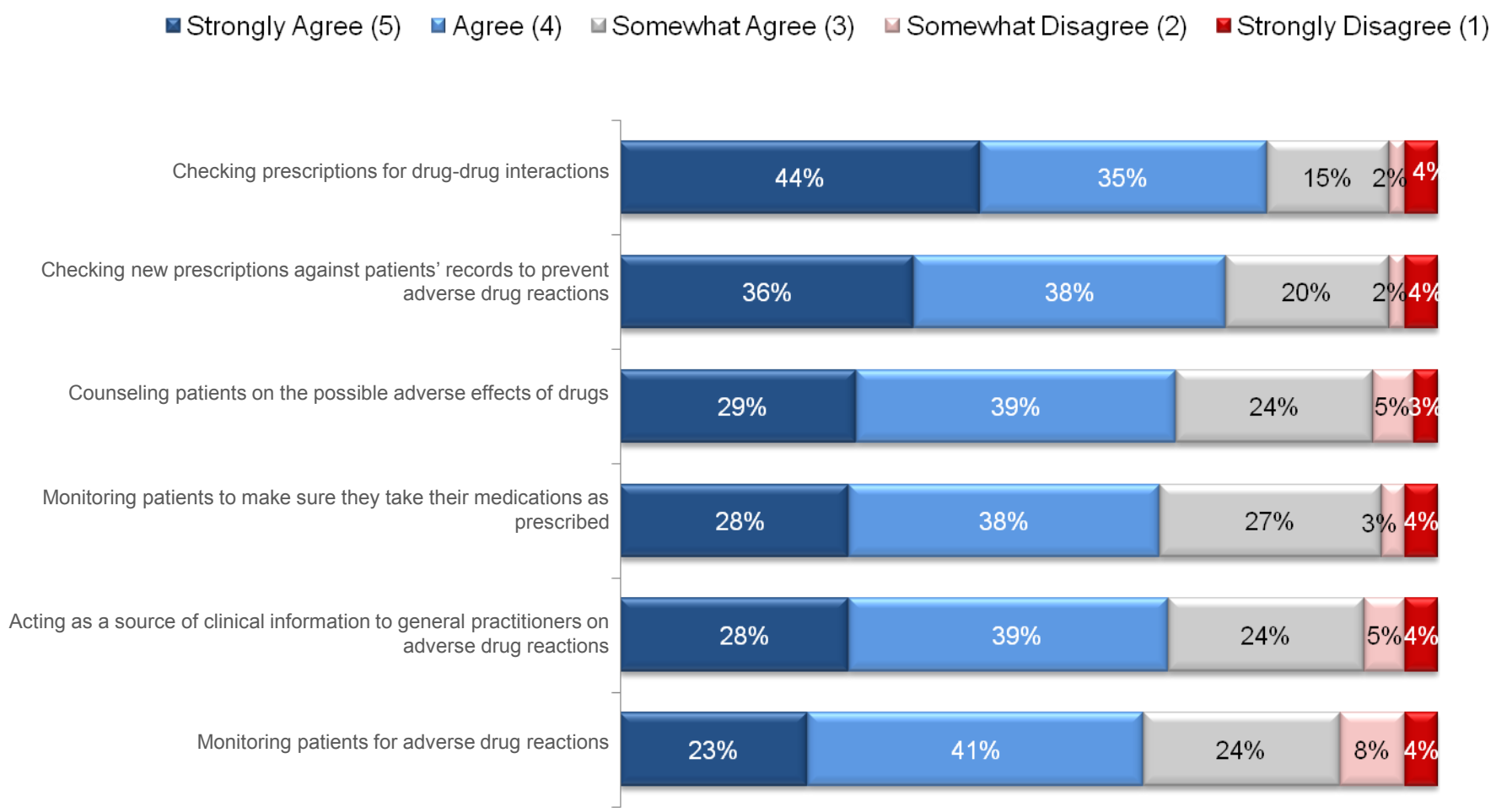


Base: All Respondents (n=204)

SHOPPERS DRUG MART

SUPPORT FOR EXPANDING ROLE OF RETAIL PHARMACISTS IN KEY AREAS

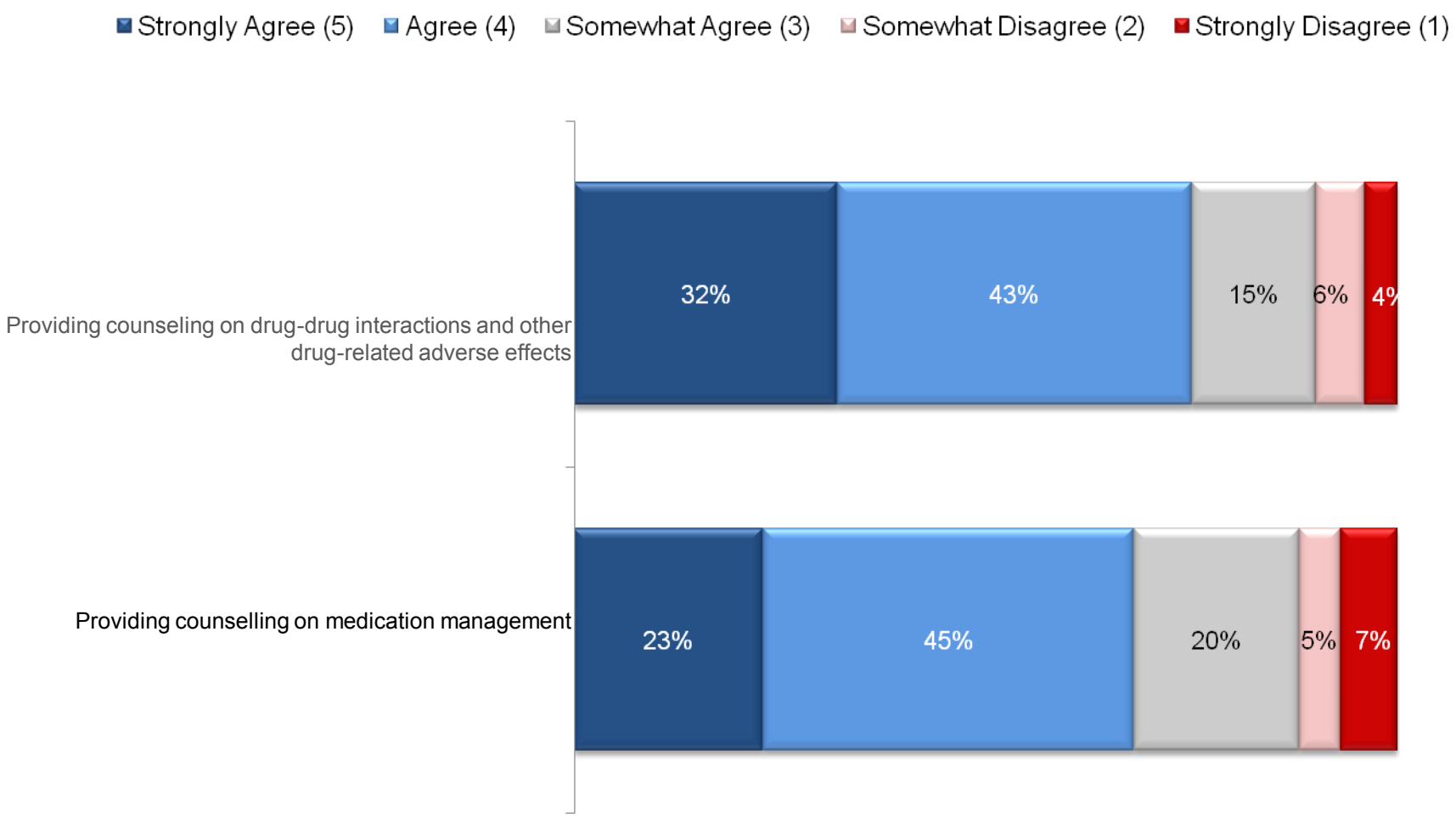
Appendix 3



Base: All Respondents (n=204)

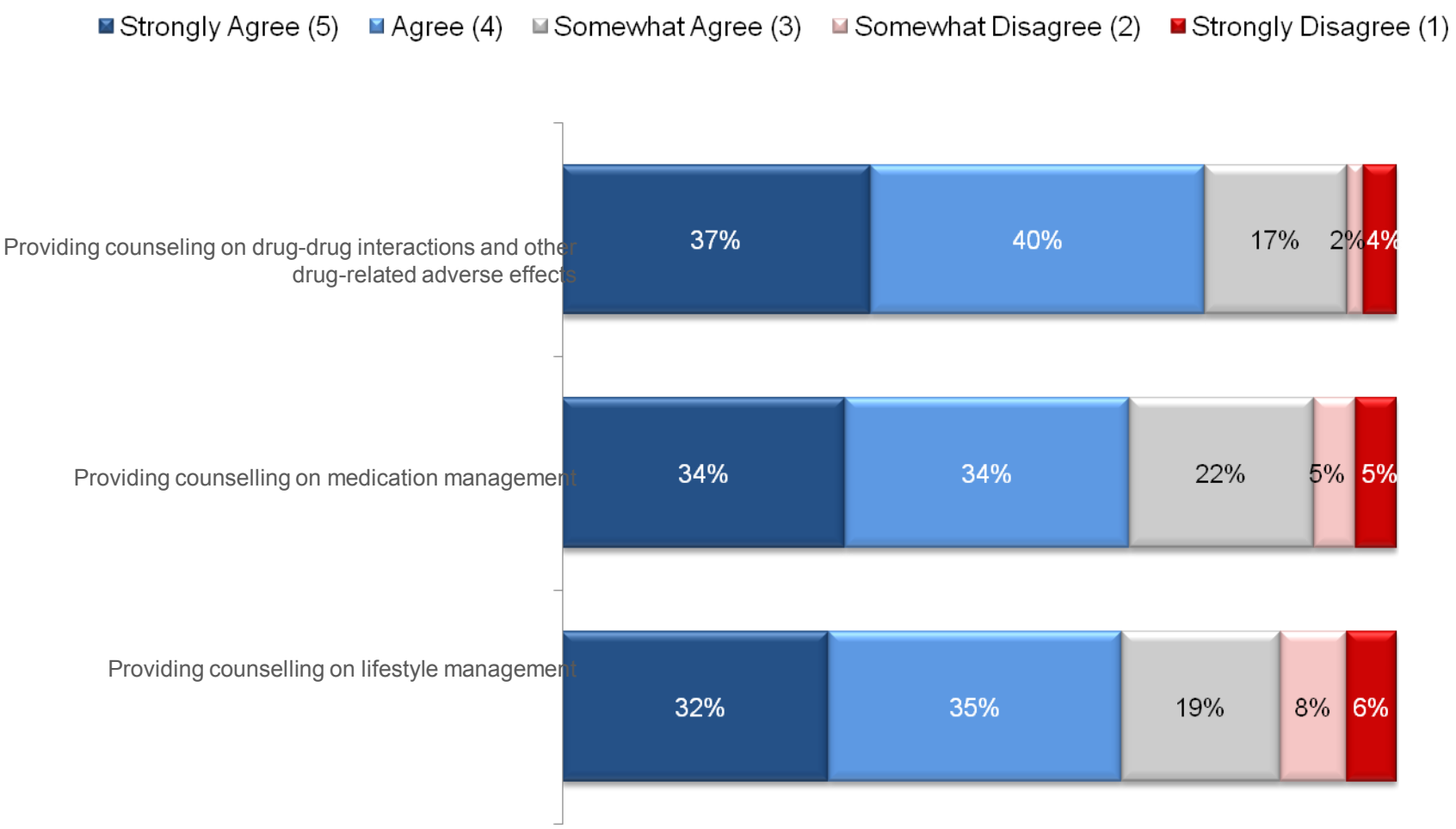
SHOPPERS DRUG MART

BENEFITS FOR HEALTHCARE SYSTEM OF EXPANDING ROLE OF RETAIL PHARMACISTS IN KEY AREAS



Base: All Respondents (n=204)

BENEFITS FOR PHYSICIANS OF EXPANDING ROLE OF RETAIL PHARMACISTS IN KEY AREAS



Base: All Respondents (n=204)

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CARP MEMBER PERCEPTIONS OF PHARMACISTS

We asked **2416** CARP members from across Canada what they thought about pharmacy services and medication reviews…

Atlantic	285
British Columbia	412
Ontario	1196
Quebec	142
Prairies	381

And this is what they told us…

SHOPPERS DRUG MART

KEY TAKEAWAYS

To date, 1 in 3 CARP members have had a medication review with a pharmacist, mostly in ON.

1 in 2 members would be very likely to continue med reviews, and 1 in 3 would be very likely to start; with slightly less interest in QC, where pharm visits are already frequent.

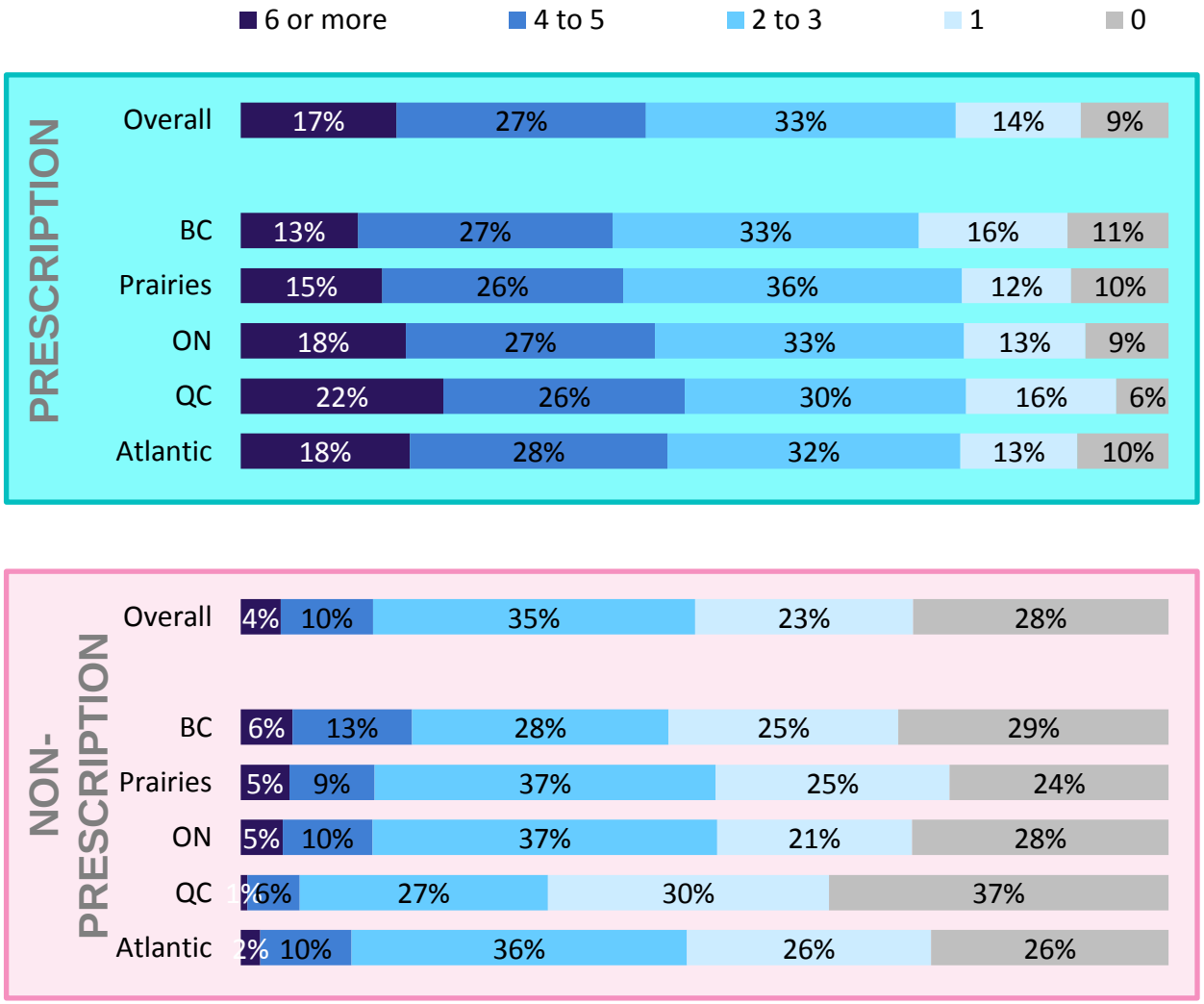
While the role of the pharmacist is seen as an expert, medication reviews make members more comfortable with their pharmacist.

Greater comfort leads to a higher acceptance of further pharmacy services.

Again, while medication knowledge seems high, it is higher among members having had a medication review.

In conclusion, medication reviews lead CARP members to better relationships with pharmacists and better knowledge on their medications.

PRESCRIPTION AND NON-PRESCRIPTION MEDS BEING TAKEN



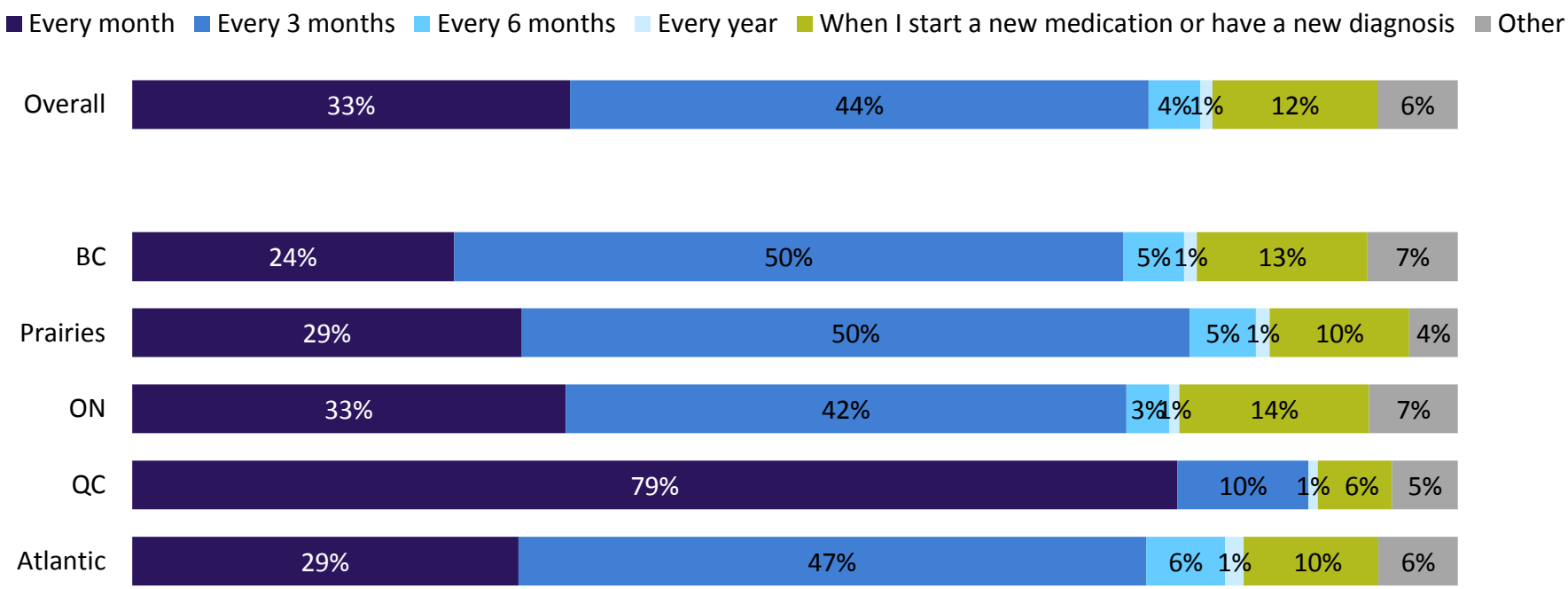
Overall, most CARP members take over 2 to 3 prescription meds,

with those in QC taking less non-prescription meds than those on other regions.

Base: All Respondents (n=2416)

SHOPPERS DRUG MART

FREQUENCY OF VISIT TO PHARMACY/PHARMACIST

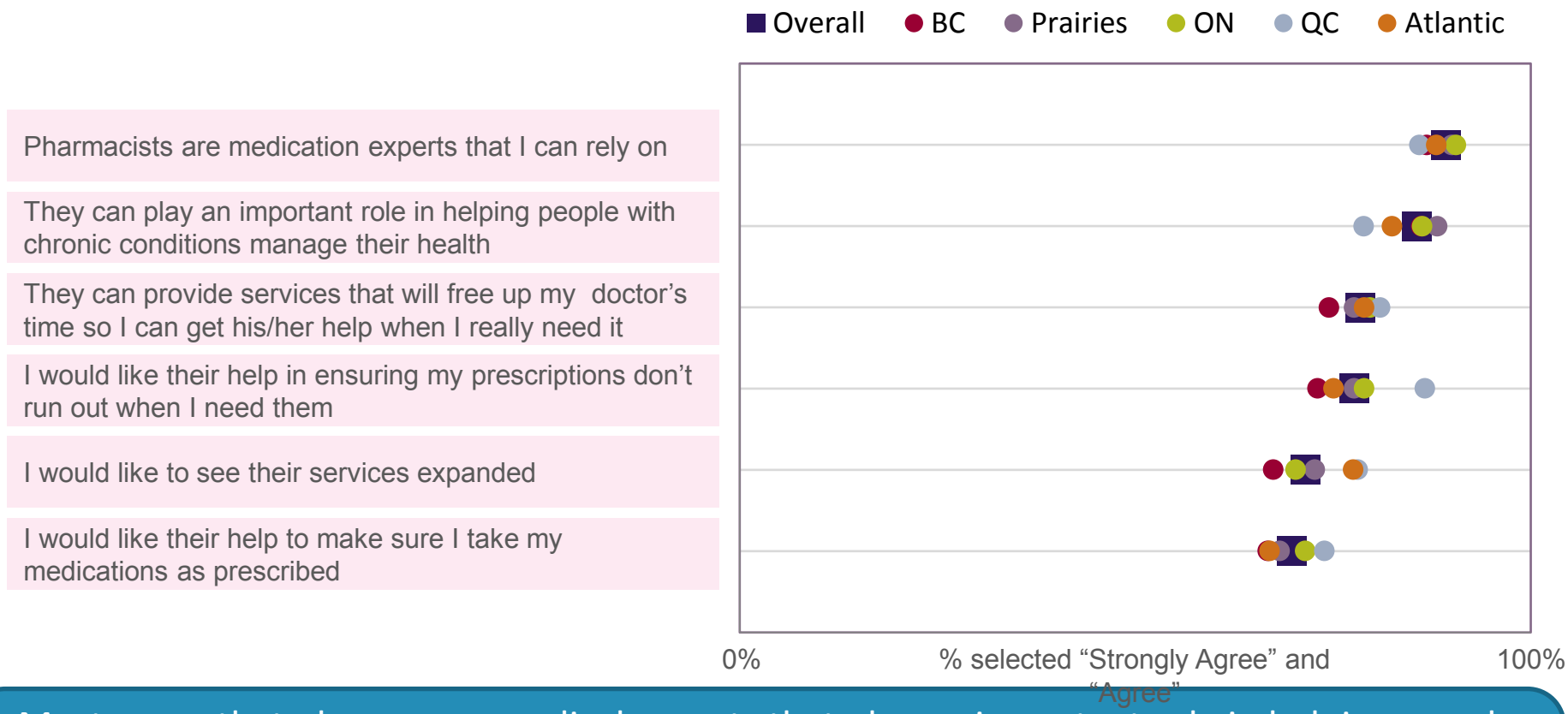


Nationally, every 1 in 3 CARP member visits the pharmacy every month; however that number is significantly higher in QC, where access to physicians can be more difficult than in other regions across Canada.

