



**Board Meeting
November 21st, 2014
200-1765 West 8th Avenue,
Vancouver, BC**

MINUTES

Members Present:

Agnes Fridl Poljak, District 1 (*present for Items 3-22*)
Ming Chang, District 2
Blair Tymchuk, District 3
Blake Reynolds, District 4
Bob Crague, District 5
Anar Dossa, District 6
Aleisha (Thornhill) Enemark, District 7
Bal Dhillon, District 8 (*present via teleconference for Items 1-3, and 13*)
Kris Gustavson, Government Appointee
Ryan Hoag, Government Appointee
Jeremy Walden, Government Appointee
George Walton, 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
Tien Huynh, Business and Systems Analyst

1. WELCOME & CALL TO ORDER

Registrar Nakagawa called the meeting to order at 9:05am.



2. ELECTION OF CHAIR

In accordance with HPA bylaw 12(2) Board members at the November Board meeting must elect a Chair.

Registrar Nakagawa called for nominations:

- Aleisha (Thornhill) Enemark nominated Anar Dossa, and
- Blair Tymchuk nominated Bob Craigie.

After 11 votes were cast and tallied, Registrar Nakagawa declared Anar Dossa as the new Board Chair for a one-year term to conclude at the start of the November 2015 Board meeting.

Anar Dossa assumed the Chair.

3. ELECTION OF VICE-CHAIR

In accordance with HPA bylaw 12(4) Board members at the November Board meeting must elect a Vice-Chair.

Chair Dossa called for nominations:

- Bob Craigie nominated Blair Tymchuk,
- George Walton nominated Bal Dhillon, and
- Bal Dhillon nominated Aleisha (Thornhill) Enemark.

12 votes were cast and tallied and resulted in a tie between Blair Tymchuk and Bal Dhillon over Aleisha (Thornhill) Enemark. In accordance with HPA bylaw 12(2)(d) a second vote took place immediately, resulting in a second tie between Blair Tymchuk and Bal Dhillon. In accordance with HPA bylaw 12(2)(e), Chair Dossa selected the new Vice-Chair by random draw and declared Blair Tymchuk as the successful nominee to a one-year term to conclude at the start of the November 2015 Board meeting.

4. CONFIRMATION OF AGENDA

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

The Board approves the Agenda for the November 21, 2014 Board Meeting as circulated.

CARRIED

5. MINUTES

Approval of September 25 & 26, 2014 Board Meeting Minutes.

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

The Board approves the September 25 & 26, 2014 Board Meeting Minutes as circulated.

CARRIED



6. REGISTRAR'S REPORT

Registrar Nakagawa provided a report of activities he has been involved in that are of particular interest to the Board:

- Presented with Board Member Kris Gustavson at the International Society for Quality Assurance in Health conference on our experience with the incentives prohibition bylaw
- Regular teleconferences with the Board Chair and Vice-Chair
- The appeal of the Supreme Court decision on the incentives bylaw
- Discussion and media about Marigold and tobacco sales
- Oversaw the elections process (first electronic ballot)
- Addressing staff changes (COO, EA to the Registrar)
- Meetings and conversations about the Board decision re: KA exemptions
- National Association of Pharmacy Regulatory Authorities (NAPRA) and Council of Pharmacy Registrars of Canada (CPRC) meetings
- Engagement sessions with corporations
- Town Hall meeting for all pharmacists and pharmacy technicians
- Preparation for the November Board meeting

a) Business Arising from Minutes

Registrar Nakagawa presented the Business Arising from Minutes (**Appendix 1**).

b) Election Results

Registrar Nakagawa presented the results from the 2014 Board election.

District 2		District 4		District 6		District 8	
Shakeel Bhatti	72	Doug Kipp	76	Anar Dossa (Acclaimed)		Bal Dhillon	81
Ming Chang	151	Blake Reynolds	131			Lisa Tallman	40
Bev Harris	106						
Total	329	Total	207	Total	(n/a)	Total	121
Turnout	28.76%	Turnout	30.62%	Turnout	(n/a)	Turnout	14.8%
Spoiled Ballots	0	Spoiled Ballots	0	Spoiled Ballots	(n/a)	Spoiled Ballots	0



7. 2015 BOARD MEETING SCHEDULE

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

The Board approves the Board Meeting Schedule for 2015 as circulated.