Base: All Respondents (n=2416)

SHOPPERS DRUG MART

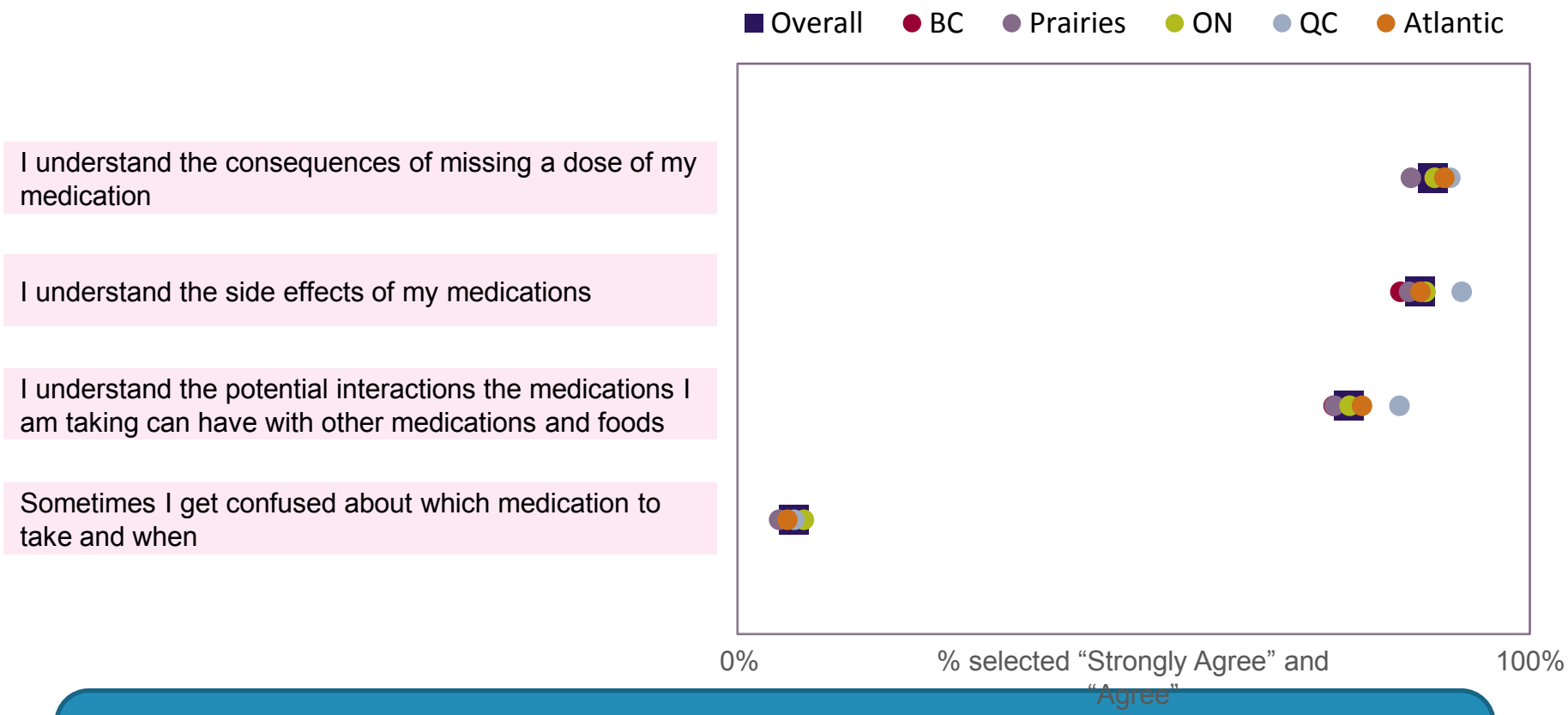
ATTITUDES TOWARD ROLE OF PHARMACISTS



Most agree that pharms are medical experts that play an important role in helping people manage their health; as well over 2 in 3 indicate that pharmacists can offer more services (including meds don't run out and help taking meds correctly). Interestingly, in QC there was a higher need for expanded pharmacist services; likely driven by shortage of physicians.

Base: All Respondents (n=2416)

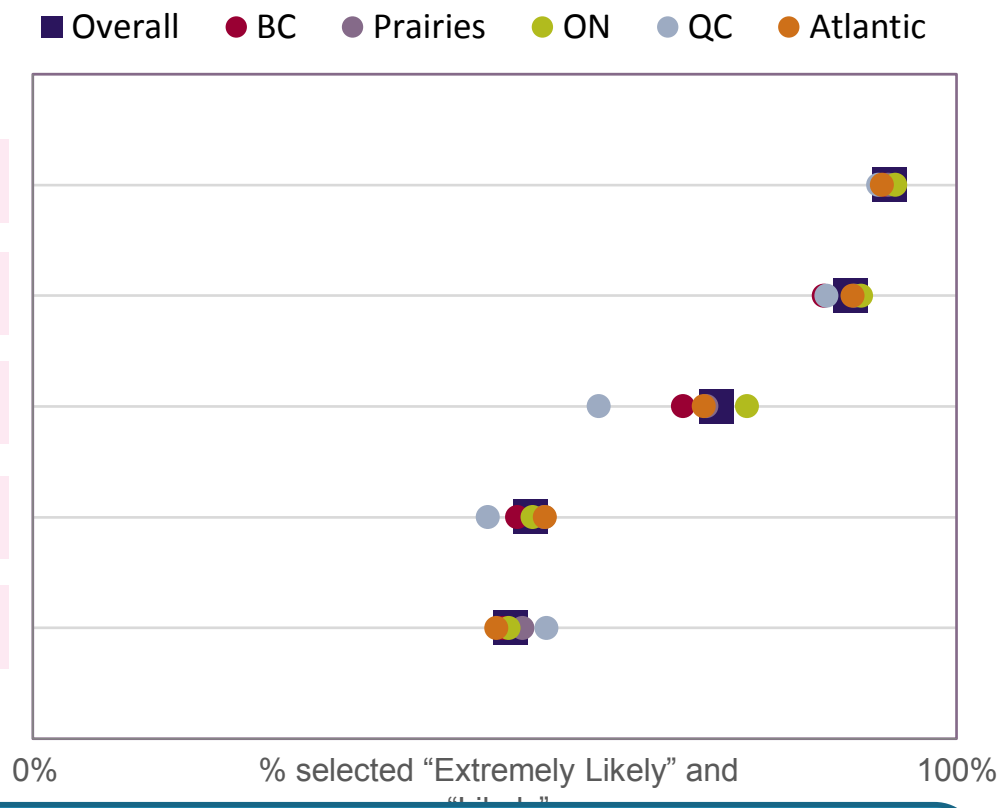
GAPS IN UNDERSTANDING MEDICATIONS



Few respondents indicate a lack of medication understanding with their medications, with members in QC being slightly more confident in regards to their knowledge of side effects and drug-drug/drug-food interactions.

Base: All Respondents taking prescription or non-prescription medications (n=2297)

LIKELIHOOD OF USING PHARMACIST SERVICES IF AVAILABLE



Respondents would like pharmacy services to be expanded and many would be open to a wide range of services from emergency refills to medication reviews.

And as they already indicate good knowledge and already visit pharms more often, those in QC see less need for regular reviews.

Base: All Respondents (n=2416)

EXPERIENCE WITH MEDS REVIEWS

	Overall	BC	Prairies	ON	QC	Atlantic
Respondents having a medication review in the past year	**32%**	**29%**	**24%**	**41%**	**19%**	**19%**
Base: All Respondents (n=2416)	n=778	n=119	n=92	n=486	n=27	n=54
Reasons for choosing pharmacist over GP/FM to review meds (one main reason)						
Pharmacists are specifically trained in the adverse effects and drug interactions of medications	**28%**	**42%**	**28%**	**24%**	**41%**	**28%**
The pharmacist recommended it	**28%**	**22%**	**13%**	**35%**	**-**	**19%**
Pharmacists are medication experts	**16%**	**13%**	**22%**	**15%**	**15%**	**20%**
Convenience	8%	3%	15%	7%	11%	7%
Pharmacists have more time to spend with me than my doctor	5%	6%	5%	5%	-	6%
I see the pharmacist more often, so I am more comfortable with them	5%	3%	5%	5%	-	7%

Base: Those respondents who had a medication review in the past year (n=778)

Few CARP member across Canada have had a medication review, the most being in ON.

The main reasons for having a review with the pharmacists include them being the experts as well as a follow up after the pharmacists offered the service

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BENEFITS ASSOCIATED WITH A MEDS REVIEW

Among those CARP members that have had a medication review, they associate a number of benefits with it, mainly that it makes them more comfortable with their medications.

Benefits	Overall (n=778)	BC (n=119)	Prairies (n=92)	ON (n=486)	QC (n=27)	Atlantic (n=54)
Medication reviews make me more comfortable with the medications I take	**47%**	**44%**	**47%**	**47%**	**33%**	**54%**
Medication reviews give me peace of mind regarding my medications	39%	36%	46%	39%	33%	39%
Medication reviews help me to understand why I take the medications, and how they contribute to my overall health	38%	35%	34%	40%	41%	39%
The advice provided during the medication review makes it easier for me to remember how to take my medications as recommended	22%	15%	21%	24%	26%	20%

Base: Those who had a meds review in the past year (n=778)

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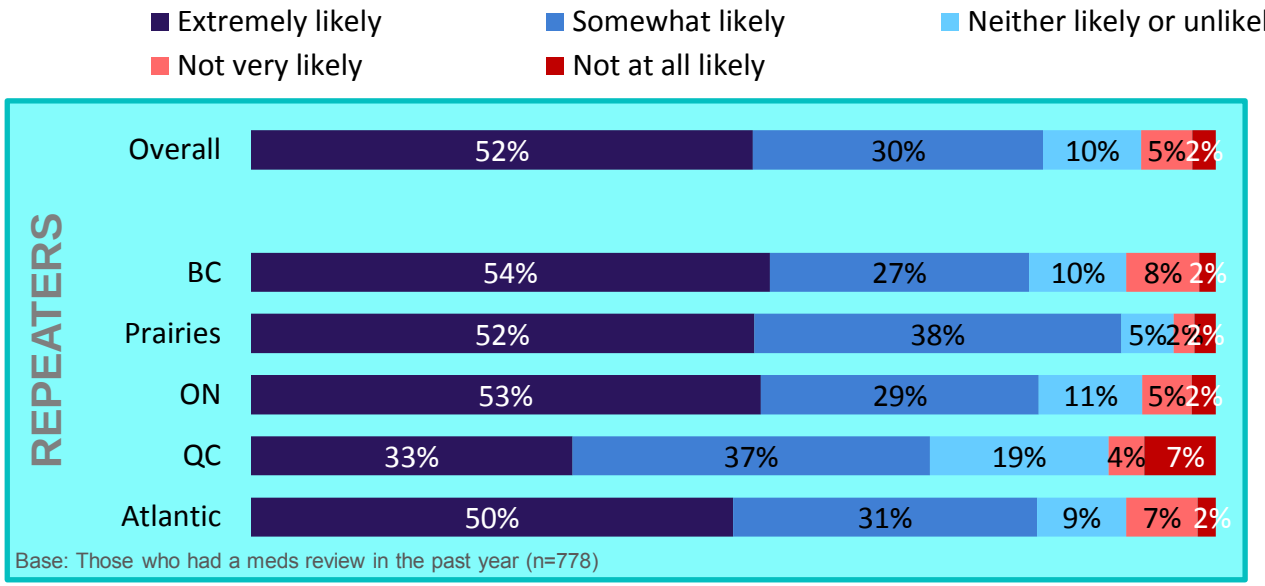
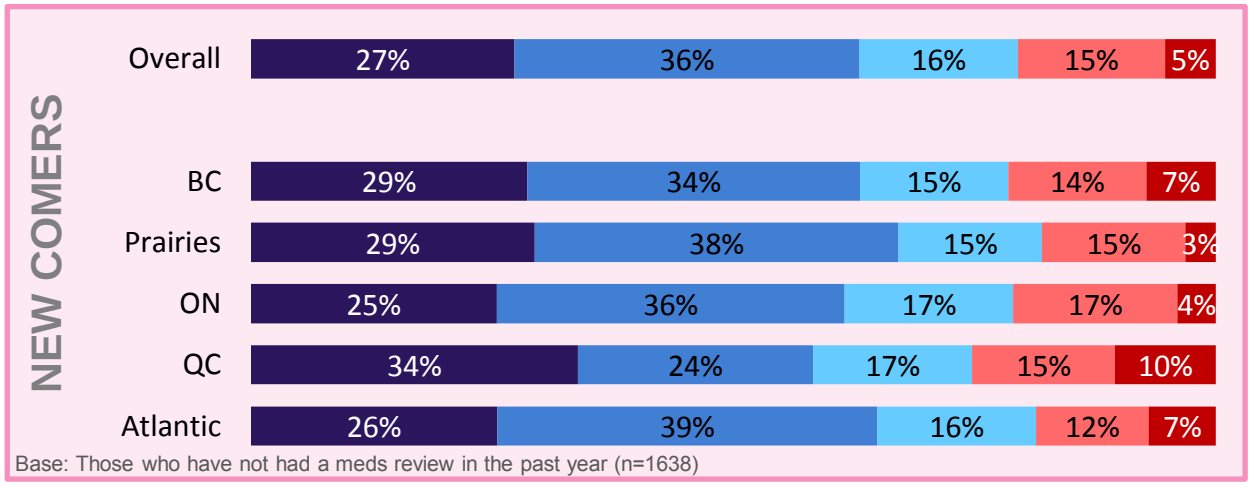
LIKELIHOOD OF MAKING MEDS REVIEW PART OF OPTIMIZING HEALTH

Future intentions of having medication reviews are positive among all CARP members, of whether they have had a review in the past or not.

However, the fact that members will likely continue to have reviews suggests that they are receiving value from these reviews.

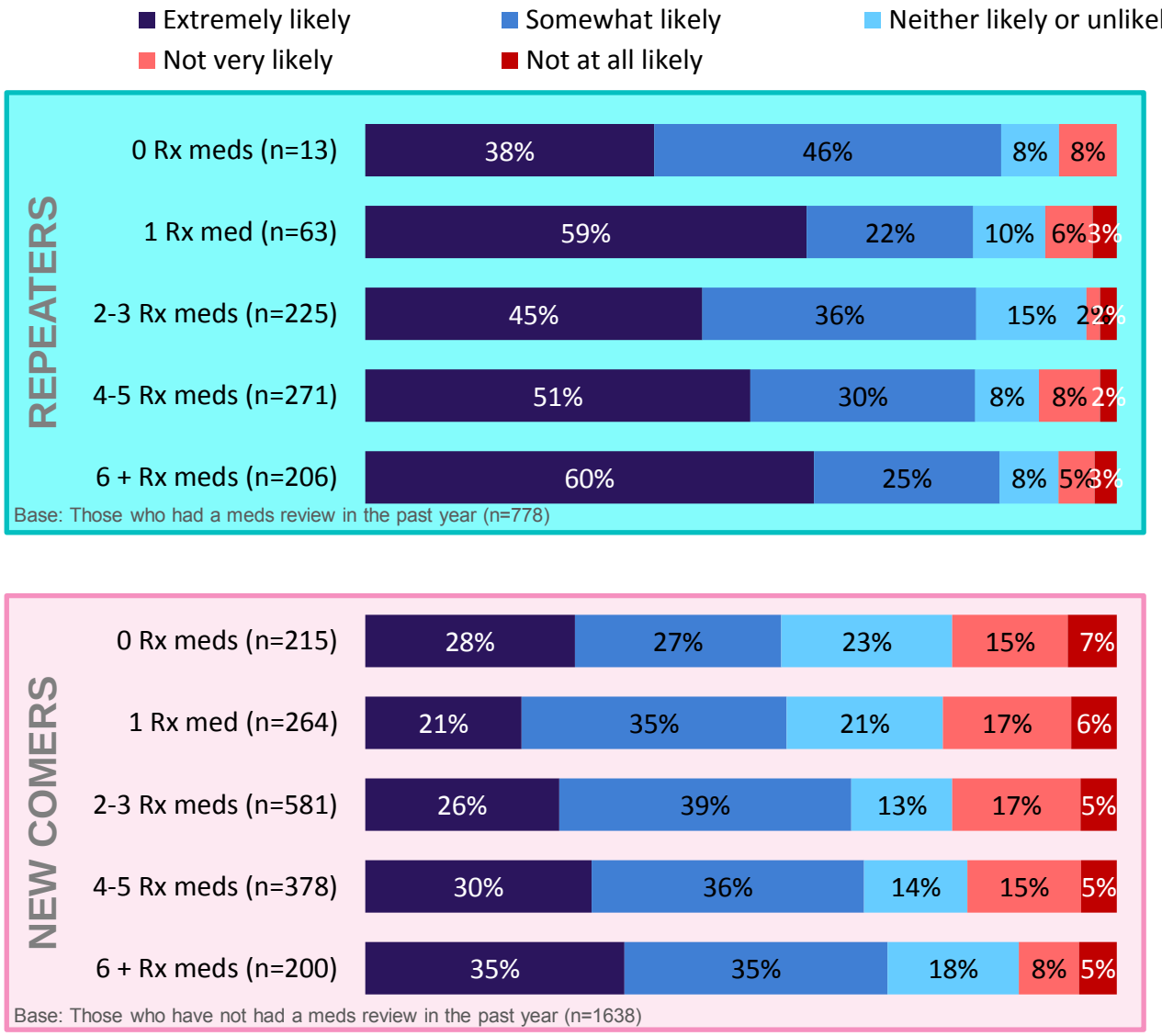




SHOPPERS DRUG MART

LIKELIHOOD OF MAKING MEDS REVIEW PART OF OPTIMIZING HEALTH – BASED ON NUMBER OF RX MEDICATIONS

Regardless of the number of prescription medications being taken, a high level of interest was found in making medication reviews a part of optimizing health.



SHOPPERS DRUG MART

FURTHER BENEFITS OF MEDICATION REVIEWS

Attitudes Towards Pharmacists

Those who have had a medication review have a greater belief in the role pharmacists currently play as well the role they can play in future in helping manage health.

Gaps in Understanding Medications

Members that have had a medication review were found to have significantly greater knowledge and comfort with all aspects of the medications they are currently taking.

Likelihood of Using Pharmacist Services

It was also shown that among those who have already had a medication review are more likely to use additional services offered by pharms, indicating reviews can lead to building trust with patients.

Shoppers Drug Mart patients' perceptions of medication reviews

Field dates

Start Date – February 21, 2014
End Date – July 4, 2014

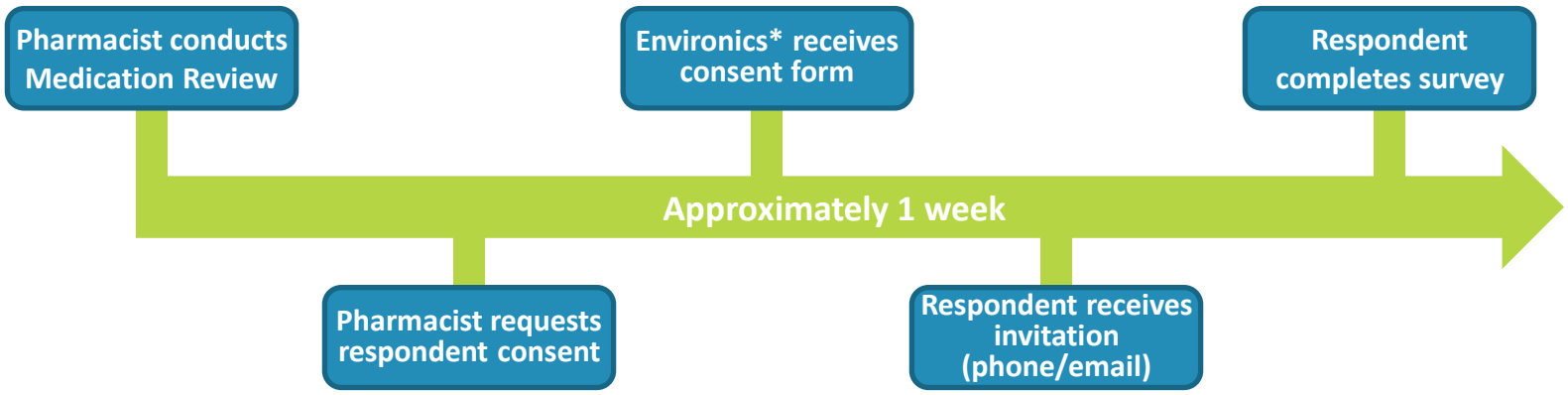
Sample

A total of **506** respondents participated in the survey (BC, AB, ON)

Participation criteria

All participants were screened to ensure they had a one-on-one medication review with a SDM pharmacist within the past month

Process



*Environics Research Group

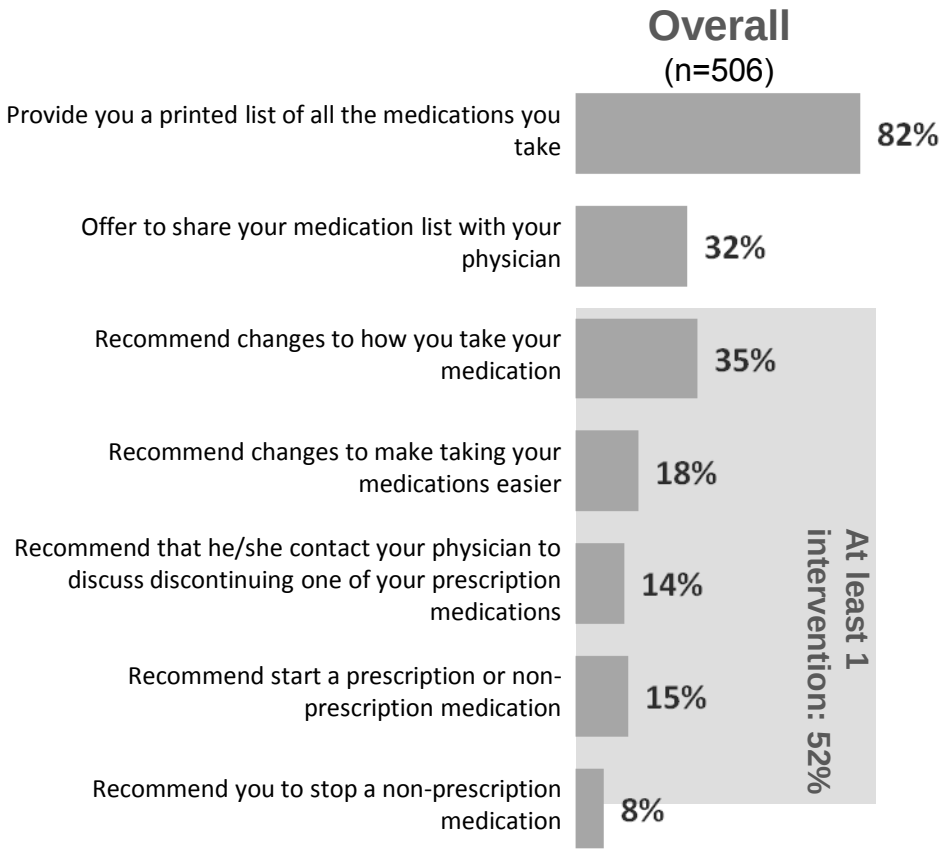
REASONS FOR PATIENTS CHOOSING PHARMACIST OVER FAMILY DOCTOR FOR MEDICATION REVIEW

Patients select pharmacists over their family doctor for a medication review due to pharmacists' expertise in medications and accessibility

Base: All respondents (n=506)
Q.6 Why did you choose a pharmacist over a family doctor to review your medications?

PHARMACISTS' INTERVENTIONS RESULTING FROM MEDICATION REVIEWS

52% of patients report that the pharmacist made at least one intervention with respect to their medications, including a change to the medication.