CPBC Board Meetings

Thursday, February 19, 2015	9 a.m. to 5 p.m.
Friday, February 20, 2015	9 a.m. to 5 p.m.
Thursday, April 16, 2015	Noon to 5 p.m.
Friday, April 17, 2015	9 a.m. to 5 p.m.
Thursday, June 18, 2015	Noon to 5 p.m.
Friday, June 19, 2015	9 a.m. to 5 p.m.
Thursday, September 17, 2015	Noon to 5 p.m.
Friday, September 18, 2015	9 a.m. to 5 p.m.
Thursday, November 19, 2015	Noon to 5 p.m.
Friday, November 20, 2015	9 a.m. to 5 p.m.
CPBC Annual General Meeting	
Saturday, November 21, 2015	8 a.m. to 9 a.m.

CARRIED

8. REVIEW OF ELECTRONIC BALLOTING PROCESS

Mykle Ludvigsen, Director of Public Accountability and Engagement provided a report of the electronic process utilized to conduct the 2014 Board election (**Appendix 2**). Vice-Chair Tymchuk and Board member Ming Chang volunteered to sit on the working group.

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

The Board create a working group to analyze the electronic voting process and report back to the April Board meeting.

CARRIED

9. CPBC PROVISION OF MALPRACTICE INSURANCE

It was MOVED (K. Gustavson) and SECONDED (B. Reynolds) that:

The Board endorse Option One, as circulated, requiring that the Registrar maintain the current process with respect to professional liability insurance, and continue to monitor this issue.

CARRIED*

**Jeremy Walden and George Walton asked that their negative votes be recorded.*

10. NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA) UPDATE

Board member and representative on the NAPRA Board, Bob Craigue attended the November 8-9, 2014 NAPRA Board meeting and provided an update of the business conducted (**Appendix 3**).



11. PRESENTATION: STRATEGIC PLAN UPDATE

Registrar Nakagawa presented a progress report of the College's 2014/15 Strategic Goals (**Appendix 4**).

(i) Pharmacy Working Conditions

Registrar Nakagawa presented information as circulated in the briefing package.

It was MOVED (B. Reynolds) and SECONDED (B. Craigie) that:

The Board direct the Registrar to implement the circulated approach on the workplace standards issue, which includes: developing communications, encouraging jurisdictions to conduct similar research, continuing to monitor the issues raised, and removing the pharmacy workload standards objective from the 2014 Strategic Plan.

DEFEATED

12. PRESENTATION: MINIMUM PRACTICE HOURS AND STRUCTURED PRACTICAL TRAINING PROVISIONS

Director of Community Pharmacy Practice and Registration, Doreen Leong presented information as circulated in the briefing package.

It was MOVED (A. (Thornhill) Enemark) and SECONDED (M. Chang) that:

That the Board direct the Registrar to convene a meeting of the Chairs and Vice-Chairs of the Quality Assurance, Practice Review and Registration committees to develop a consensus recommendation on how to proceed with Minimum Practice Hours and Structured Practical Training Provisions.

CARRIED

13. INTEGRATING PHARMACY TECHNICIANS INTO COMMUNITY PRACTICE

Board member Bal Dhillon presented information as circulated in the briefing package regarding integrating pharmacy technicians into community pharmacy practice (**Appendix 5**).

It was MOVED (B. Dhillon) and SECONDED (B. Craigie) that:

The Board direct the Registrar to develop a plan that incorporates all three recommendations:

- 1. Enhance Communications,*
- 2. Evaluate the Implementation of Pharmacy Technician Regulation, and*
- 3. Ensure Compliance Officers Understand the Role of Pharmacy Technicians and their Scope,*

as circulated and to report back by April 2015.

CARRIED*

**Agnes Fridl Poljak asked that her negative vote be recorded.*



14. PRESENTATION: UBC CONTINUING PHARMACY PROFESSIONAL DEVELOPMENT (CPPD) UPDATE

Glenda MacDonald, the Director of UBC Continuing Pharmacy Professional Development (CPPD) Division presented an update of UBC CPPD activities from March 1st, 2012 to November 3rd, 2014 (**Appendix 6**).

15. PRESENTATION: UBC CONTINUING PHARMACY PROFESSIONAL DEVELOPMENT (CPPD) EDUCATIONAL NEEDS ASSESSMENT FOR BC PHARMACY PROFESSIONALS SURVEY RESULTS

Glenda MacDonald, the Director of UBC CPPD presented the Provincial Continuing Education Needs Assessment Survey Results (**Appendix 7**).

16. PRESENTATION: QUALITY ASSURANCE COMMITTEE UPDATE

Director of Practice Reviews and Competency, Ashifa Keshavji presented an update (**Appendix 8**).

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

The Board approve the QAC recommendation to have UBC Continuing Pharmacy Professional Development develop and deliver the listed components.

CARRIED

17. PRESENTATION: PRACTICE REVIEW COMMITTEE (PRC) UPDATE

Board member and Chair of the Practice Review Committee (PRC), Bob Craigue presented an update and the following recommendations (**Appendix 9**).

(i) PRC – Terms of Reference

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

That the Board amend the Membership section of the Terms of Reference of the Practice Review Committee (PRC) to read:

- *At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).*
- *At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.*

CARRIED

(ii) PRC – Membership

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

That the Board appoint John Scholtens as a public member of the Practice Review Committee (PRC).

CARRIED



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

That the Board appoint Joanne Konnert as a public member of the Practice Review Committee (PRC).

CARRIED

18. PRESENTATION: DELEGATION OF DEPOT INJECTIONS PILOT

John Shaske presented on a proposal to support the administration of depot injections by pharmacists. **(Appendix 10)**

It was MOVED (R. Hoag) and SECONDED (A. (Thornhill) Enemark) that:

The Board approves the administration of depot injections by pharmacists, as delegated by Dr. MacEwan and authorized by the College of Physicians and Surgeons for a period of 12 months.

CARRIED

19. PRESENTATION: ADVANCED PRACTICE PHARMACIST CERTIFICATION – UPDATE OF STAKEHOLDER ENGAGEMENT

Director of Hospital Pharmacy and Technology, Cam Egli presented an update **(Appendix 11)**.

20. PRESENTATION: STATUS REPORT OF E-LIBRARY

Board member Kris Gustavson and Director of Hospital Pharmacy and Technology, Cam Egli presented an update **(Appendix 12)**.

21. PRESENTATION: DISCIPLINE CASES UPDATE

Deputy Registrar and Director of Legislation, Discipline and Investigations, Suzanne Solven presented an update **(Appendix 13)**.

22. ADJOURNMENT

The College of Pharmacists of British Columbia Board Meeting adjourned at 3:15pm.



College of Pharmacists
of British Columbia

Board Action Items (Business Arising)

November 21, 2014

INFORMATION ONLY

MOTIONS / ACTION ITEMS	Strat Plan key	Relevant Board Meeting/Source	Status Update/Deadline
Revised Expense Reimbursement Policy		AFC Mtg 2014	Feb 2015 Board Mtg
Motion: Develop a submission to Select Standing Committee on Health on Sustainability		Sep 2014	Done
Motion: That the Board directs the Registrar to establish a pool of candidates for consideration as public appointees to College committees by March 2015.		Sep 2014	March 2015 (April Board Mtg)
Motion: 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		Sep 2014	Feb 2015 Board Mtg
Motion: That the Board directs the Registrar to continue to take active measures to ensure the College remains in compliance with Federal Anti-Spam Legislation.		Sep 2014	
Motion: 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.		Sep 2014	Feb 2015 Board Mtg
Motion: In order to best serve and protect the public the Board directs the Registrar to develop a plan to address: 1. Quotas and other issues that interfere with pharmacy professionals' ability to practice in a safe and competent manner.		Feb 2014	Feb 2015 Board Mtg



BOARD MEETING November 21, 2014

8. Review of Electronic Balloting Process (Report of 2014 Board Election)

INFORMATION ONLY

Board elections were held in Districts 2 (Fraser Valley), 4 (Kootenay/Okanagan), and 8 (Pharmacy Technicians), with polls open between August 27 and October 3, 2014. The results were as follows:

2014			
DISTRICT 2	DISTRICT 4	DISTRICT 6	DISTRICT 8
Shakeel Bhatti (72)	Doug Kipp (76)	Anar Dossa (Acclaimed)	Bal Dhillon (81)
Ming Chang (151)	Blake Reynolds (131)		Lisa Tallman (40)
Bev Harris (106)			
Turnout: 28.76%	Turnout: 30.62%		Turnout: 14.8%
Spoiled ballots: 0	Spoiled ballots: 0		Spoiled ballots: 0

As a result of the election, there will be two new members of the Board (Ming Chang and Blake Reynolds), and one Board member for District 8 (Bal Dhillon) has been re-elected. Anar Dossa was the only candidate nominated in District 6 (Urban Hospitals) and as a result, she had previously been acclaimed to serve an additional term.