Top reasons for recommending change to medication were:

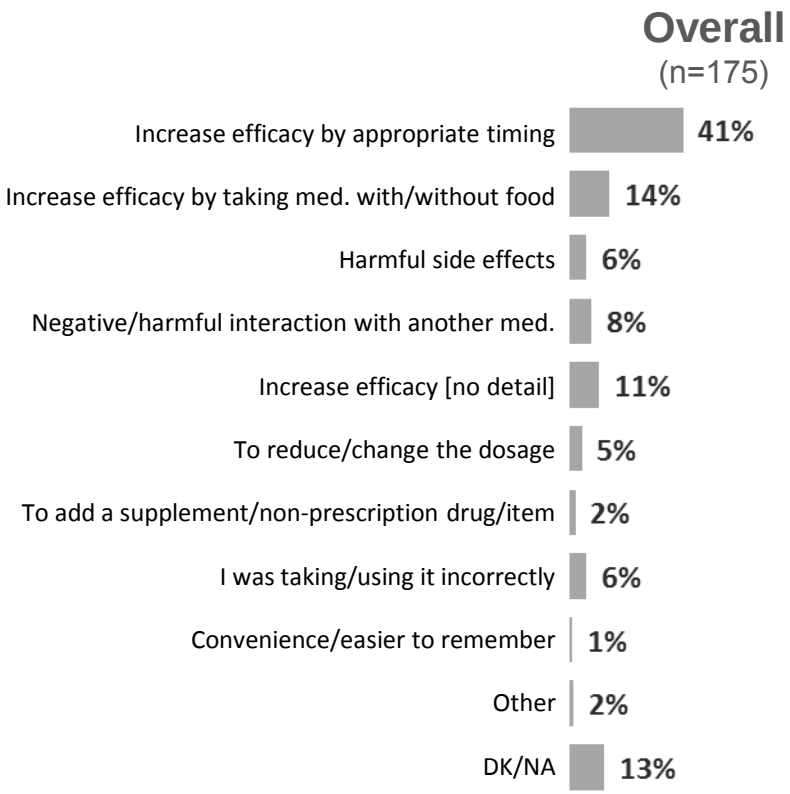
- to change in timing to provide better efficacy (41%)
- to ensure proper usage i.e. taking medication with food (14%)
- to reduce/eliminate side effect/adverse effect (6%)

Base: All respondents (n=506)
Q.14 As part of your medication review, did the pharmacist do any of the following?

PERCEIVED REASONS FOR PHARMACISTS' INTERVENTIONS– UNPROMPTED

RECOMMENDED CHANGES TO HOW MEDICATIONS ARE TAKEN

Most changes to how patients take their medication were recommended to increase efficacy of the medication, to ensure proper use or to reduce/eliminate side effects and drug interactions.



Top reasons for recommending change to medication were:

- to change in timing to provide better medication dosing (41%)
- to ensure proper usage i.e. taking medication with food (14%)
- to reduce/eliminate side effect/adverse effect (6%) and interactions (8%)

Base : Those whose pharmacist recommend changes to how you take your medication (timing, technique, etc.) (n=175)
Q.15 Why did the pharmacist ?

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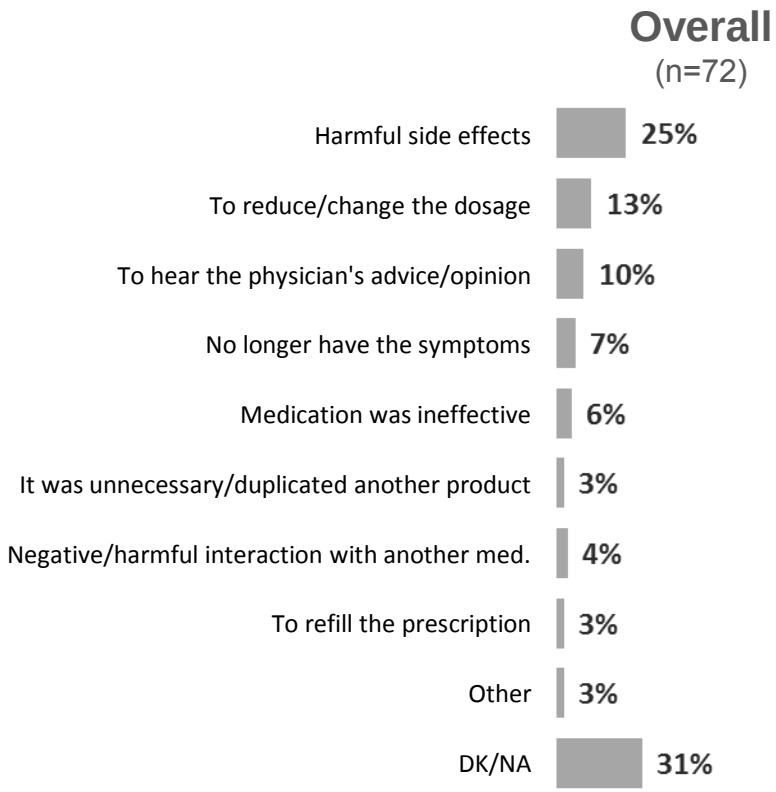
PERCEIVED REASONS FOR PHARMACISTS' INTERVENTIONS – UNPROMPTED

PHARMACIST CONTACTING PHYSICIAN TO DISCUSS DISCONTINUATION OF PRESCRIPTION MEDICATIONS

Among the top reasons for pharmacists to contact the patient's physician to discuss discontinuation of a medication was due to the **side effects** that the patient was experiencing



Top reasons for recommendation on discontinuation of a medication were:

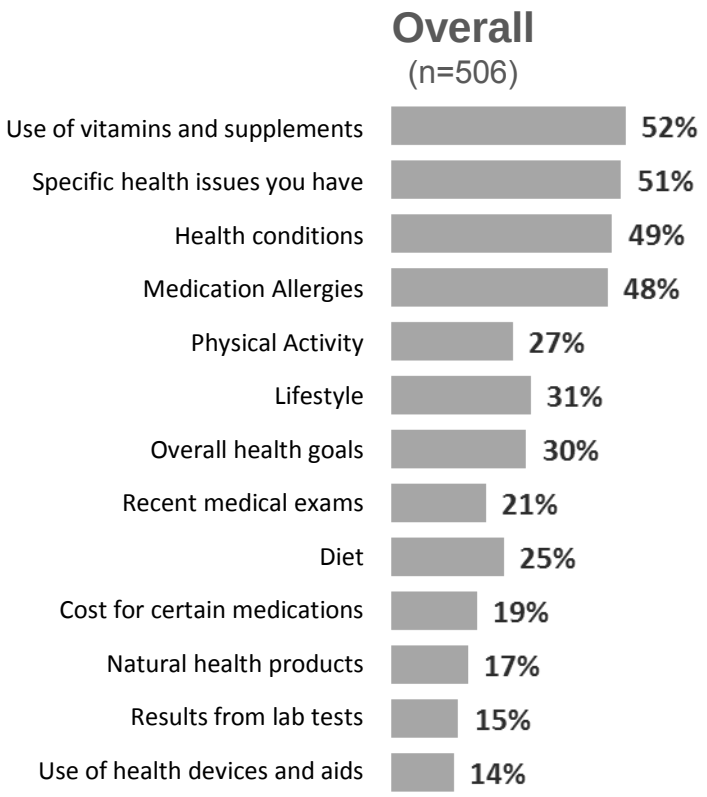
- harmful side effects (25%)
- patient no longer had symptoms (7%)
- medication was ineffective (6%)

*Small base size

Base : Those whose pharmacist recommend that he/she contact your physician to discuss discontinuing one of your prescription medications (n=72)

Q.15 Why did the pharmacist recommend this?

TOPICS DISCUSSED BEYOND MEDICATIONS - UNPROMPTED



Topics beyond medications were discussed with pharmacists during medication reviews that provide patients with assistance to manage overall health and well-being

Base: All respondents (n=506)
Q.16 In addition to your medication, what types of things did you discuss during your medication review meeting?

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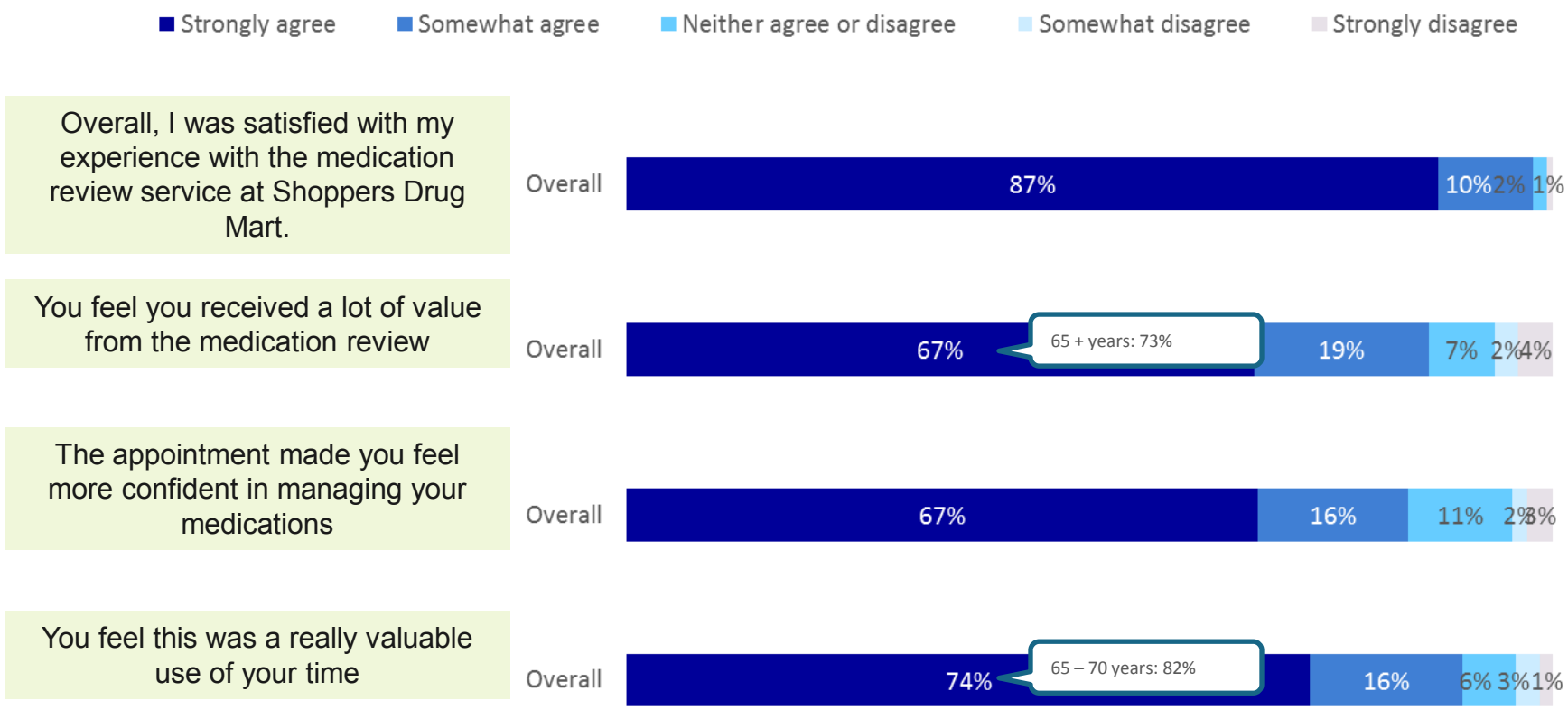
SATISFACTION WITH MEDICATION REVIEW



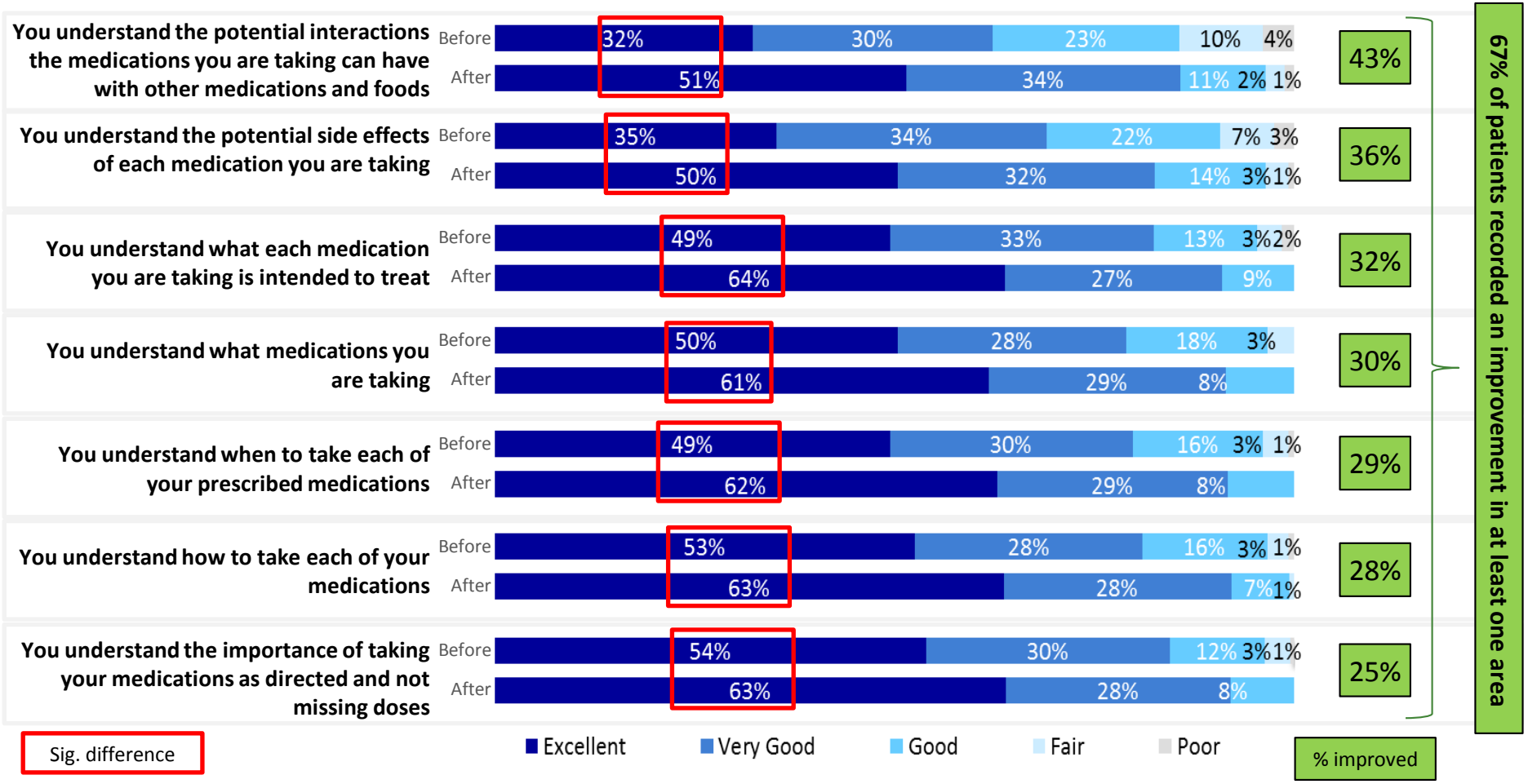
Overall, almost three quarters of patients strongly agree that medication reviews are beneficial, and this sentiment is more strongly felt by patients 65 years of age and older. The service is highly valued and improves their confidence in managing their medications.

Base: All Respondents
Q.5 How strongly do you agree with the following statement regarding your medication review meeting at Shoppers Drug Mart?
Q.19 Thinking back to your recent medication review meeting, how strongly do you agree with the following?
Q.28 Please indicate your level of agreement with the statements in the table below regarding the medication review.

SHOPPERS DRUG MART

UNDERSTANDING BEFORE AND AFTER MEDICATION REVIEW

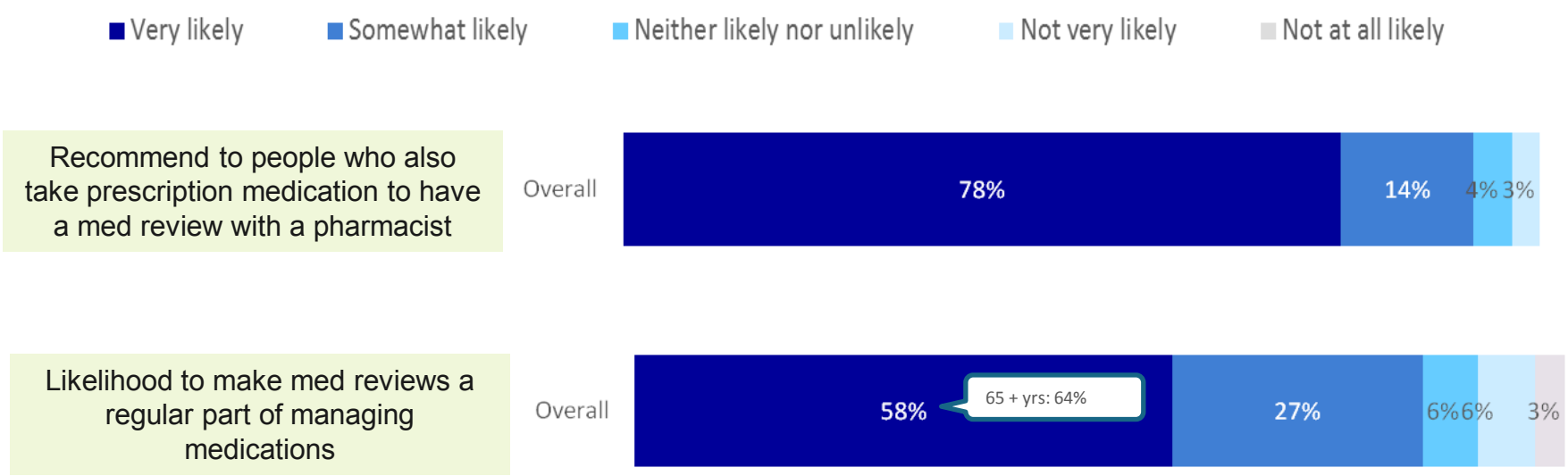
Approximately two thirds of patients showed an improvement in understanding of the medications they are taking in at least one area



Base: All respondents (n=506)
Q.2 Prior to your most recent medication review, how would you describe your level of understanding of your medications?
Q.24 Since your recent medication review with a Shoppers Drug Mart Pharmacist, how would you now describe your level of understanding of your medications?

SHOPPERS DRUG MART

LIKELIHOOD OF PATIENTS TO RECOMMEND MEDICATION REVIEWS AND TO MAKE THEM A REGULAR PART OF MANAGING THEIR MEDICATIONS



The majority (85%) of patients agreed that they are likely to make medication reviews a regular part of managing their medications. 78% are very likely to recommend the service to others.

Base: All respondents (n=506)
Q.3 How likely are you to recommend to people who also take prescription medication to have a medication review with a pharmacist?
Q.25 How likely are you to make a medication review a regular part of how you manage your medications to optimize your health?

SHOPPERS DRUG MART

SUMMARY OF KEY FINDINGS

52% of **patients** report that the pharmacist made at least one intervention with respect to their medications, including a change to the medication

Most changes recommended by pharmacists were to **increase efficacy of the medication**, to ensure proper use or to reduce/eliminate side effect and drug interactions

Among the top reasons for pharmacists to contact the patient's physician to discuss discontinuation of a medication was due to the **side effects that patient was experiencing**

Approximately two thirds of **patients showed an improvement in understanding** of the medications they are taking

Overall, almost three quarters of **patients strongly agree** that medication reviews are beneficial, and this is felt more strongly by patients 65 years of age and older. The service is highly valued and improves confidence in managing medications

The **majority** (85%) of patients agreed that they are likely to make medication reviews a **regular part of managing their medications.** 78% are very likely to recommend the service to others.

POINT-OF-CARE HIV TESTING: PHARMACY PILOT

BOB RAI

AFSHAN NATHOO

PUBLIC-PRIVATE PARTNERSHIP

Partners

1. Medicine Shoppe Pharmacies
   - Vancouver: Medicine Shoppe at 6180 Fraser Street; Medicine Shoppe at 2030 Kingsway (Owner Bob Rai)
   - Victoria: Medicine Shoppe 1964 Fort Street (Owner Dejan Trinajstic)
   - Nanaimo: Medicine Shoppe 1150 Terminal Park Avenue (Owner Elijah Semaluulu)
2. Vancouver Coastal Health
   - Chris Buchner, Regional Director Prevention
   - Reka Gustafson, Medical Health Officer and Director Communicable Disease Control
   - Afshan Nathoo, Regional Clinical Practice Lead, HIV
3. Vancouver Island Health
   - Dee Hoyano, Medical Health Officer
   - Sophie Bannar-Martin, STOP HIV Project Coordinator
4. BC Ministry of Health
   - Ciro Panessa, Director Blood Borne Pathogens
5. Partnering Medical Clinics

PILOT OVERVIEW

- In the context of the Provincial Hope to Health Framework that provides strategic direction to Health Authorities
- Partners established MOU with common goal to engage and improve access to HIV testing. Evidence shows that the majority of people newly diagnosed with HIV have had many missed opportunities in health care for earlier diagnosis. Offering testing in a non-traditional setting may increase access to testing to a subset of the population and help reduce the stigma associated with HIV testing.
- Pilot will take place over 12 months or until target # of tests/site is reached (~2400 tests)
- VCH provides all training and clinical pathway/documentation development, including data collection, reporting, quality assurance and referrals pathways for clients requires confirmatory testing and/or support.
- VIHA will cover costs of pharmacists' time ($15/test)
- Pilot Pharmacies will be responsible for the development, printing, distribution and costs related to promotional materials.
- VIHA will contract an evaluator to assist with the data entry, analysis, and the development of a final evaluation report.
- HIV Testing kits provided by BCCDC POC HIV Testing Program

LAUNCH

- Vancouver sites launched July 2014
- Victoria and Nanaimo sites launched August 2014
- Media release received great coverage, both online and print:

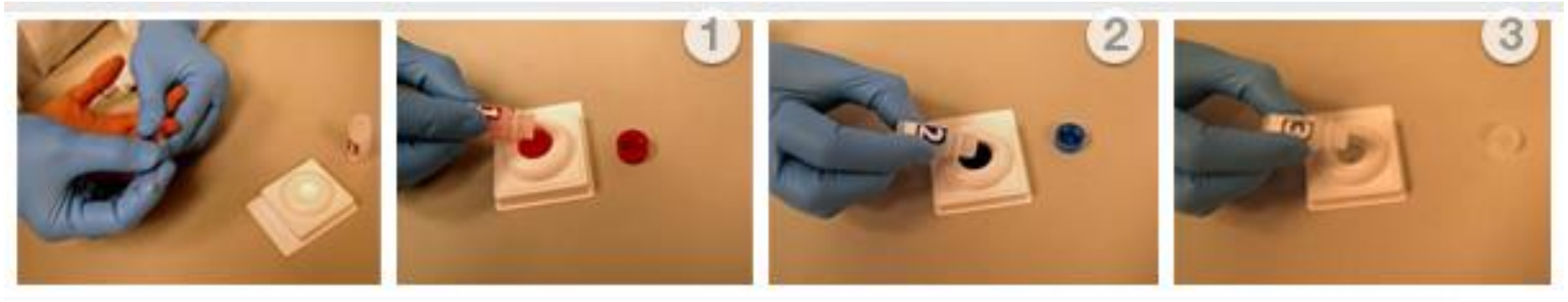
  Globe and Mail, National Post, The Province, The Vancouver Sun, Omni TV, Yahoo Canada, CBC Montreal, CBC TV English, CBC TV French, CTV News Vancouver, CTV News across Canada (at all stations across Canada), PG Citizen, Northern View (Prince Rupert), CHNL Kamloops, Vancity Buzz, City TV Winnipeg, Daily Nanaimo News, Burns Lake District Gazette, Creston Valley Advance, Goldstream News Gazette, Montreal Gazette, Maple Ridge News, Williams Lake Tribune, Cowichan News Leader, Tri City News, Burnaby News Leader, Cloverdale Reporter, Houston Today

THE TEST KITS

Kits are manufactured by Biolytical Laboratories in Richmond, BC

The INSTI™ HIV-1/HIV-2 Rapid Antibody Test is a rapid test for the detection of antibodies to Human Immunodeficiency Virus Type 1 and Type 2 in human whole blood, fingerstick blood, serum or plasma.