Background

The above-noted 2014 election was the first one held electronically by the College. In April 2012, the Board passed a motion directing the College to move towards an e-voting system. 2014 was the first year that the appropriate bylaws were in place for the College to actually hold an election electronically.

To effectively carry out an election electronically for the first time, the College contracted with Big Pulse, a third-party provider of online election solutions. Big Pulse provided 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.

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 did have access to total voter turnout, it was not provided with a breakdown of votes or which registrants have or have not yet casted their vote.

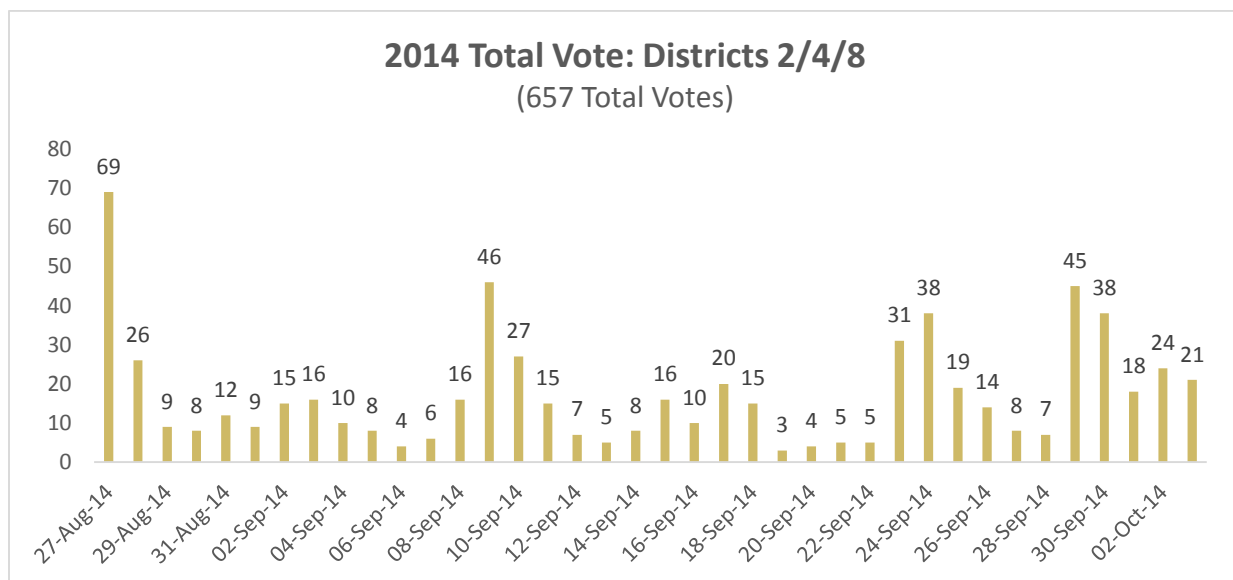
In addition to rigorous testing by staff at the College and at Big Pulse of all the functions of the e-voting system, the College ran two tests designed to help ensure an intuitive experience for registrants, when voting.

In the first test, 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 made available 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 that were confusing to voters. This test also had the additional benefit of familiarizing many actual voters in those districts with 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 actively monitored the system to ensure that votes were indeed being made and that the system was responding as designed. For example, an unplanned closure of the system caused by technical issues 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.

The College actively communicated with eligible voters to ensure that not only were they informed that the polls were open, but also where they could find e-voting instructions and candidate information. The College also sent reminders out on a regularly basis to ensure that people were aware of the voting deadline, and that the system had changed. This was done in addition to proactively monitoring the system.

As expected, the College encountered a surge of later voters. In the graphic below, peaks on various days indicate the date of the announcement, as well as the reminders.



Elections: 2012-2014

Discussion

While this election was conducted in an electronic manner, rather than through a more traditional postal vote, the results in two Districts (2 and 4) were fairly consistent with previous College Board elections in terms of voter turnout. As indicated in the charts below, in 2014 the voter turnout rate was slightly higher in District 2 and lower in District 4, than it was in 2012. However, in District 8 (Pharmacy Technicians) there was a substantial reduction in voter turnout in 2014, compared to 2012 – it reduced by half. In fact, the 2014 voter turnout rate in District 8 was a historic low for recent College elections.

It is possible that the increased number of pharmacy technicians may have had an effect on the voter turnout rate in District 8. The number of pharmacy technician voters has increased exponentially – with over 700 more eligible voters added to that District since the 2012 election. At this point, it is unclear what effect this would have on voting turnout, but many of these voters are indeed new registrants of the College.

Elections: 2012-2014

2012			
DISTRICT 2	DISTRICT 4	DISTRICT 6	DISTRICT 8
Shakeel Bhatti (82)	Doug Kipp (182)	Anar Dossa (94)	Bal Dhillon (29)
Bev Harris (201)	Timothy McDermid (57)	Keith McDonald (44)	Onnolee Osbourne (22)
		Bruce Millin (20)	
		Jing-Yi Ng (85)	
<i>Turnout: 27.8%</i>	<i>Turnout: 38.8%</i>	<i>Turnout: 42.1%</i>	<i>Turnout:30.9%</i>
<i>Spoiled ballots: 8</i>	<i>Spoiled ballots: 6</i>	<i>Spoiled ballots: 9</i>	<i>Spoiled ballots: 1</i>

2013			
DISTRICT 1	DISTRICT 3	DISTRICT 5	DISTRICT 7
Agnes Fridl Poljak (236)	Ken Baumann (24)	Robert Craigue (48)	No Race
Ryan Kullar (161)	Gregory Candy (63)	Robert McDonald (25)	
Ellie Rahmani (29)	Blair Tymchuk (131)		
<i>Turnout: 29.64%</i>	<i>Turnout: 32.52%</i>	<i>Turnout: 34.93%</i>	
<i>Spoiled ballots: 2</i>	<i>Spoiled ballots: 8</i>	<i>Spoiled Ballots: 0</i>	

2014			
DISTRICT 2	DISTRICT 4	DISTRICT 6	DISTRICT 8
Shakeel Bhatti (72)	Doug Kipp (76)	Anar Dossa (Acclaimed)	Bal Dhillon (81)
Ming Chang (151)	Blake Reynolds (131)		Lisa Tallman (40)
Bev Harris (106)			
<i>Turnout: 28.76%</i>	<i>Turnout: 30.62%</i>		<i>Turnout:14.8%</i>
<i>Spoiled ballots: 0</i>	<i>Spoiled ballots: 0</i>		<i>Spoiled ballots: 0</i>



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10. NAPRA Update

INFORMATION ONLY

Report to CPBC Board on NAPRA meeting of Nov 8-9th 2014

A decision was made to increase fees to the members by 2.5% reflecting inflation and a small actual increase. We also approved a fee structure for the Provinces and Territories that increased fees for the larger members, Ontario and Quebec, and reduced fees for the smaller. BC will have a negligible change and will stay just under \$97,000. Total revenue for NAPRA is just under \$677,000 for our national organization. This is a relatively lean and mean organizational cost for a group that lobbies federally for pharmacy and coordinates interprovincial practice.

Progress was reported on Draft Model Standards for Pharmacy Sterile Compounding (Hazardous and Non-hazardous). The next draft to the PRA's will be Jan- Feb 2015.

The CPRC asked NAPRA to send another letter to Health Canada regarding the review of the Controlled Drug and Substances Act. The PRA's feel that the review is not thorough enough and doesn't address the issues identified. NAPRA will send such a letter and encourage Health Canada to put in place the necessary resources to do the job properly.

The National Pharmacy Technician Bridging Education Program had an increase in numbers due to a deadline in Ontario for enrollment that saw 600 entrants. Numbers in the future are very uncertain from my viewpoint, and they leave a residue of uncertainty in NAPRA's budget which depends on the program for revenues. Newfoundland reported that they are moving to license technicians in the future. Again, the major push seems to be from government employers.

Health Canada's Commercial Compounding proposal was discussed and reviewed by both the PRA's and NAPRA. It is moving along through the creative and approval processes.