All positive tests are preliminary and require confirmatory lab testing.



TRAINING AND LINKAGE TO CARE

- Pharmacists received extensive training in HIV 101, HIV pre and post test counseling, use of rapid tests (including proficiency testing), quality assurance, documentation, and pathways for linkage to care. Training also included data collection, reporting and documentation standards.
- All clients receiving positive POC will be immediately referral to the partnering medical clinic for confirmatory blood-work and any additional counseling.
- Other referrals may include public health HIV nurses, outreach teams (in Vancouver) and AIDS Service Organizations such as Positive Living BC that can provide peer support.
- All confirmed positive tests are reported to public health. Public health nurses will link with physicians to provide clients counseling support upon diagnosis, linkage to treatment and support services and partner notification services.

MONITORING AND EVALUATION

- Pilot evaluation will include:
  - Testing volumes
  - Yield
  - Cost effectiveness
  - Population tested: Client demographics (age, gender, ethnicity), first HIV test
  - Pharmacists' experiences
- A final report containing recommendations for consideration by provincial policy makers will be produced
- Testing volumes at Vancouver sites: 190 tests between July-Aug 31st (monthly targets of 50 tests/site)

Pharmacy POC Testing Pilot Kingsway		
July 14, 2014 to August 31, 2014 (6 weeks)		
	#	%
Total # of tests	66	
First test for client	43	66%
Ethnicity		
Aboriginal		3%
Asian		56%
Black		2%
Caucasian		26%
South Asian		8%
Other		5%

DISCUSSION

Appendix 6

PHARMACIST WORKING CONDITIONS IN BRITISH COLUMBIA

Additional analyses

September 25, 2014

UBC PHARMACEUTICAL SCIENCES

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Safe and Effective Pharmacy Care

CORE Collaboration for Outcomes, Research, and Evaluation

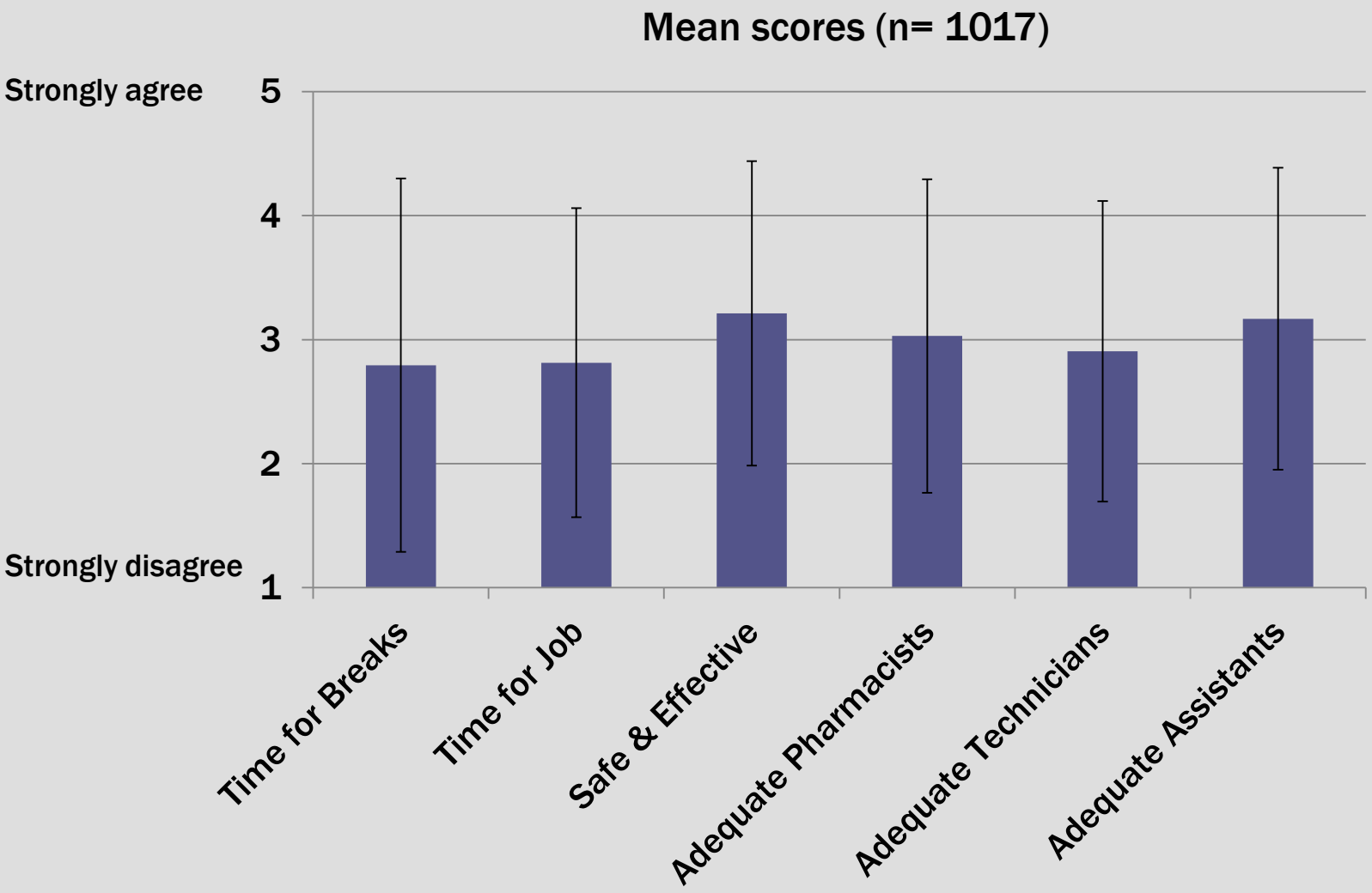
RESEARCH TEAM

- Larry Lynd
- Nicole Tsao
- Carlo Marra
- Louise Gastonguay
- Kathy Li

PREVIOUS MEETING

Responses for Five Likert-Scale Survey Items on Working Conditions (n=1017)					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I have adequate time for breaks/lunches at my practice site.	40%		130 (12.8%)	46%	
I am satisfied with the amount of time I have to do my job.	33%		218 (21.4%)	45%	
My employer provides a work environment that is conducive to providing safe and effective patient care.	46%		255 (25.1%)	27%	
My site has adequate Pharmacist staff to provide safe and effective patient care.	40%		238 (23.4%)	45%	
My site has adequate Technician staff to provide safe and effective patient care.	33%		340 (33.4%)	35%	
My site has adequate Clerk staff to provide safe and effective patient care.	45%		239 (23.5%)	31%	

PREVIOUS MEETING



MAIN QUESTIONS

- What are the determinates of negative responses to Likert-scaled questions 1-6?
- What are the most important findings from the survey?
- What are the most important findings from the Occupational Culture Profile?

Appendix 6

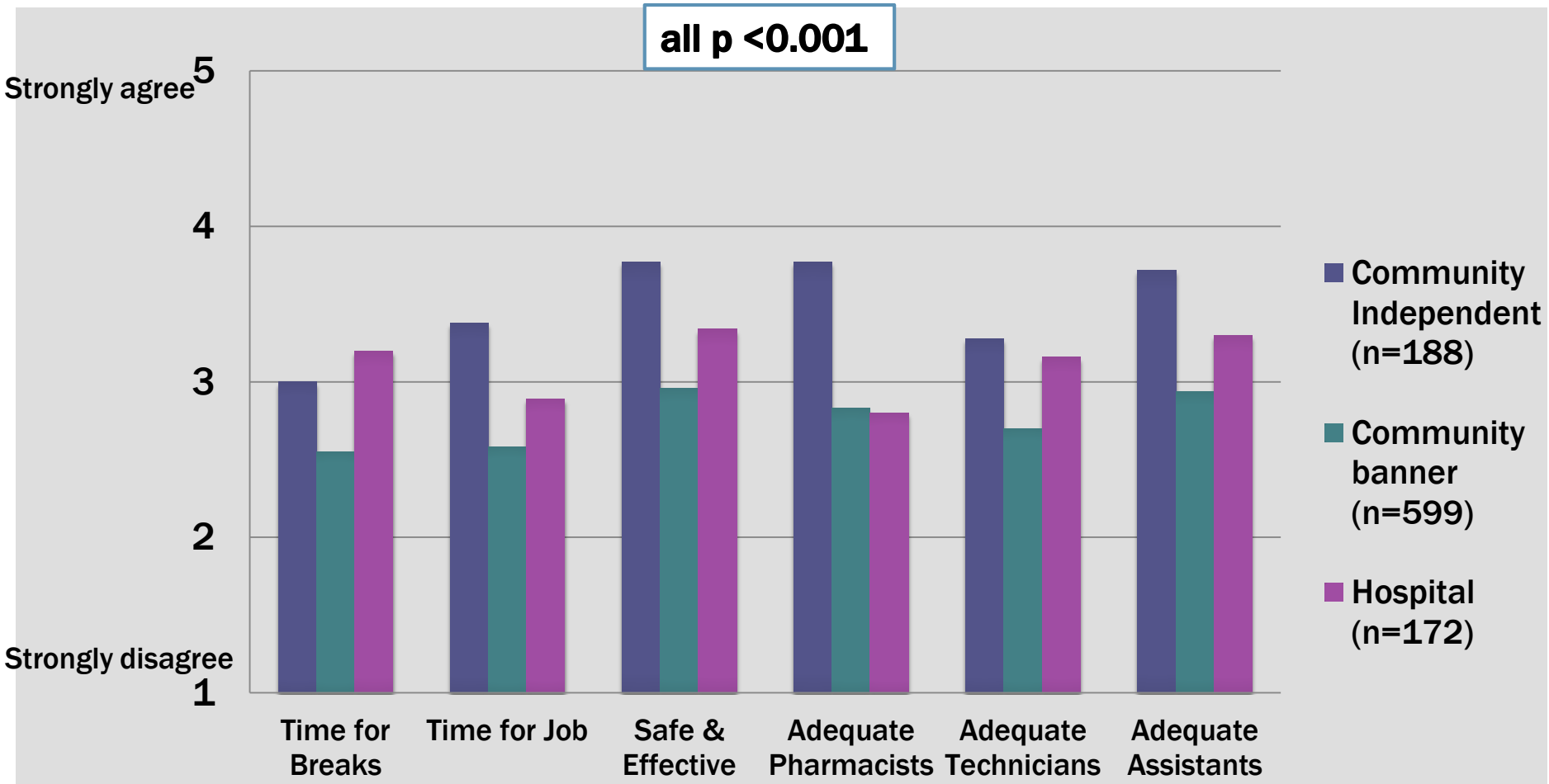
KEY FINDINGS

OVERVIEW

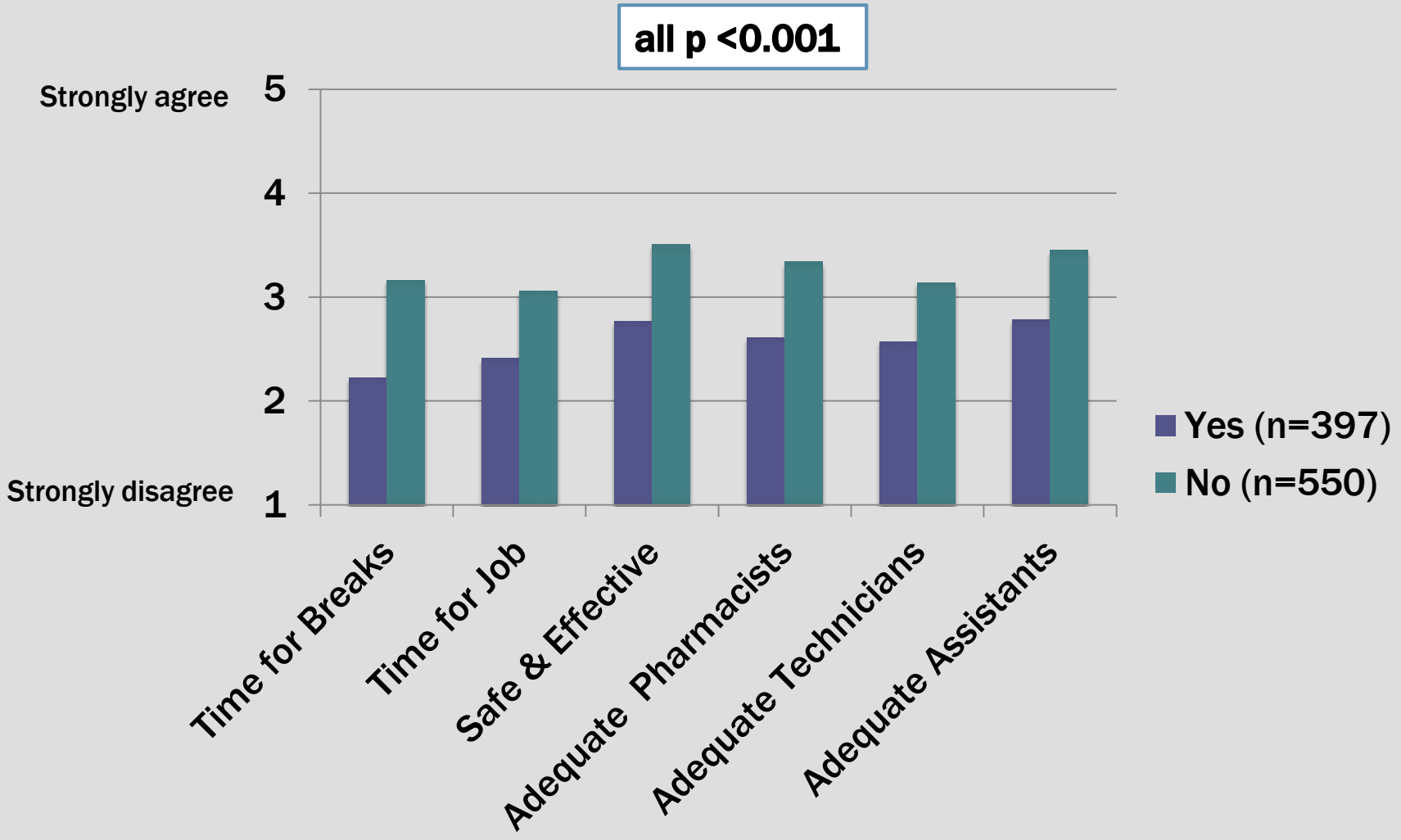
- Key findings:
  - **Practice setting** of respondents had significant impact on responses for Likert-scaled questions 1-6 (all $p<0.001$)
  - **Quotas** for medication reviews, adaptations and immunizations had significant impact (all $p<0.001$)
  - Open ended responses revealed:
    - Pharmacists facing increased pressures to provide more services without adequate support
    - Limited time and added job stress lead to potentially unsafe working conditions

Appendix 6

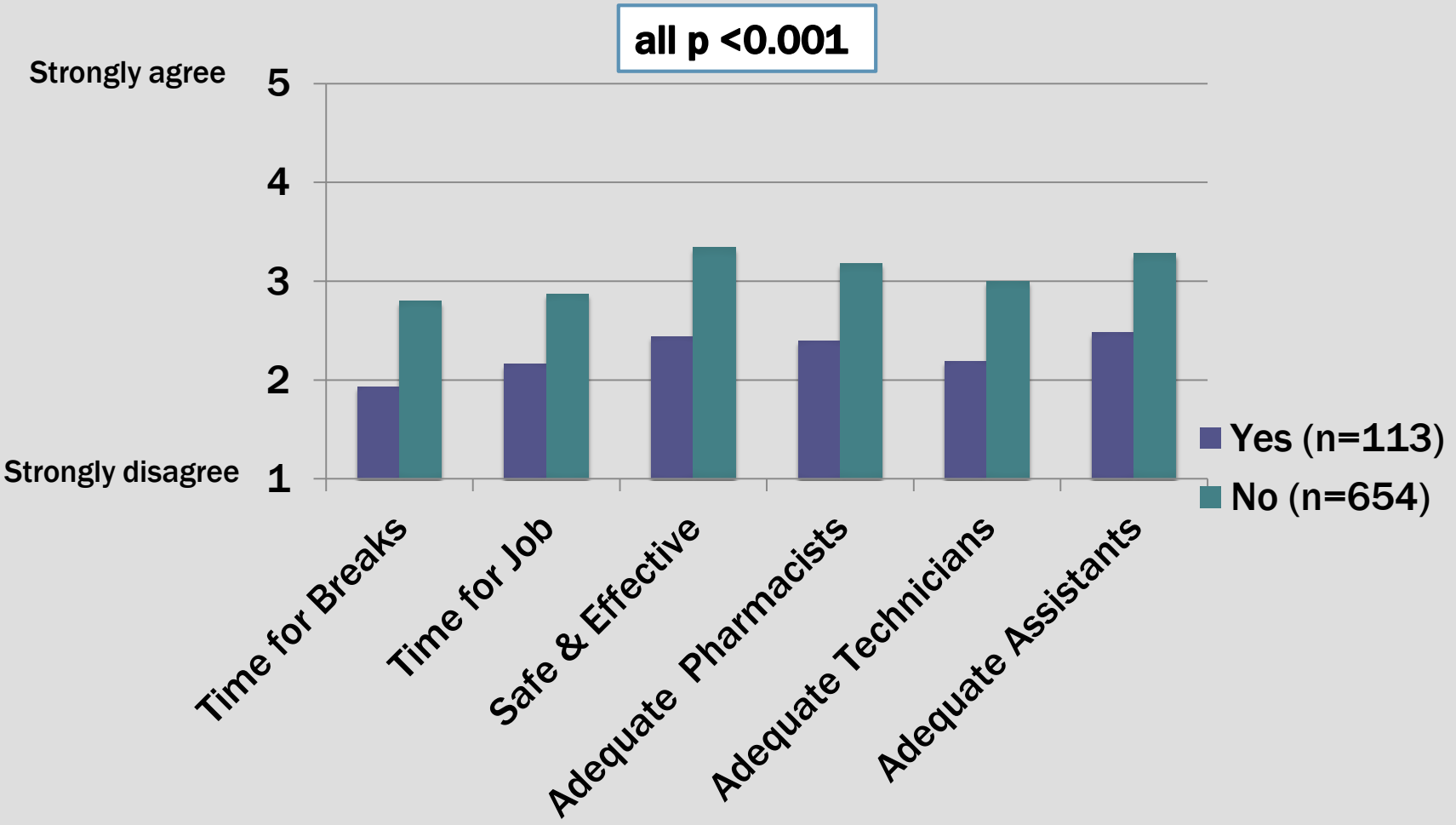
IMPACT OF PRACTICE SETTING



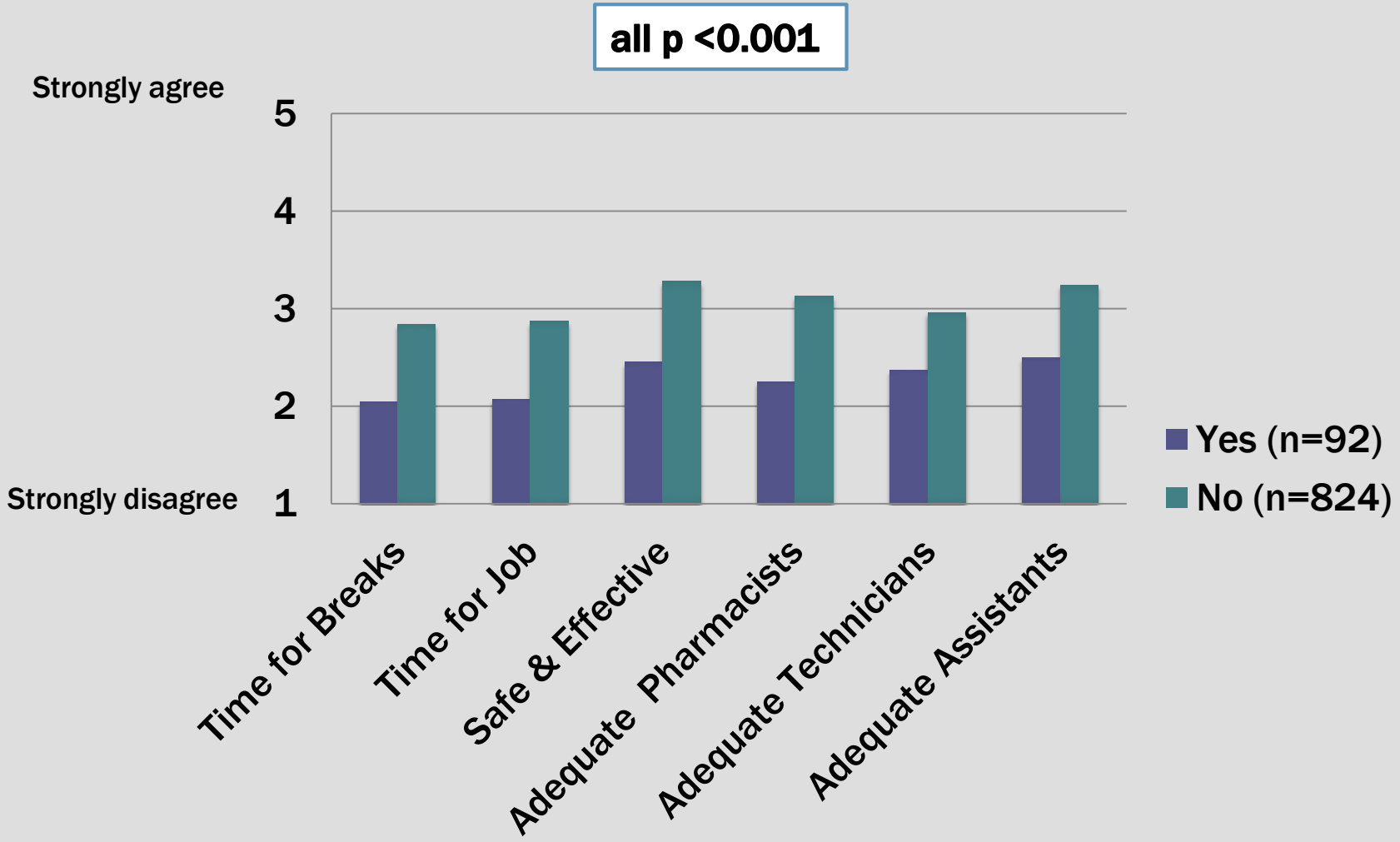
IMPACT OF QUOTAS – MEDICATION REVIEWS



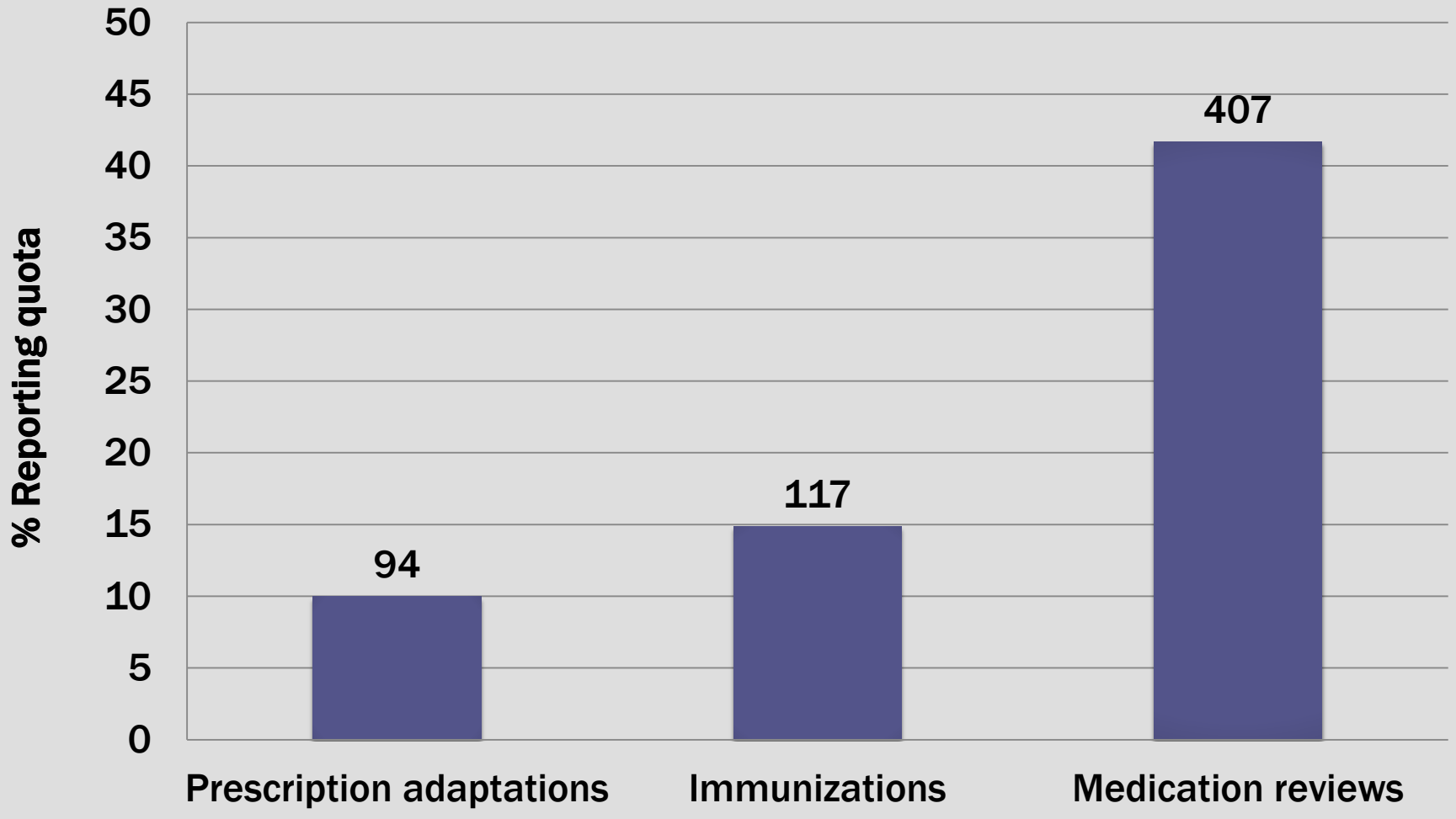
IMPACT OF QUOTAS – IMMUNIZATION



IMPACT OF QUOTAS – ADAPTATION

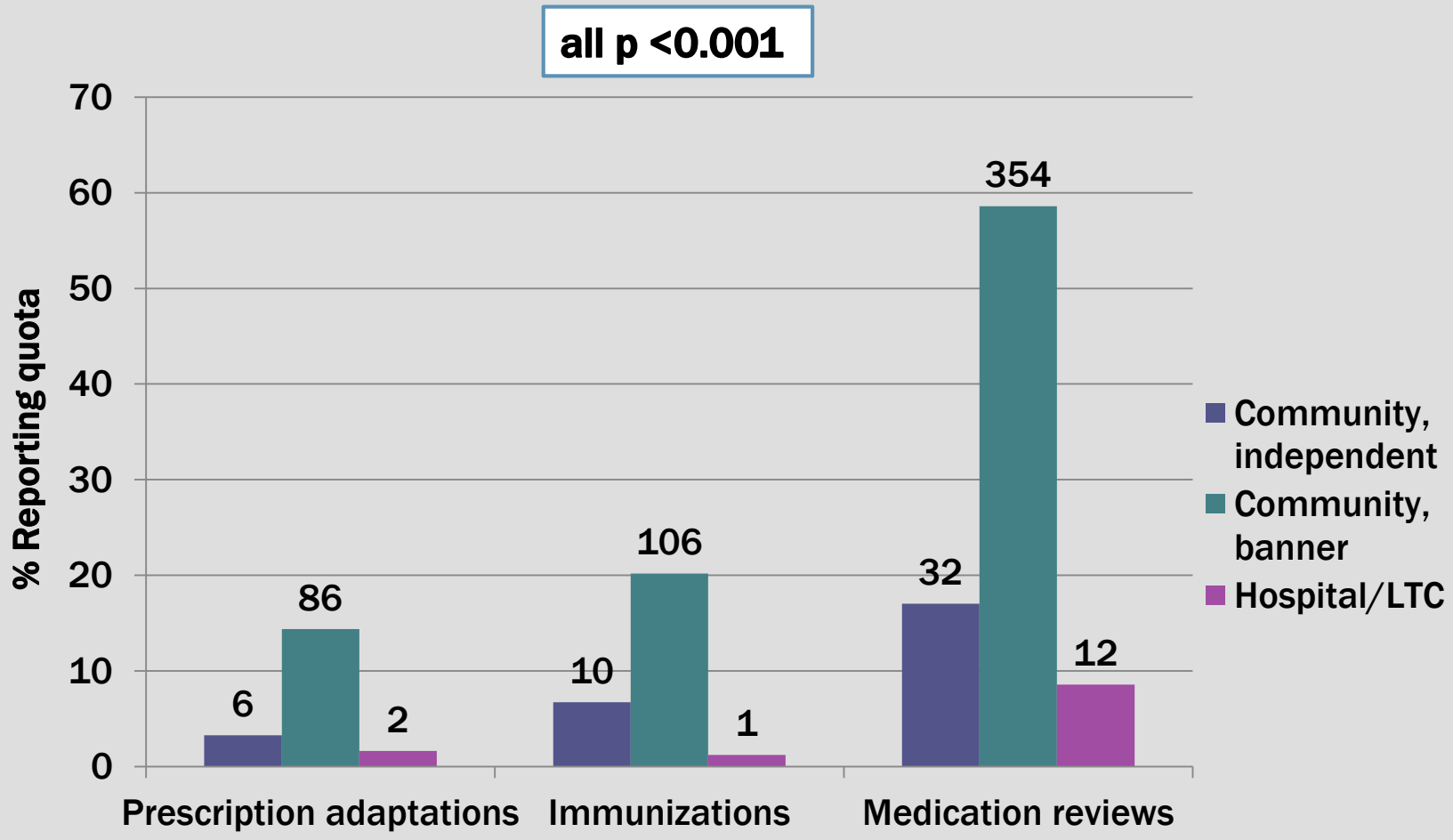


QUOTAS

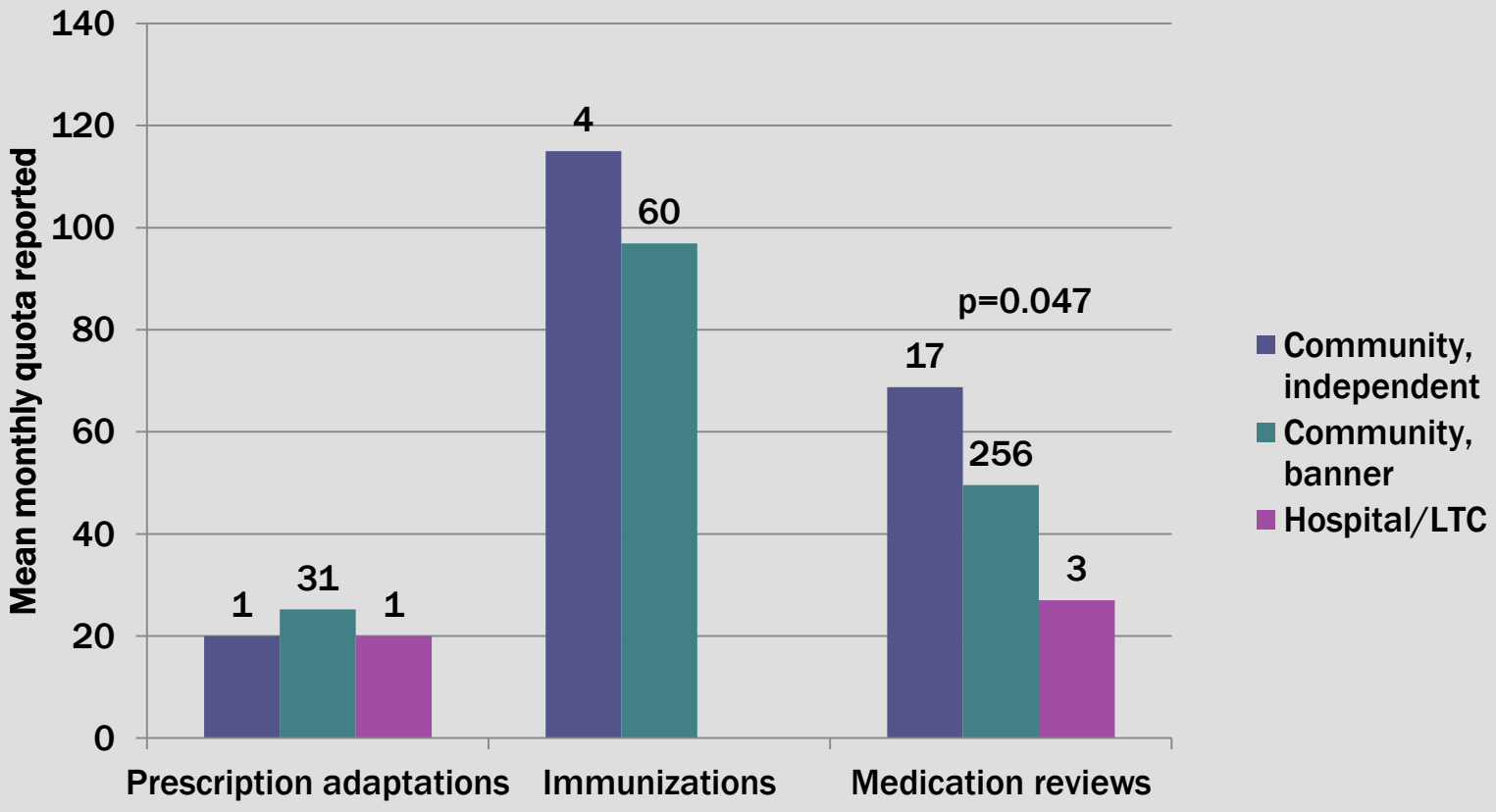


Numbers above bars indicate N reporting

QUOTAS BY PHARMACY TYPE

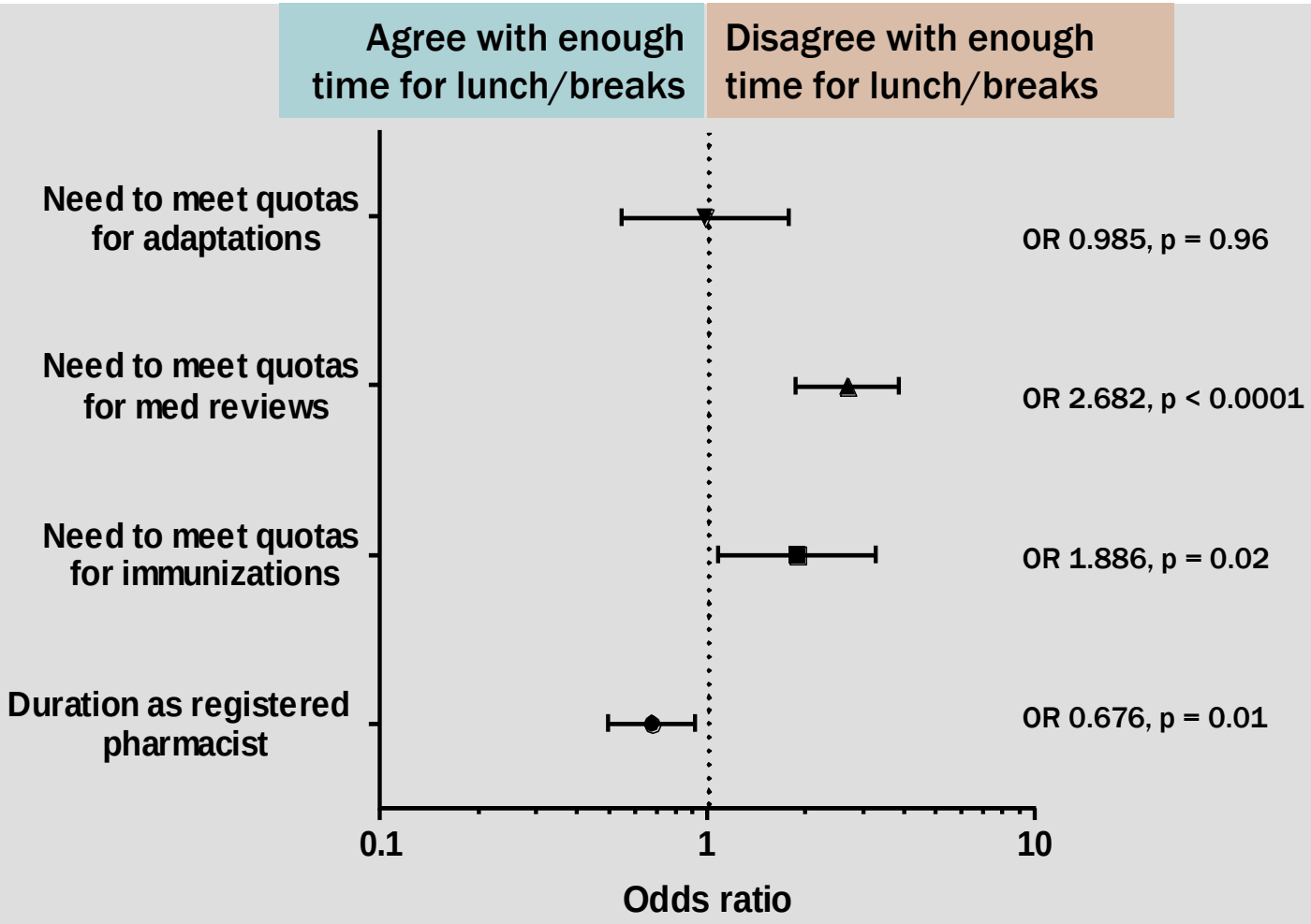


MEAN QUOTAS BY PHARMACY TYPE



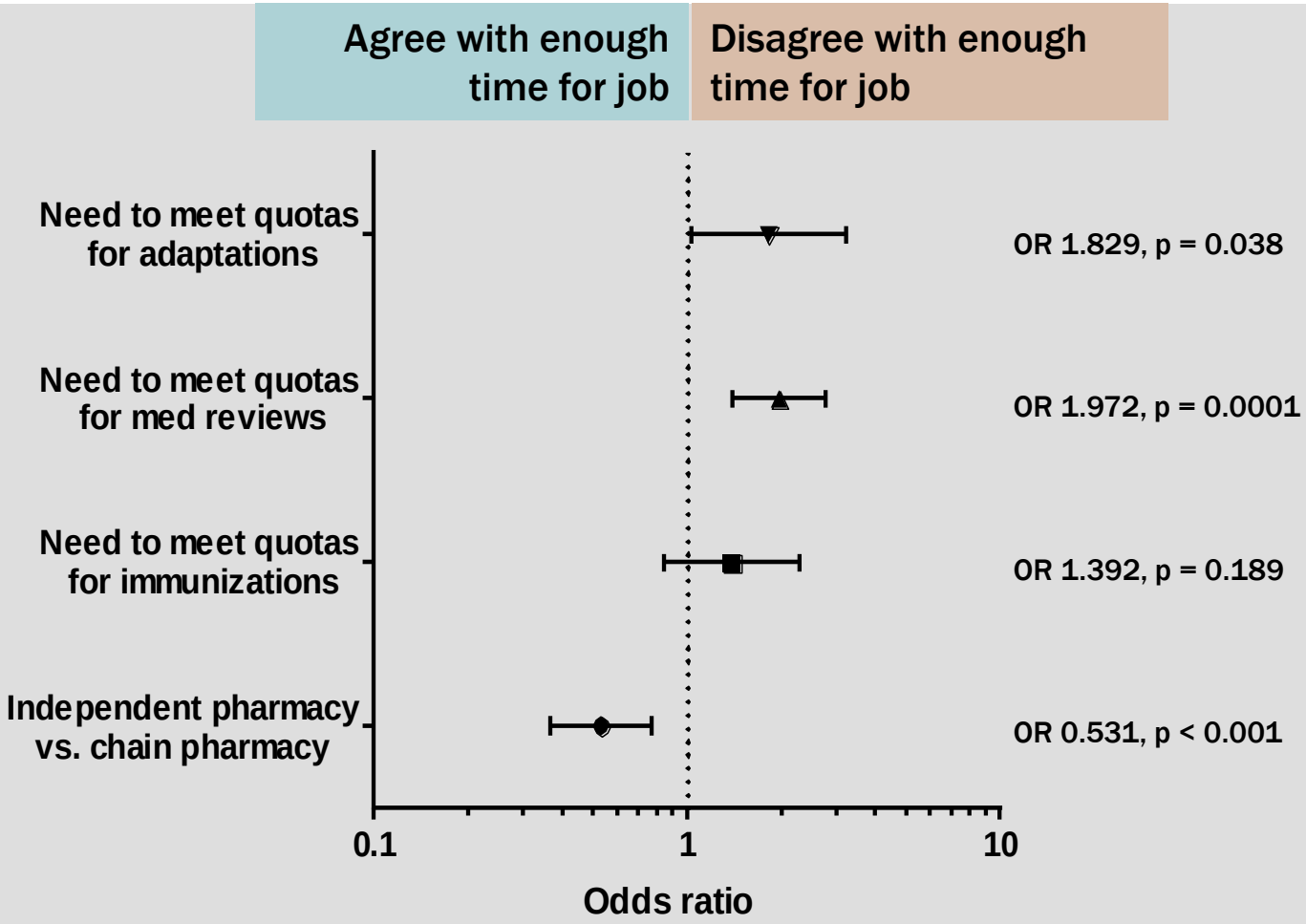
Numbers above bars indicate N reporting

TIME FOR LUNCH AND BREAKS (Q1)



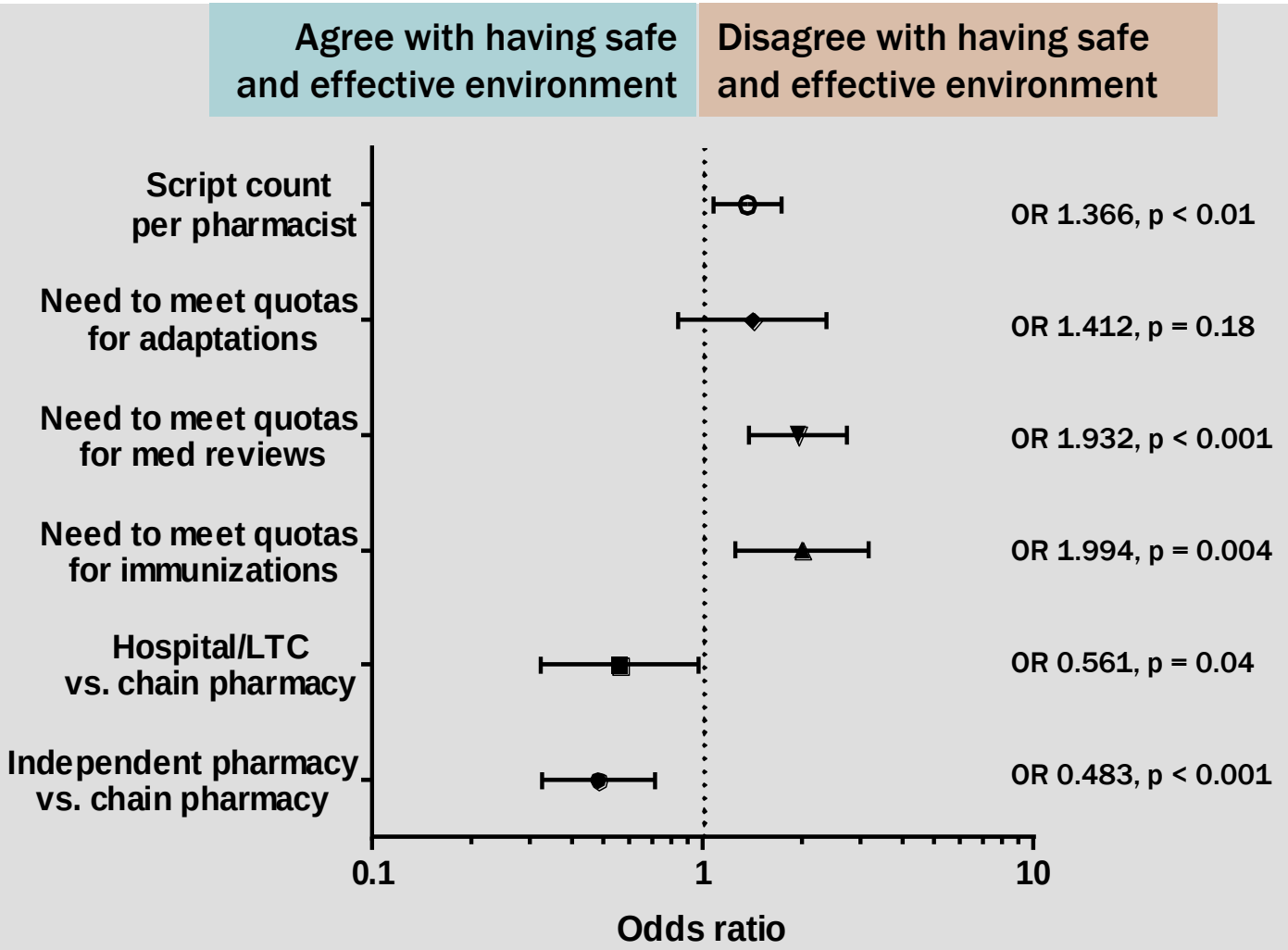
Adjusted for age, sex, and practice setting

TIME FOR JOB (Q2)