The budget was approved with an anticipated small deficit, yet it contains enough wiggle room, in my judgement, that it will probably end up balanced. The Audit Committee that I have been appointed to will not have the first meeting until before the April 2015 NAPRA Board meeting. Their sloppy budgets and financial controls should improve after that meeting, yet significant savings or earnings increases cannot be anticipated, as their budget remains under \$700,000.

The CPRC reported that they are still unsatisfied with progress on drug shortages and suggested that perhaps it should be an issue for the Provinces to present at the Council of the Confederation meetings. This would entail the PRA's educating their respective governments on the issue.

There is finally some progress on the .Pharmacy qTLD, which is the NABP and NAPRA effort to give North American consumers quality control of internet drug sources. As you may know, a



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number of northern tier states have legislated the approval for their citizens to import prescription drugs from Canada, and this effort. Pharmacy qTLD is attempting to identify legitimate Canadian sources.

I made a presentation to NAPRA about our final CORE survey results. Other provinces recognize that the problems identified are national in scope, but only Quebec is close to taking action.

Pharmacists' Gateway Canada for International Pharmacy Graduates reports 600 enrollments so far this year, with 46% going to Ontario, 20% going to BC and 20% going to Alberta. NAPRA expects a conservative number of 1200 to enroll in the gateway this year. I am not sure where they are going to find work, but we must remember that they are not all approved for immigration.

NAPRA has made necessary changes under the Canada Not-for-Profit Corporations Act. This requires our Board to send to NAPRA at their April Board meeting our candidate for the Board for the following year. We should decide this at our February Board meeting and I would be pleased to serve for my last year. In September 2015 at our Board meeting, I would suggest that we consider my replacement so if the Board wishes, we could both attend the early November NAPRA meeting for orientation purposes.

As always, if Board members have further questions, I would be pleased to respond.
Respectfully submitted,
Robert Craigue



College of Pharmacists
of British Columbia

Strategic Goals 2014/15

Progress Report

November 21, 2014

Bob Nakagawa, Registrar

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
- Yellow
- Green

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 1 st 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	Deferred to Apr '15
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	Nov '14 Board Mtg Items 14, 16
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	Item 14
Decision: Review options on program supporting best practices and prioritize, aligning with fiscal budget	Feb '15	

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	Item 19



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	Item 17
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	Nov '14 Board Mtg Item 16
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



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





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13. Integrating Pharmacy Technicians into Community Practice

Goal 3 – Scope of Practice

(a)(iv) – Encourage uptake of Registered Pharmacy Technicians into community practice settings

DECISION REQUIRED

Background

One of the five major areas of the College's 2014 Strategic Plan is, "Scope of Practice" which focuses on advancing the profession by supporting pharmacists and pharmacy technicians to practice to their current scope of practice, and increase their scopes of practice. One of the objectives under that initiative is to develop methods to encourage the uptake of registered pharmacy technicians into community pharmacy practice settings.

Community Pharmacy Technician Integration Survey

In order to gather more information for the above-noted objective, in June 2014 CPBC staff conducted an online survey called the "Community Pharmacy Technician Integration Survey" (the survey). Its aim was to provide information on issues related to pharmacy technicians and pharmacy operations in general, and how best to encourage uptake of registered pharmacy technicians in community practice.

The survey included sixteen questions, and it employed both quantitative and qualitative components. It included questions on, the respondent's current role, how many pharmacy assistants and technicians are currently employed at their pharmacy, if they feel that their practice/pharmacy has encouraged pharmacy assistants to become technicians, and for their views on why assistants have chosen not to become technicians. Below are key highlights from the findings:

Demographic/Professional Information:

- There were 263 responses to the survey. This included: 58 pharmacy technicians and 196 pharmacists. The remainder did not indicate their position.
- Eighty-one respondents indicated that they were pharmacy managers.
- Of those who indicated their main practice setting, most (92%) worked in community pharmacy.
- Of those who indicated their geographical location, the majority (32%) were from Metro Vancouver, 24% were from Vancouver Island/Coastal region, and 22% were from Kootenay/Okanagan region. The remainder were from the Fraser Valley and Northern BC.

Views on Regulation of Pharmacy Technicians:

- Over 50% of respondents indicated that they do not believe that regulated pharmacy technicians are largely practising to their full scope.
- Sixty percent of respondents noted that their practice/pharmacy encouraged pharmacy assistants to become regulated technicians. However, 53% noted that their practice/pharmacy has not financially supported pharmacy assistants in becoming regulated pharmacy technicians.
- Close to 90% of respondents knew of pharmacy assistants who decided not to become regulated technicians.



BOARD MEETING November 21, 2014

- Most respondents indicated that regulated pharmacy technicians add value to a pharmacy practice. When asked to rate the value added by a pharmacy technician on a five-point scale (with one being lowest and five being highest), 54% indicated a '4' or '5'.
- When describing the value that regulated pharmacy technicians bring to a pharmacy practice, respondents most frequently noted that the work and duties of pharmacy technicians can “free up” the time of the pharmacist to concentrate more on patient care services, such as patient counselling and medication reviews. In addition, the other common comments included:
 - Concerns raised that pharmacy assistants are already sufficient to assist pharmacists.
 - That the knowledge base of pharmacy technicians was not seen by many respondents as strong enough, and some did not feel confident that pharmacy technicians are well-equipped to practice.
 - Concerns that pharmacists are being “replaced” by pharmacy technicians.
 - That in reality, pharmacy technicians do not always utilize their full scope of practice. This may be because they are not given the opportunity, or because some pharmacy technicians choose not to.

Analysis:

The survey highlighted the myriad of views of the pharmacy technician profession, and how it fits within the structure and existing roles in community pharmacies. It was clear that most respondents saw the value of pharmacy technicians, especially as they allow pharmacists to focus more on patient care. Conversely, some respondents raised concerns that pharmacy technicians are not required because existing pharmacy assistants can readily do the work of technicians. Also, some raised a lack of confidence in the skills and abilities of pharmacy technicians.

The survey results also pointed to barriers to pharmacy technicians in utilizing their full scope of practice in their day-to-day work. This may be due, in part, to tension created by the belief that pharmacy technicians are “replacing” pharmacists, rather than the two professions working together but both within their scopes of practice, to provide effective patient care.

Recommendations:

It is recommended that the College take the following concrete actions to encourage the uptake of registered pharmacy technicians into community pharmacy practice settings and address the survey findings:

1. Enhance Communications

The College should develop a communications plan to help pharmacists, other health professionals, and the public understand the role of pharmacy technicians and the knowledge, skills, and abilities they possess that can help people achieve better health. The plan should focus on informing stakeholders of what is in the pharmacy technician scope of practice, the educational or practical experience necessary to practice safely and effectively to that scope, the professional responsibility and accountability that comes with registration, and how technicians work closely with pharmacists to serve patients. This plan should utilize the existing or already-envisioned communications tools for the College to inform our stakeholders.

2. Evaluate the Implementation of Pharmacy Technician Regulation:

The CPBC will hold a series of focus group discussions with pharmacists and pharmacy technicians to evaluate the implementation of pharmacy technician regulation. Preliminary topics could include:

- Individuals' experiences with the implementation of the regulation of pharmacy technicians.



BOARD MEETING November 21, 2014

- Has the goal of enhanced responsibility and accountability been met as a result of pharmacy technician regulation?
- Have previous concerns about practising to one's full scope of practice, and the delegation of responsibilities been addressed through pharmacy technician regulation? If not, why?
- Recommendations on next steps to improve the regulation of pharmacy technicians. What role should the College play in these recommendations?

3. Ensure Compliance Officers Understand the Role of Pharmacy Technicians and their Scope

The College is to ensure that the Compliance Officers of the Practice Review Program are well-educated on the role and full scope of practice of pharmacy technicians. This information can help inform the recommendations Compliance Officers develop, when evaluating pharmacies, pharmacists and pharmacy technicians.

Proposed Motion

The Board directs the Registrar to develop a plan that incorporates all three recommendations as outlined and to report back by April 2015.