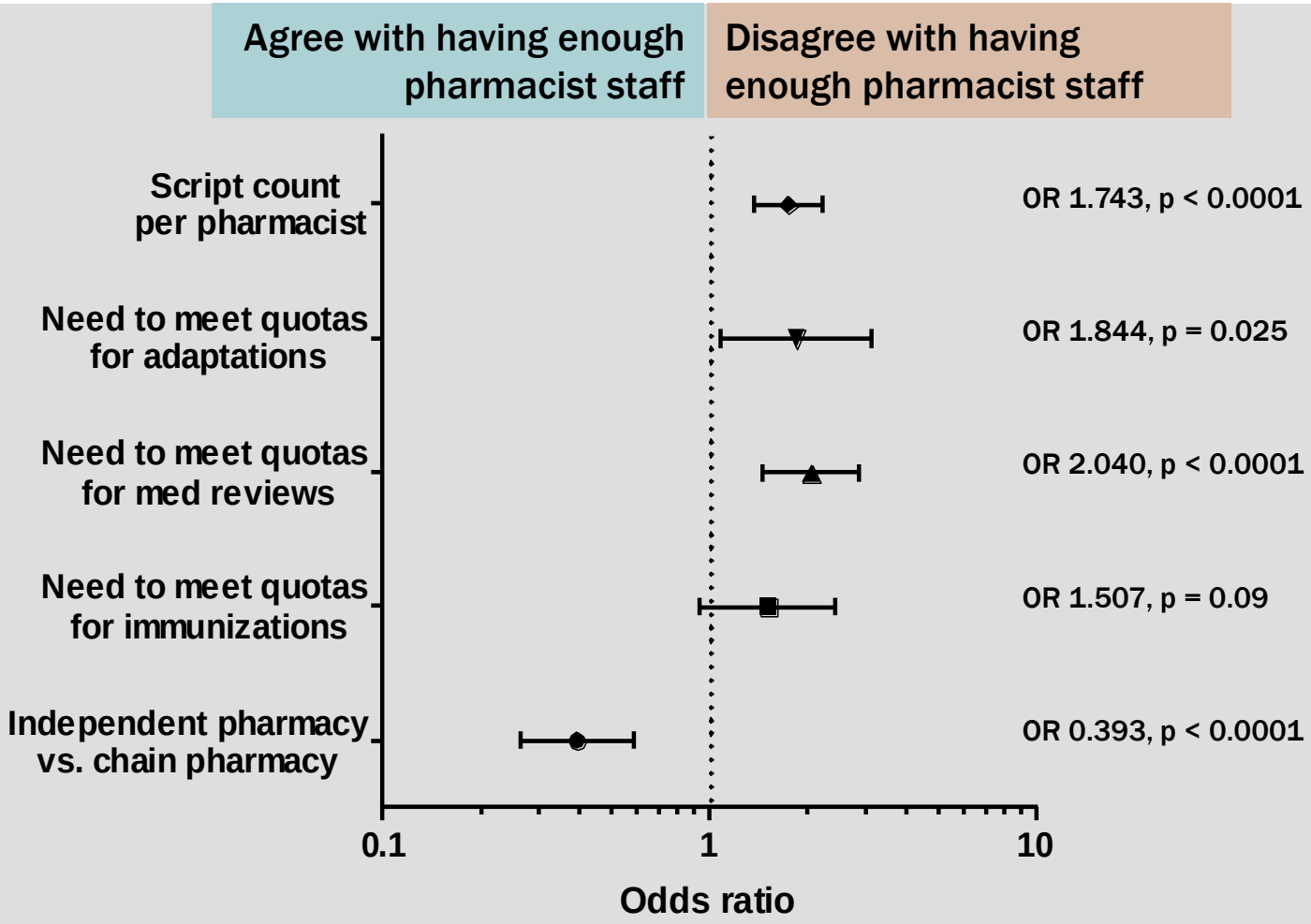
Adjusted for age and sex

WORK ENVIRONMENT FOR SAFE AND EFFECTIVE CARE (Q3)



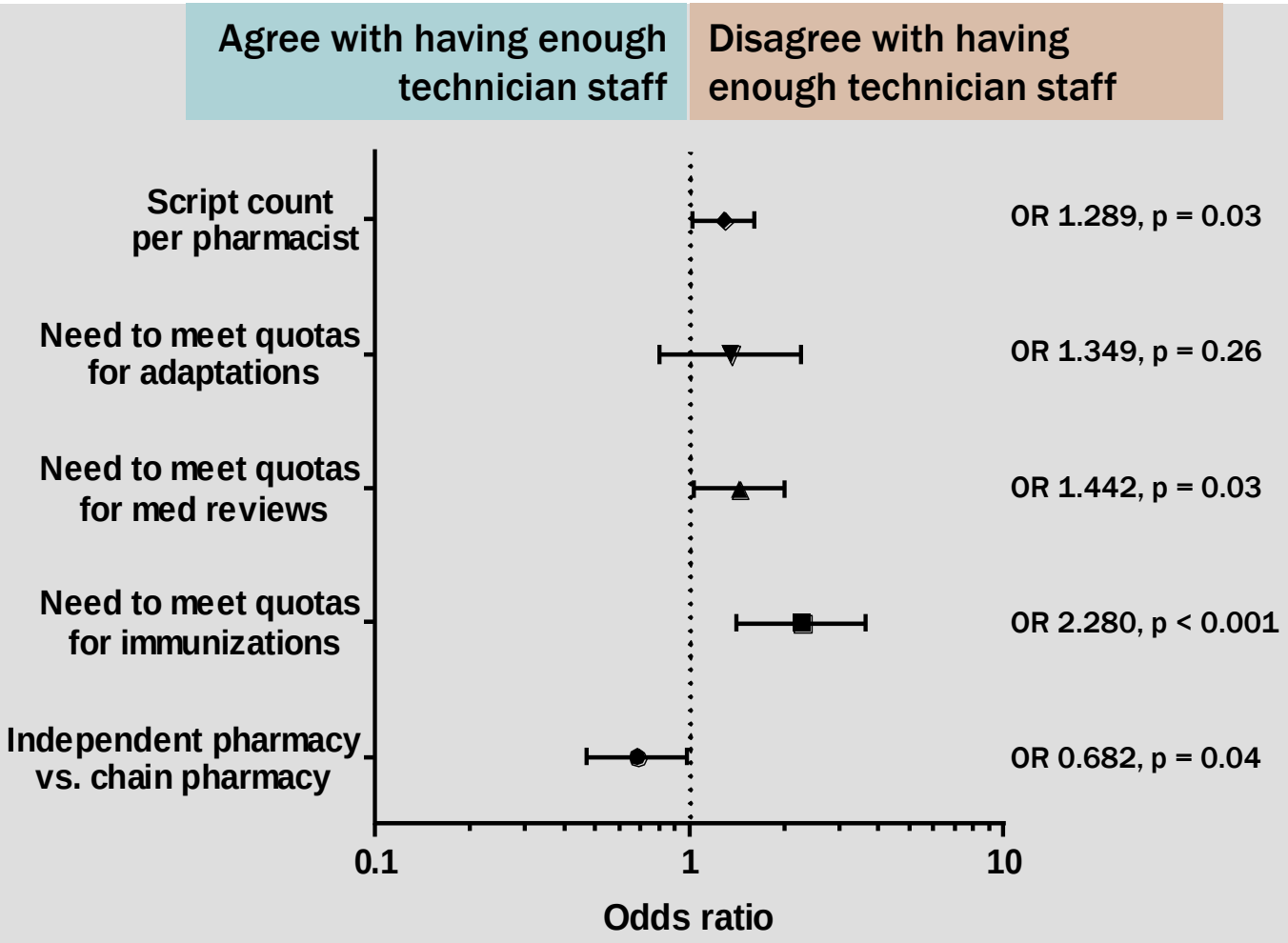
Adjusted for age and sex

ADEQUATE PHARMACIST STAFF (Q4)



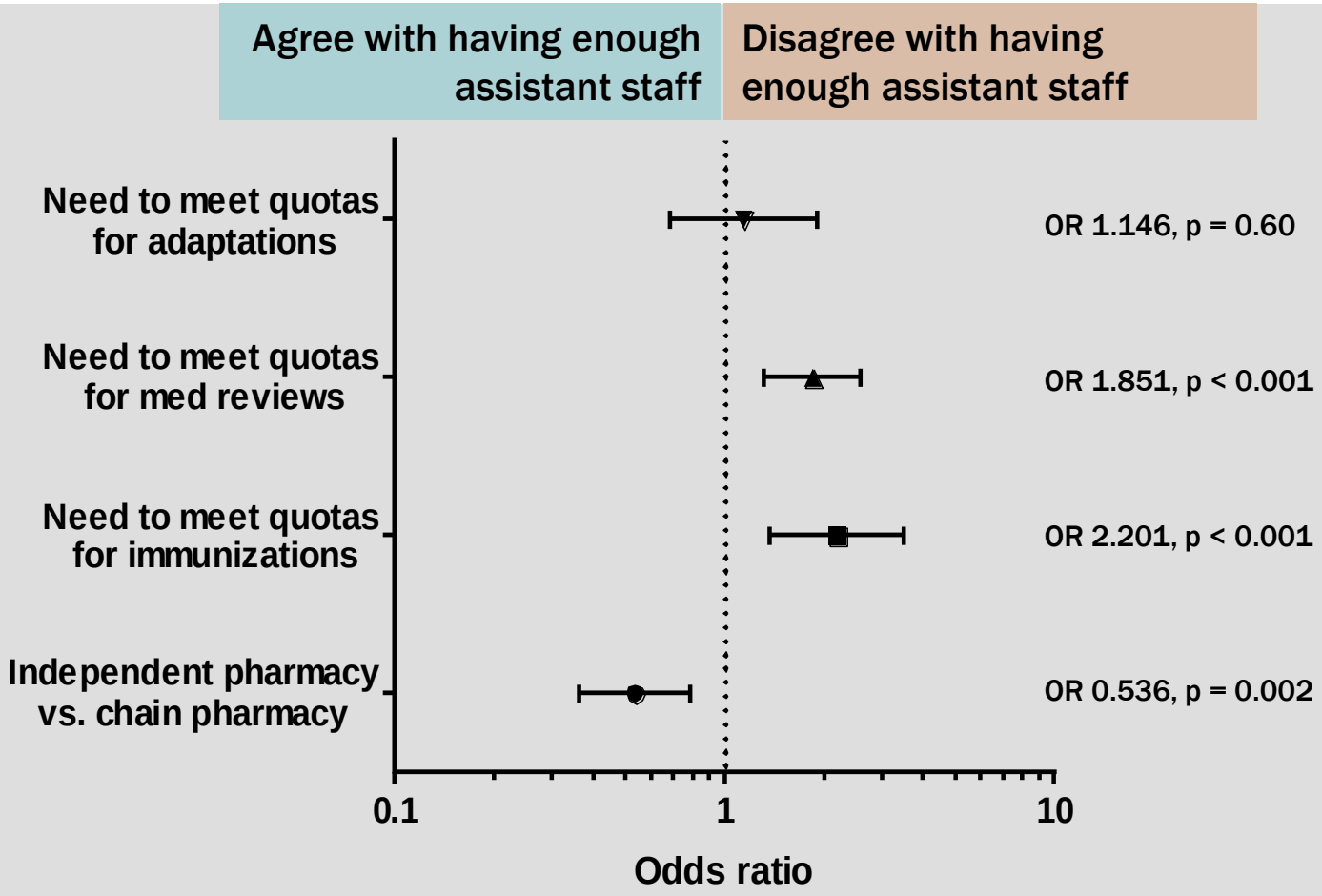
Adjusted for age and sex

ADEQUATE TECHNICIAN STAFF (Q5)



Adjusted for age and sex

ADEQUATE ASSISTANT STAFF (Q6)



Adjusted for age and sex

PREDICTORS OF "GOOD" STORE

- "Good" store defined as responses that strongly agreed or agreed with all 6 questions

- Younger males **less likely** to report they are at a "good" store (OR 0.60, p=0.04; OR 0.96, p=0.04)
- Those at stores requiring quotas for medication reviews **less likely** to report it is a "good" store (OR 0.41, p<0.01)
- Independent pharmacy and hospital/LTC **more likely** to report they are at a "good" work environment compared to banner community pharmacy (OR 1.85, p=0.33; OR 2.56, p=0.01)
- Those who have been licensed longer **more likely** to report they are at a "good" store (OR 1.77, p=0.03)

PREDICTORS OF "BAD" STORES

- "Bad" store defined as responses that strongly disagreed or disagreed with all 6 questions

- Those at stores requiring quotas for immunizations (OR 2.19, p=0.01)
- Those at stores requiring quotas for medication reviews (OR 3.18, p<0.001)
- Those at stores with higher script counts (OR 1.5, p=0.03)

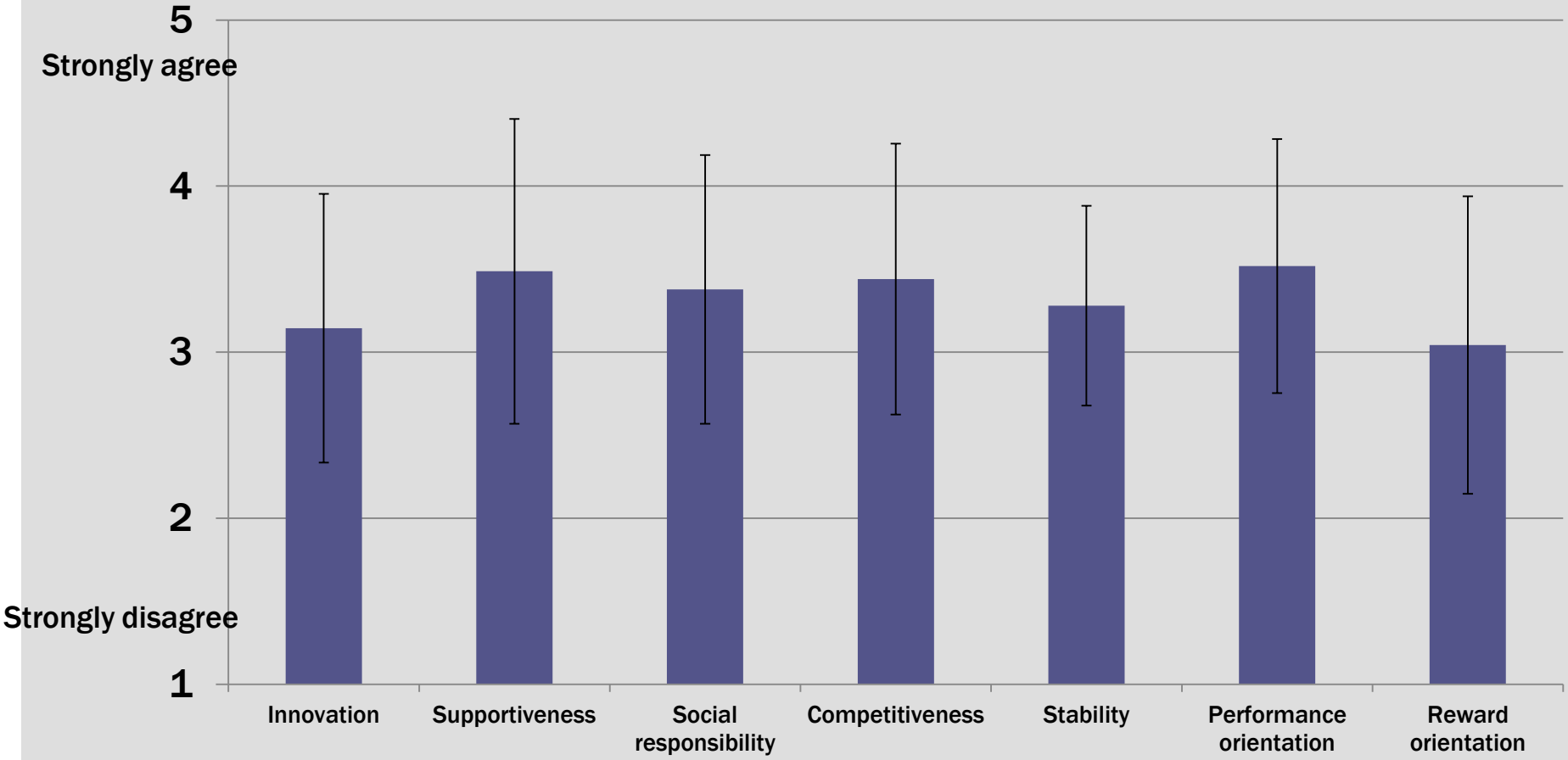
ORGANIZATIONAL CULTURE PROFILE

- 40-items, 5 point Likert-scale
- Measuring 7 cultural factors:

Cultural factor	Description
Innovation	Risk taking, quick to take advantage of opportunities
Supportiveness	Share info freely, collaborative
Social responsibility	Reflective, having good reputation and clear guiding philosophy
Competitiveness	Achievement oriented, emphasize quality, being distinctive from other groups
Stability	Calm, low conflict, sense of job security
Performance orientation	Results oriented, highly organized, high expectations for performance
Reward orientation	Opportunities for professional growth, high pay and praise for good performance

Appendix 6

MEAN OCP SCORES



N=946

ORGANIZATIONAL CULTURE PROFILE

Those agreeing more with having …	More likely to identify their workplace culture with…
Time for breaks	Stability, performance orientation
Time for job	Stability, performance orientation, reward orientation, supportiveness
Safe & effective work environment	Stability, performance orientation, reward orientation, supportiveness, innovation, social responsibility **(all factors except competitiveness)**
Adequate pharmacists	Stability, performance orientation, reward orientation, social responsibility, competitiveness
Adequate technicians	Stability, performance orientation, reward orientation
Adequate assistants	Stability, performance orientation, reward orientation, supportiveness

SUMMARY

- Results from Likert-scale questions 1-6 consistent with results from Oregon survey
- Major factors impacting responses on working conditions are:
  - Practice setting – respondents in chain pharmacies rated lower
  - Having quotas for services – irrespective of practice setting, respondents who are asked to meet quotas rated lower
- Quotas have a strong association with poor working conditions
- Higher script counts have an association with poor working conditions
- Organization culture identified to be more stable, performance and rewards oriented associated with better working conditions

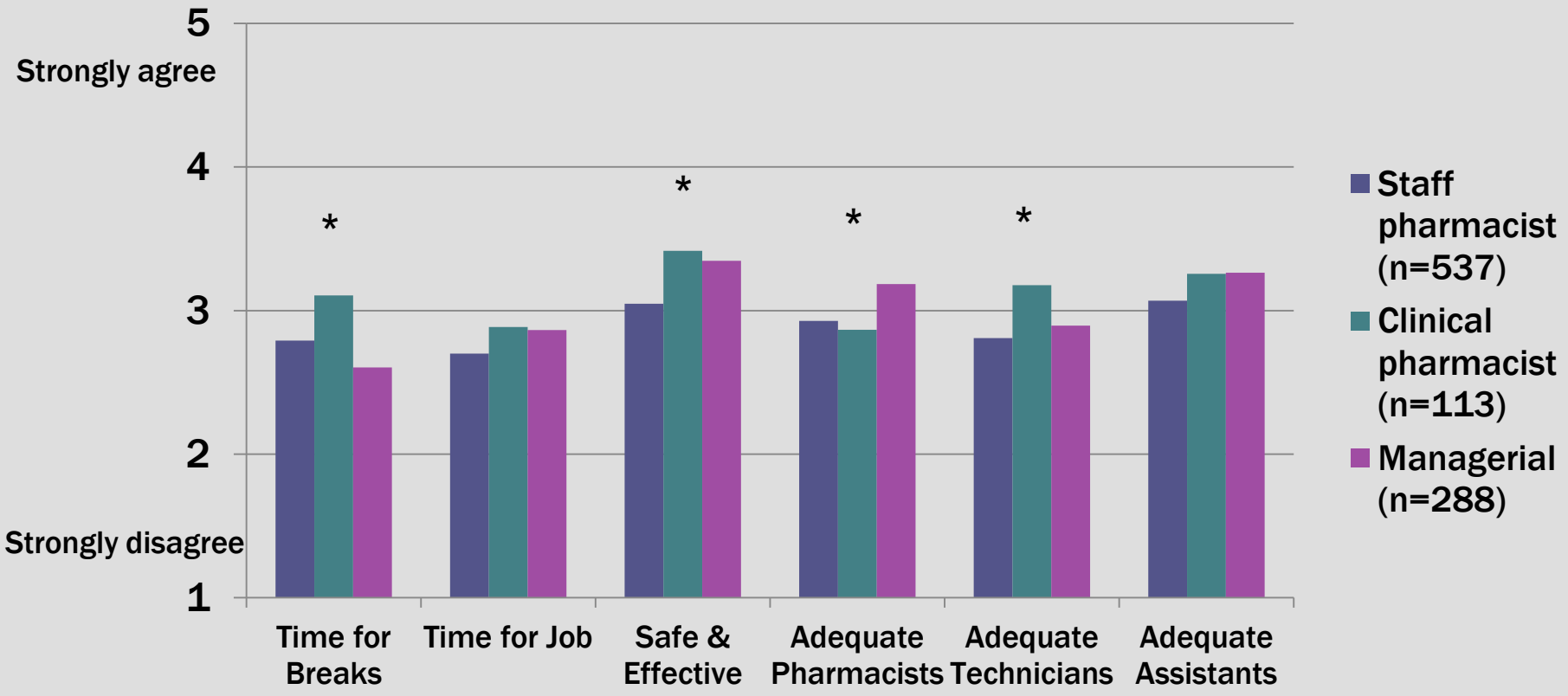
QUESTIONS?

Appendix 6

OTHER ADDITIONAL ANALYSES

Appendix 6

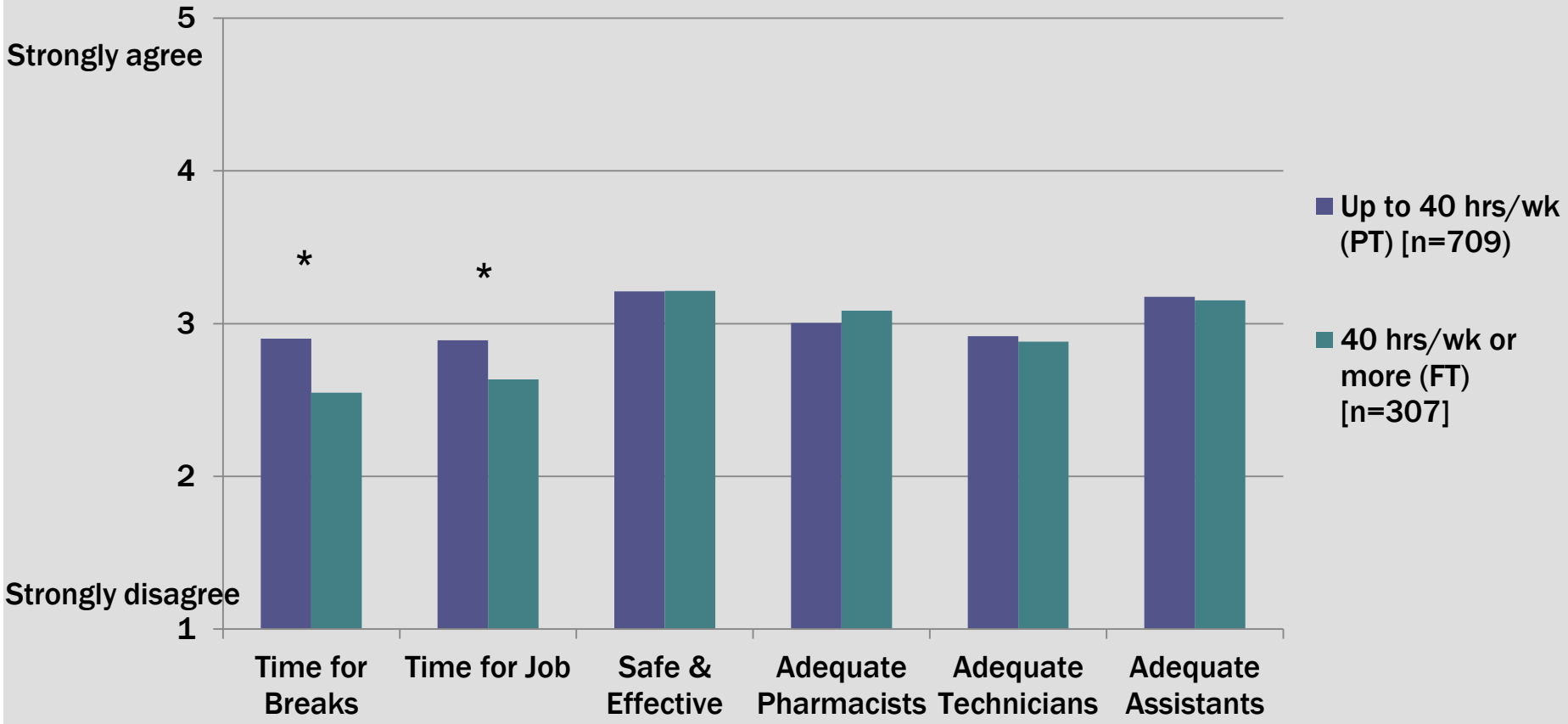
IMPACT OF PRIMARY ROLE



* p<0.05

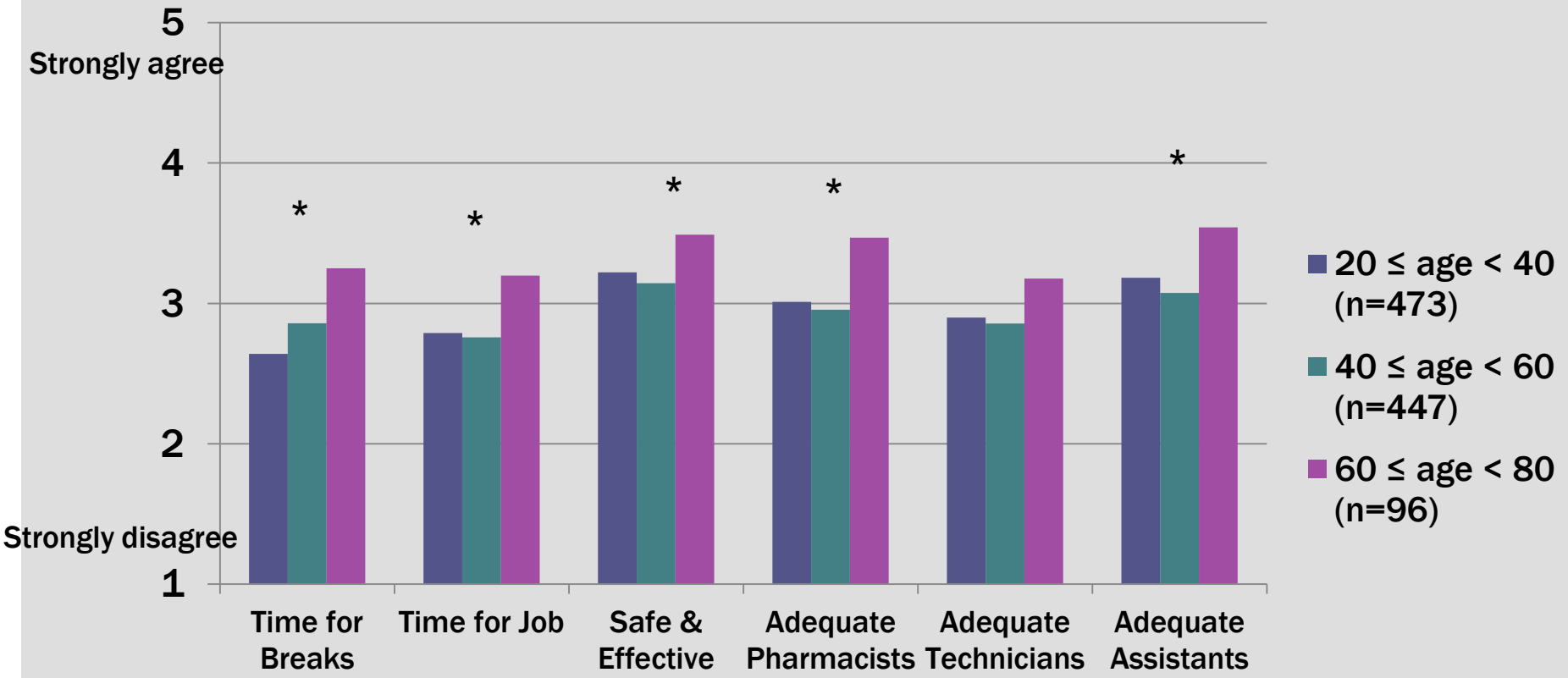
Appendix 6

IMPACT OF WORK HOURS



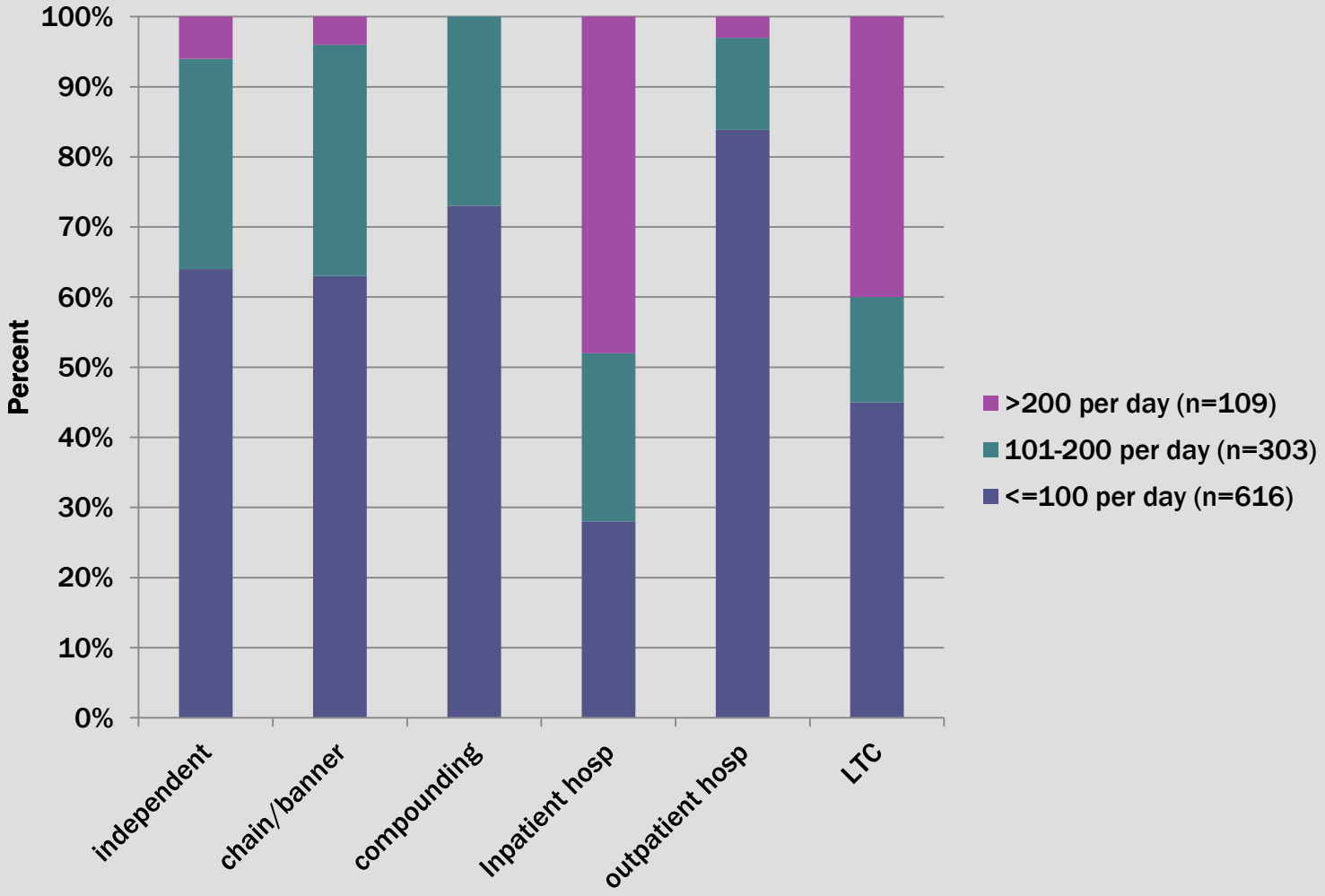
* p<0.005

RESULTS BY AGE GROUP

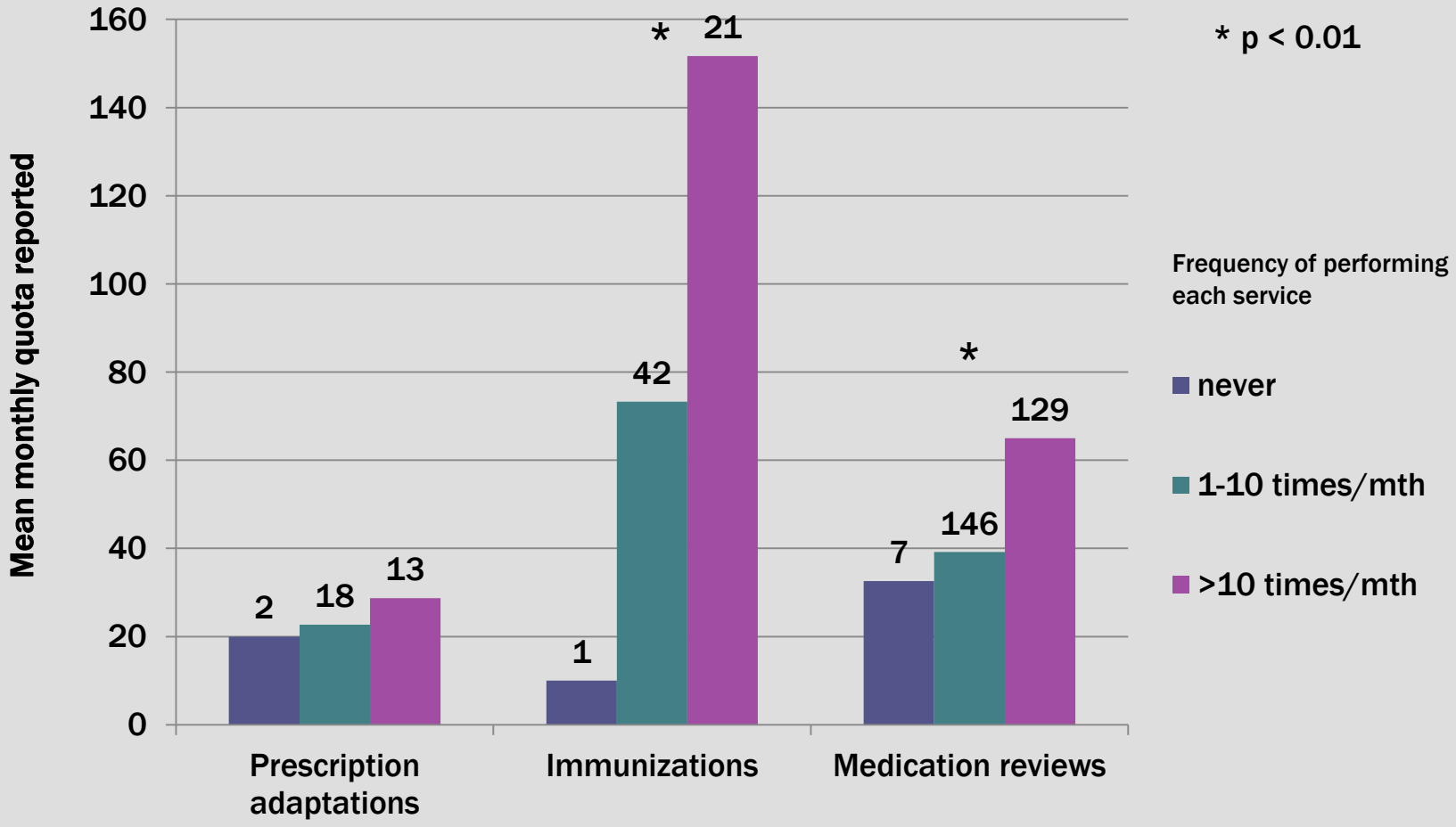


* p<0.05

SCRIPTS BY PHARMACY TYPE



QUOTAS BY FREQUENCY OF SERVICE



Numbers above bars indicate N reporting

Appendix 6

PREVIOUS MEETING

BACKGROUND

- Evolving role of pharmacists
- New concerns about how the current working environment effectively supports these changes
- The Oregon Board of Pharmacy recently conducted surveys to seek direct feedback on pharmacy conditions from practising pharmacists
- The College of Pharmacists of BC (CPBC) is also dealing with these same concerns and has adopted Oregon's approach

BACKGROUND CONT'D

- CORE investigators have been asked as independent researchers to conduct a province-wide survey on behalf of CPBC
- The results will:
  - inform decision makers
  - identify emerging issues
  - support the profession to deliver **safe** and **effective** pharmaceutical care

METHODS

- Online survey was developed and distributed to all CPBC registrants
- Responses collected from October 1st - November 10th, 2013
- All participants consented to the survey
- Respondents were entered in a random draw for one iPad mini
- This study was approved by the UBC Behavioural Research Ethics Board

METHODS CONT'D

- Survey questions
  - 7 demographics questions
  - 13 questions about respondents' pharmacy practice
  - 13 questions about respondents' practice site conditions
  - Open ended questions

RESULTS

- 1241 respondents
- 60.8% female, 39.2% male
- Mean age 42 (SD 11.7) years
- Mean years as licensed pharmacist 16 (SD 12.3)

Credentials	Percent (n=1134)
BScPharm	79.8%
MSc	2.2%
PharmD	4.8%
Other	13.5%

RESULTS

Primary practice site	Percent (n=1139)
Community pharmacy – independent	18.5
Community pharmacy - chain/banner	57.7
Compounding pharmacy	1.4
In-patient hospital pharmacy	12.3
Out-patient hospital pharmacy	3.0
Long term care pharmacy	1.8
Academic institution/research organization	0.5
Industry (e.g., pharmaceutical company, consulting company)	0.3
Other	4.5

RESULTS CONT'D

Primary role	Percent (n=1131)
Staff Pharmacist	52.6
Clinical/Specialist Pharmacist	11.1
Pharmacy Manager	26.9
Regional Pharmacy Manager/Director	1.6
Relief/Casual Pharmacist	5.0
Other	2.7

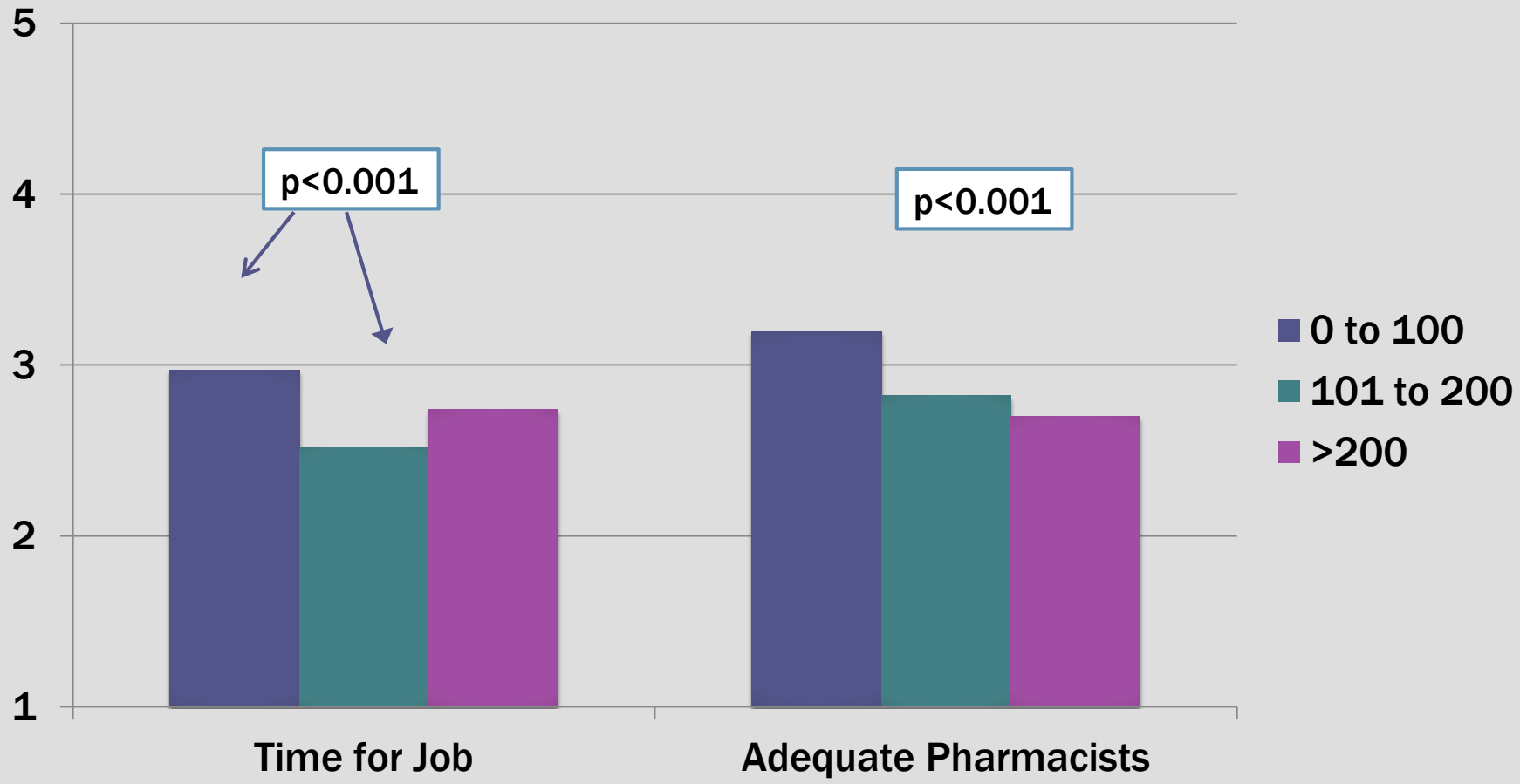
RESULTS CONT'D

Number of hours worked per week	Percent (n=1059)
20 hours or less	8.0
20.1-30 hours	11.4
30.1-40 hours	50.0
40.1-50 hours	26.2
50.1-60 hours	3.4
> 60 hours	1.0

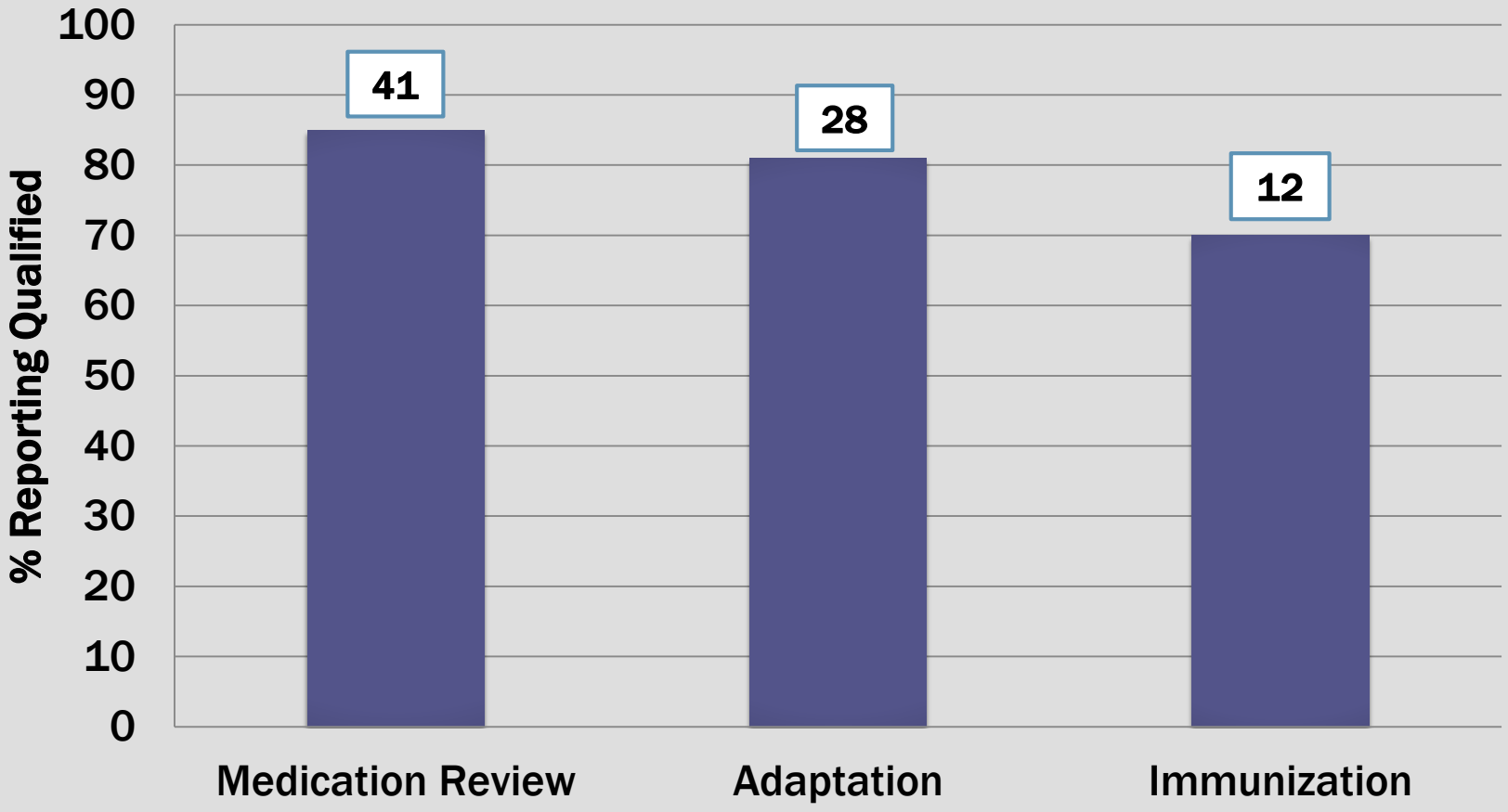
RESULTS CONT'D

Prescriptions processed per pharmacist/day	Percent (n=1029)
50 or less	15.7
51-100	44.2
101-200	29.5
201-300	5.7
301-400	1.9
401-500	0.5
> 500	2.5

IMPACT OF NUMBER OF SCRIPTS



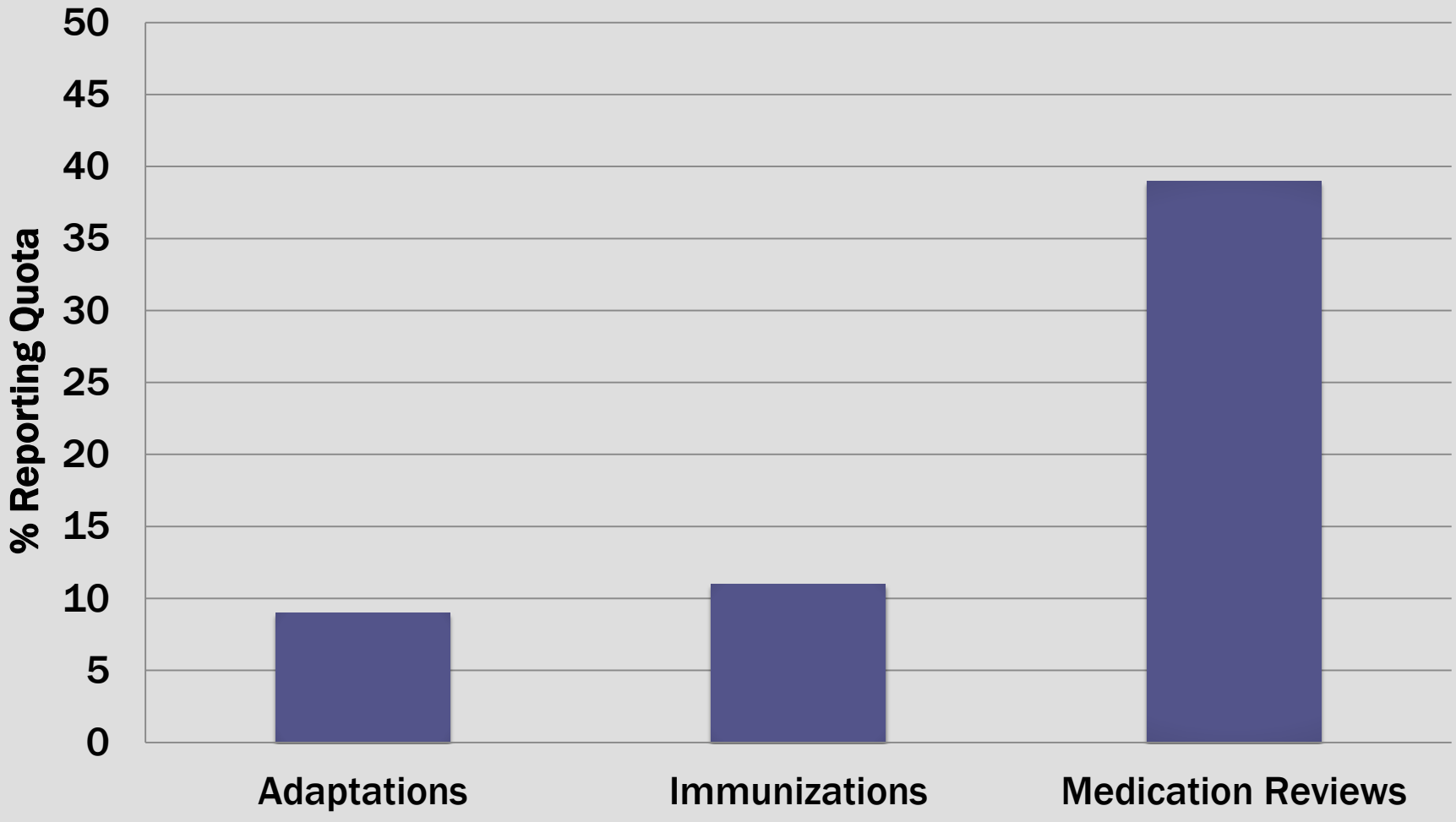
FEELING QUALIFIED



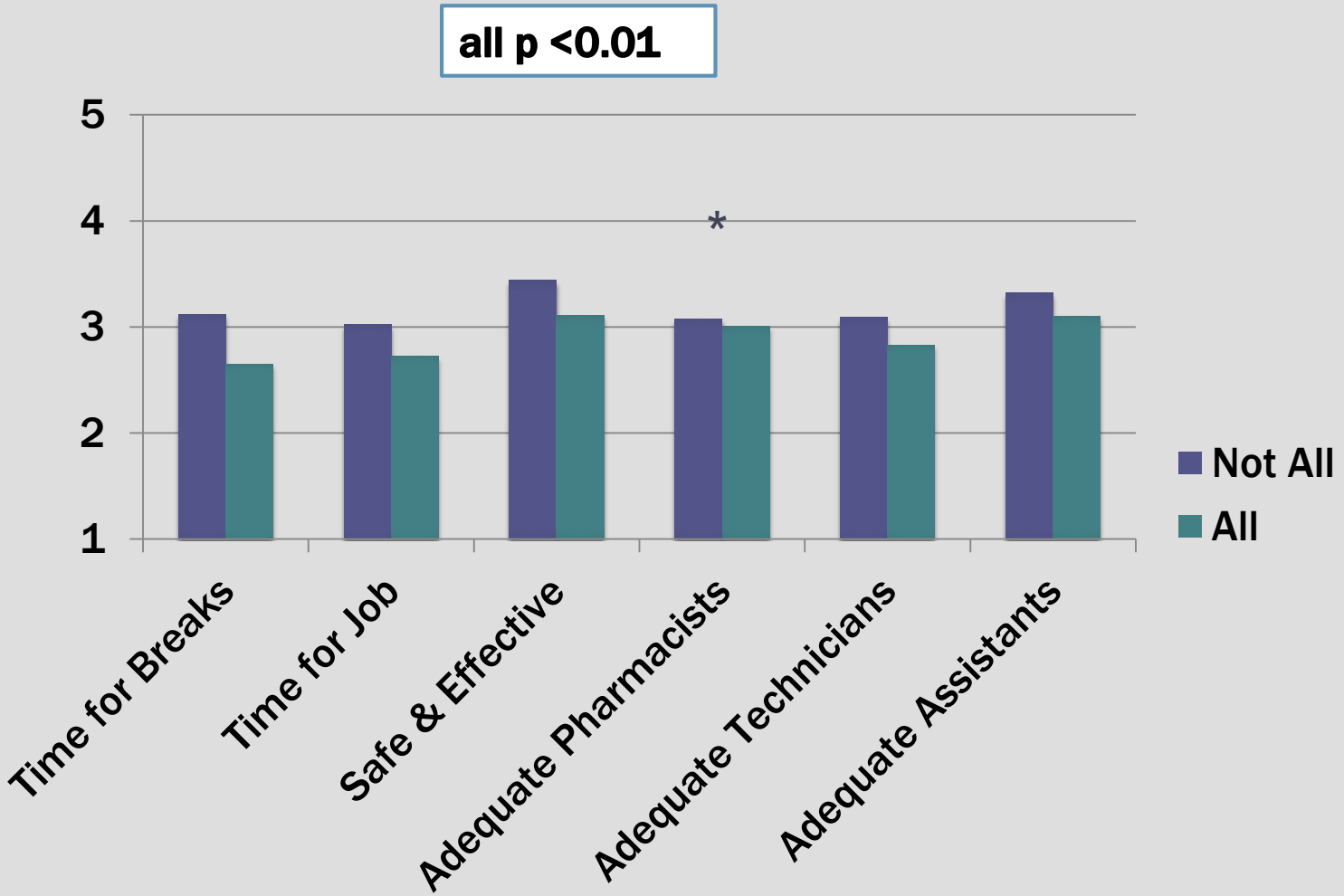
Numbers above bars are pharmacists regularly providing service (>1 timer per month) but not feeling qualified

Appendix 6

QUOTAS



PROVISION OF REIMBURSABLE CLINICAL SERVICES



"All" refers to the provision of adaptation, immunization and med reviews at same pharmacy

OREGON SURVEY

- 8 question online survey sent to all Oregon licensed pharmacists with an email address on file
- The survey consisted of 7 demographic items, 6 Likert-scaled items on workplace conditions, and 1 open-ended narrative item for “any additional comments”

OREGON SURVEY

- Results:
  - Response rate = 29% (1401/4813)
  - 49% male, 51% female
  - 47% staff pharmacists
  - 58% works 40-49.9 hours weekly
  - 34% have been licensed pharmacists for >25 years
  - 59% of pharmacists reported 100-299 prescriptions processed per pharmacist per day

Table 1. Responses for Six Likert-Scale Survey Items on Working Conditions (n=1,393)*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
I have adequate time for breaks/lunches at my practice site.	253 (18.2%)	346 (24.9%)	138 (9.9%)	246 (17.7%)	388 (27.9%)	21 (1.5%)
I am satisfied with the amount of time I have to do my job.	162 (11.7%)	367 (26.6%)	205 (14.9%)	398 (28.9%)	231 (16.8%)	16 (1.2%)
My employer provides a work environment that is conducive to providing safe and effective patient care.	223 (16.1%)	436 (31.5%)	239 (17.2%)	272 (19.6%)	190 (13.7%)	26 (1.9%)
My site has adequate Pharmacist staff to provide safe and effective patient care.	210 (15.1%)	431 (31%)	218 (15.7%)	324 (23.3%)	179 (12.9%)	27 (1.9%)
My site has adequate Technician staff to provide safe and effective patient care.	215 (15.5%)	432 (31.1%)	183 (13.2%)	298 (21.4%)	217 (15.6%)	45 (3.2%)
My site has adequate Clerk staff to provide safe and effective patient care.	147 (10.6%)	305 (22%)	194 (14%)	210 (15.1%)	203 (14.6%)	329 (23.7%)

*Some respondents did not provide responses to all survey items

How can we create a cost-effective system of primary and community care built around interdisciplinary teams?

Written submission to the Select Standing Committee on Health of the Legislative Assembly of British Columbia

Nicole Tsao, BScPharm, MSc
Larry Lynd, BSP, PhD
Conor Douglas, PhD

September 2014

Overview

- Background
- Methods
- Recommendations & Rationale
- Questions/Discussion

Background

- The Select Standing Committee on Health is one of nine permanent all-party committees of the Legislative Assembly of British Columbia
- Identify potential strategies to maintain a sustainable health care system for British Columbians
- The Committee invites submissions addressing one or more of the following questions:
  - How can we improve health and health care services in rural British Columbia? In particular, what long-term solutions can address the challenges of recruitment and retention of health care professionals in rural British Columbia?
  - **How can we create a cost-effective system of primary and community care built around interdisciplinary teams?**
  - What best practices can be implemented to improve end-of-life care?
  - How can we enhance the effectiveness of addiction recovery programs?

Methods

- Two-hour semi-structured focus group
- Participants:
  - BC registered pharmacists
  - Currently or previously practiced in an interdisciplinary setting
- Focus group was led by a trained facilitator (CD) with two observers (CP, NT)
- Session was audio recorded and transcribed
- Main themes and recommendations were identified based on participant responses

Recommendation #1

- Follow the **Plan-Do-Study-Act** approach to plan and pilot sites of interdisciplinary primary and community care teams, including pharmacists, evaluate the costs and outcomes, then refine/improve as necessary

Rationale

- Overall recommendation for implementing interdisciplinary teams
- Due to current challenges with:
  - Lack of trust and relationship building opportunities between healthcare providers
  - Patient care decisions made by each provider in isolation
- Building teams require initial investment from the Government → allow the team to work out the kinks themselves

Recommendation #2

- Evaluate the impact of the following factors on operational and financial efficiency:
  - Location: rural vs. urban
  - Practice setting: co-location vs. separate location
  - Funding: fee-for-service vs. salaried

Rationale

- Limited knowledge on how these factors will impact cost-efficiency with regards to interdisciplinary teams in the BC system
- Mixed-models might provide the biggest “bang for our buck”
  - E.g., interdisciplinary teams in rural locations are funded FFS and teams in urban locations are salaried

Recommendation #3

- Invest in having a team with a pharmacist to perform interventions in areas where there can be immediate benefits/improved outcomes, for example:
  - Deprescribing/reducing pill burden
  - Medication management for frail elderly persons

Rationale

- Pharmacists' role has been expanding, moving from a focus in dispensing to a role in chronic disease management & medication management
- Areas that can immediately benefit:
  - targeting de-prescribing → reduce unnecessary polypharmacy
  - improving care for frail elderly → complex patients with multiple conditions, at high risk of falls and adverse drug reactions
- Offset costs needed to build interdisciplinary teams

Recommendation #4

- Continue to implement EMRs, and mandate that all electronic health systems are able to talk with one another
- EMRs need to envelop effective documentation capabilities to facilitate outcomes assessment and evaluation

Rationale

- Avoid time wasted on tracking down information about a patient, confusion in communication, risk of errors and omissions in patient care
- Increase accountability and quality of care → every healthcare provider on the team can see what others have done
- Generate evidence → if the system can capture data for the purposes of research and evaluation, rather than for administrative or billing purposes only

Recommendation #5

- Support interprofessional education, including students from multiple disciplines studying and working together at the post-secondary education level

Rationale

- Training in interdisciplinary groups at an early stage in their education can promote more efficient team dynamics once providers enter clinical practice
- Once in practice, healthcare professionals will be more informed about the roles of each member of the team and can maximally utilize the knowledge and expertise of each discipline for patient care

Recommendations to the College of Pharmacists of BC

- Along with recommending actions to the Standing Committee on Health, the focus group participants made the following recommendations to the College of Pharmacists of BC:
  - Implement the Advanced Practice Pharmacist (APP) designation
  - Continue to invest in the Practice Review Program
  - Make available a bundle of resources to pharmacy professionals (e.g., UpToDate, and others), that all registrants would have access to with their registration fees, as was recently done with e-Therapeutics+ Complete.

Questions/Discussion

COLLEGE of PHARMACISTS of BRITISH COLUMBIA

Strategic Plan Update:
PRP / PRC & QAC

Friday September 26th, 2014

Bob Craigue & Ashifa Keshavji

Practice Review Program Update

COLLEGE of PHARMACISTS of BRITISH COLUMBIA

Practice Review Program Update

Business Stream:

Update	Next Steps
• Development of Practice Review forms (PR & PPR) ○ Feedback from staff, CPAC and RCAC ○ forms for clinical practices, LTC and packaging to be developed with Phase 2 – hospital practice	• Completion of work on Practice Review forms ○ Field testing • CO training materials • detailed hospital practice plan ○ Delayed by 1 qtr

Practice Review Program Update

Communications / Stakeholder Stream:

Update	Next Steps
• Public-facing material options drafted • Badge and Identification for CO's • Corporate engagement largely complete	• Develop messaging for webcast town hall • Begin discussions re: hospital pharmacy implementation

Practice Review Program Update

Human Resources / Operations Stream:

Update	Next Steps
• CO job positions posted • CO policy and procedure manual complete	• Screening, interviewing and hiring CO • Develop training materials

Legislation / Enforcement Stream:

Update	Next Steps
• David Loukidelis engaged to complete the Privacy Impact Assessment (PIA)	• Complete first draft of PIA • Bylaws – filing on September 29th, 2014

Practice Review Program Update

IT Stream:

Update	Next Steps

• Purchased Surface Pro 3 device for CO use for the PRP
• Built framework for database
• Received data from the Ministry of Health for risk assessment
	• Develop CO training for software/hardware
	• Continue to develop database:
	  ○ Review application
	  ○ eServices integration

Practice Review Committee Update

COLLEGE of PHARMACISTS of BRITISH COLUMBIA

Practice Review Committee Update

Issue	Progress
• Knowledge Assessment (KA) Exam exemption	• Board decision September 2014
• Revision of policy in regards to non-regulated pharmacy employees	• Board decision September 2014
• Prioritization structure: ○ PharmaNet data ○ Investigations / Complaints resolution data	• Will be presented to the Board at their November 2014 meeting
• Disclosure of Pharmacy Review Summary reports to Owners and Directors	• Will be seeking legal advice; to be presented to the Board for Phase 2

Knowledge Assessment Exam Exemption

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Knowledge Assessment Exam Exemption

Current Status:

Once in effect, the Practice Review Program will apply to all full pharmacists and pharmacy technicians at a pharmacy site(no exemptions)

PRC Recommendation

4 to 3 Vote for Option 3:

Once in effect, the Practice Review Program will apply to all full pharmacists and pharmacy technicians at a pharmacy site except those that have an existing exemption in place due to successful completion of the assessment component of the previous QA program (KA Exam).

- The exemption will not apply if a registrant is identified for review due to potential risk to the public.
- If the Compliance Officer witnesses a registrant with an exemption being noncompliant, it will be addressed in the same manner as a review.

Knowledge Assessment Exam Exemption

Option 1 – Decision to have NO Exemptions in place for the PRP

Option 2 – Decision to have ALL current exemptions in place for the PRP (OSCE, KA, Other PRA)

Option 3 – Decision to have ONE current exemption in place for the PRP (based on successful completion of KA exam)

KA Exam Exemption Policy

Option 1 – Decision to have NO exemptions in place for the PRP

MOTION:

That the Board approves that the Practice Review Program (PRP) applies to all full pharmacists and pharmacy technicians with no exemptions.

PRP Policy Non Regulated Employees

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PRP Policy Non Regulated Employees

Compliance Officers will not attempt to perform Pharmacy Professionals' Reviews on non-regulated pharmacy employees.

- Approved at the June 20th, 2014 Board meeting
- The PRC has received feedback
  - unclear
  - ambiguous

PRP Policy

Recommendation:

Below is the revised policy recommended by the PRC:

Where a non-regulated pharmacy employee is performing regulated activities, a Compliance Officer will observe the activities of that employee, and any observations (and action items resulting from those observations) will be recorded on the responsible pharmacy professional's review. That pharmacy professional will be responsible for corrections of those action items in order to be compliant.

PRP Policy

MOTION:

That the Board approve the revised policy recommended by the Practice Review Committee (PRC) in regards to non-regulated pharmacy employees, as follows:

Where a non-regulated pharmacy employee is performing regulated activities, a Compliance Officer will observe the activities of that employee, and any observations (and action items resulting from those observations) will be recorded on the responsible pharmacy professional's review. That pharmacy professional will be responsible for corrections of those action items in order to be compliant.

PRC Membership

PRC Membership

Date	Activity
April 2014 Board Meeting	Established PRC with current TOR
June 2014 Board Meeting	Approved the Bylaws for public posting that included the new PRC structure based on Ministry feedback (at least 1/3 public members)
September 26th, 2014	Bylaws will be filed
November 2014 Board Meeting	New terms of reference and membership appointments must be in place
November 25th, 2014	Bylaws come into force

PRC Membership

MOTION:

That the Board appoint 2 public members to the Practice Review Committee at this meeting.

PRC Membership

Bylaws and the current Terms of Reference of other legislated committees (Registration, QAC) membership consists of

- At least six full pharmacists or pharmacy technicians appointed by the Board.
- At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.

PRC Membership

Current Terms of Reference (TOR) - the membership consists of

- At least six full pharmacists or pharmacy technicians appointed by the Board.
- At least 1 of its members must be a public member.

Ministry of Health provided feedback that the PRC's membership needs to be consistent with the membership of the legislated committees

PRC Membership

MOTION:

That the Board amend the Membership of the Terms of Reference of the Practice Review Committee (PRC) to require at least 1/3 of its members to be public representatives, of which at least one of whom must be an appointed Board member.

PRC Membership

MOTION:

That the Board appoint John Scholtens and Frank Archer as public members of the Practice Review Committee (PRC).

QAC Update

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QAC Update

Update	Next Steps
Continuing Education (CE) Needs Assessment • Partnered with UBC CPPD to develop a CE needs assessment survey based on the Strategic Plan Goal 3. Scope of Practice • Sent to all registrants on September 8th, 2014 (not sent in summer due to low response rates)	• CE Needs Assessment survey closes on October 5th, 2014 • UBC CPPD to present an update and results from the CE Needs Assessment survey at the November 2014 Board meeting for decision

QAC Update

Update	Next Steps
CE-Plus Changes • 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	• All changes have been made and will be implemented on Wednesday October 1st, 2014 • Readlinks article to inform registrants

End

Solving Drug-Related Problems Through Interprofessional Collaboration Between Pharmacists and Physicians

Update September 2014

The Plan

- Focus:
  - Interprofessional collaboration between physicians and pharmacists
    - Primary care
  - Specifically:
    - Improve interaction while conducting medication reviews
  - Unique:
    - Participant-identified teams and problems/issues

Methods

- 12 education events around BC
- Invite teams to submit problems/issues related to:
  - Polypharmacy
  - CV disease prevention
  - Diabetes
  - Chronic pain
  - Osteoporosis

Methods

- On-site facilitator
- External faculty with expertise in:
  - Clinical care
  - Critical appraisal of evidence
  - Continuing medical education
  - Pharmacology

Expenses to Date

- UBC Continuing professional development
  - $50,000
- Research assistants
  - $7,500
- Expert reviewers
  - $2,000
    - 2 pharmacists
    - 1 General practice physician

Progress

- Communities selected
  - Based on UBC CPD experience
  - Availability of local facilitators
  - Input from expert reviewers
- Accreditation submission
  - Mainpro C (4.5 credits)
  - CCCEP pending

Event Specifics

- Pre-event readings and exercises
- 2 hour events with post-session evaluation
- 2-month post session focus group
- Sessions to begin in February 2015

Completed tasks

- Website
- List of evidence based resources
- Evidence and clinical practice guidelines for 5 clinical topics
- Medication review resources
- Billing codes identified

Evaluations

- Pre-workshop needs-assessment
- Workshop evaluation & Commitment to Practice Change
- Pre-teleconference needs-assessment
- Teleconference evaluation
- Post-program evaluation (2-months after program)

Educational Content

- Sample cases developed
  - Evidence tables for medications
  - Medication review process outline
  - Potential solution to DRPs
  - Guidance for interprofessional collaboration

Solving Drug-Related Problems Through Interprofessional Collaboration Between Pharmacists and Physicians

Update September 2014

SCHEDULE

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

1. *The following section is added:*

Practice Review Committee

15.1 (1) The practice review committee is established consisting of at least 6 persons appointed by the board.

(2) At least 1/3 of the practice review committee must consist of public representatives, at least one of whom must be an appointed board member.

(3) The practice review committee is responsible for monitoring standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.

(4) The practice review committee may receive reports made to the registrar, inquiry committee or discipline committee in respect of

(a) matters specified in section 17(1) of the *Pharmacy Operations and Drug Scheduling Act,* including without limitation reports under section 18 of that Act, and

(b) matters specified in section 28(1) of the *Health Professions Act*, including without limitation reports under section 28(3) of that Act.

(5) Upon receipt of a report described in subsection (4), the practice review committee may

(a) review the report, and

(b) as it considers appropriate in the circumstances, refer a matter arising from that review to the inquiry committee, quality assurance committee or registrar.

2. *Section 20(1) is repealed and the following substituted:*

(1) The registration committee, inquiry committee, practice review committee, discipline committee and quality assurance committee may meet in panels of at least 3 but not more than 5 persons, and each panel must include at least 1/3 public representatives.

3. Sections 55 and 56 are repealed and the following substituted:

Quality Assurance Program

55. (1) In this Part, **"program"** means the quality assurance program established by the board in accordance with this section.

(2) The program consists of the following:

(a) continuing professional development;

(b) assessment of professional performance.

Continuing Professional Development

56. (1) Each full pharmacist and pharmacy technician must complete learning activities for the purpose of continuing professional development, in accordance with the policy approved by the board.

(2) Each full pharmacist and pharmacy technician must

(a) keep records in a form satisfactory to the quality assurance committee of the learning activities that the full pharmacist or pharmacy technician undertakes for the purpose of meeting the requirement established in subsection (1), and

(b) provide, on the request of and in accordance with the direction of the quality assurance committee, copies of the records referred to in paragraph (a).

(3) The quality assurance committee may conduct a review of the records provided under subsection 2(b).

Assessment of Professional Performance

56.1 (1) The quality assurance committee may require a full pharmacist or pharmacy technician to undergo an assessment of professional performance

(a) upon referral from the practice review committee under section 15.1(5), or

(b) if the quality assurance committee determines an assessment is appropriate in the circumstances upon a review of records conducted under section 56(3).

(2) For the purpose of an assessment under subsection (1) the quality assurance committee or an assessor appointed by the quality assurance committee may do one or more of the following :

(a) conduct an interview of the full pharmacist or pharmacy technician;

(b) assess the practice competency of the full pharmacist or pharmacy technician;

(c) require the full pharmacist or pharmacy technician to undergo any other type of assessment determined by the quality assurance committee to be appropriate in the circumstances.

4. In Part 1 of Schedule F, sections 6(2) and (4) are repealed and the following is substituted:

(2) Upon receipt from the practitioner, a prescription must include the following information:

(a) the date the prescription was written;

(b) the name of the patient;

(c) the name of the drug or ingredients and strength if applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) the name and signature of the practitioner for written prescriptions.

(4) At the time of dispensing, a prescription must include the following additional information:

(a) the address of the patient;

(b) the identification number from the practitioner's regulatory college;

(c) the prescription number;

(d) the date on which the prescription was dispensed;

(e) the manufacturer's drug identification number or the brand name of the product dispensed;

(f) the quantity dispensed;

(g) the handwritten identification of each registrant and pharmacy assistant involved in each step of the dispensing process;

(h) written confirmation and identification of the registrant who

(i) reviewed the personal health information stored in the PharmaNet database,

(ii) reviewed the drug usage evaluation messages (DUE) from the PharmaNet database,

(iii) performed the consultation in accordance with section 12 of this Part, and

(iv) performed the final check including when dispensing a balance owing.

5. In Part 3 of Schedule F, section 6(8) is repealed and the following is substituted:

Upon receipt from the practitioner, a prescription must include the following information:

(a) the date the prescription was written;

(b) the name of the resident;

(c) the name of the drug or ingredients and strength where applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) the name and signature of the practitioner for written prescriptions.

SCHEDULE

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

1. Section 3(6) is repealed and the following is substituted:

    (6) Owners and directors must ensure that the requirements to obtain a pharmacy licence under the *Act* are met at all times.