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THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences

UBC Continuing Pharmacy Professional Development CPBC Board Update 2014

Glenda MacDonald
Sheryl Peterson

November 21, 2014

Outline

CPPD Mission Statement & Guiding Principle

CPPD Strategic Direction and Objective

The CPPD Team

Alignment with CPBC Strategic Plan Themes

Highlight of 2012-2014 Activities aligned to CPBC Goals

Reporting period March 2012-October 2014

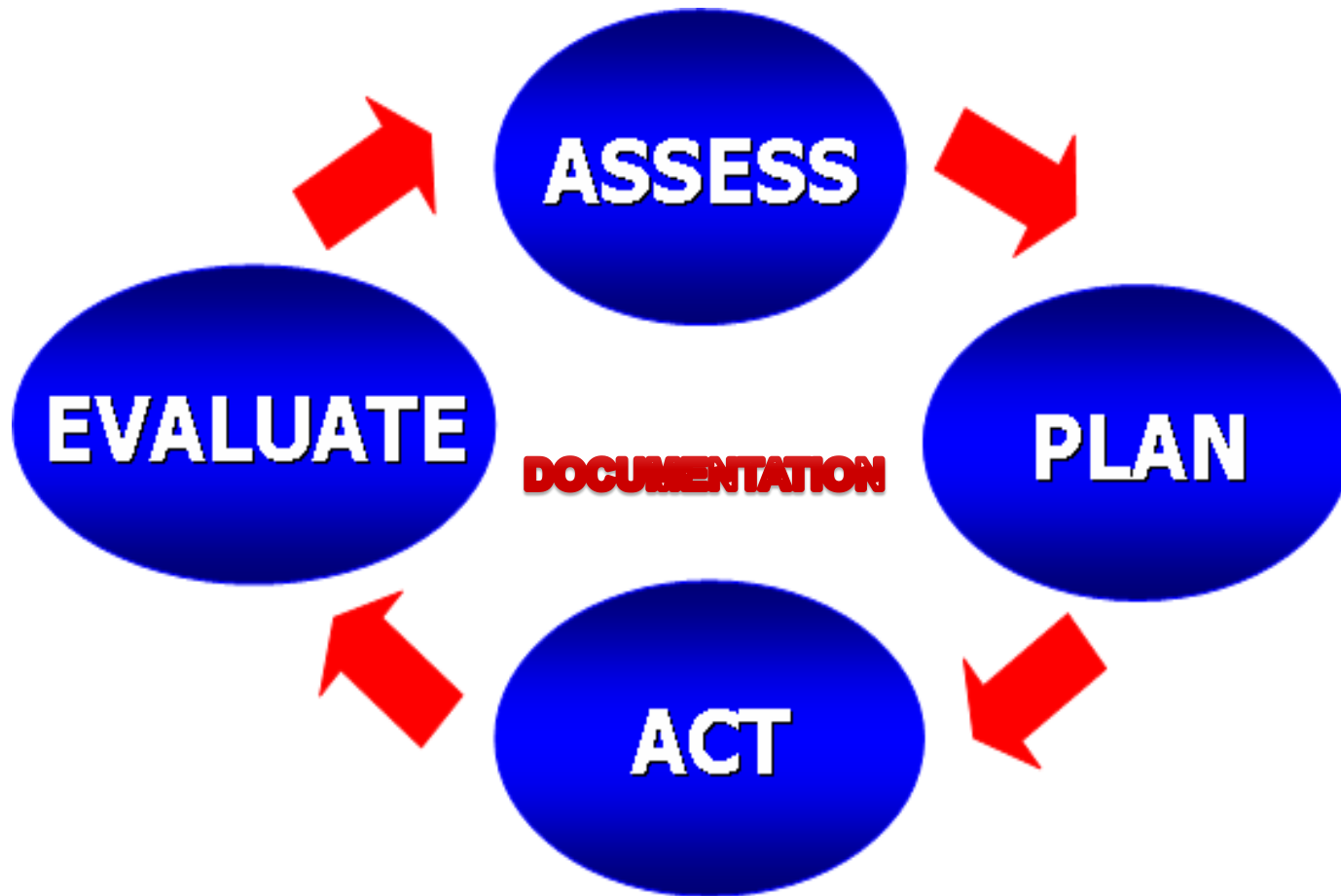
Our Mission Statement

To advance the knowledge, skills, attitudes and abilities of pharmacists...

through leadership and innovation in continuing professional development, service and scholarly activity...

that supports patient centered outcomes-focused care

Our Guiding Principle: The Continuing Professional Development Cycle



Strategic Direction and Objective of CPPD

Develop and implement innovative programs and learning opportunities to support the advancement of pharmacy practice and specialized pharmaceutical care

- identify high priority areas for pharmacy professionals' development needs in new areas of practice such as medication management, chronic disease management, patient education, inter-professional focused care and the use of health technology solutions
- achieve growth and sustainability
- develop and offer innovative Professional Development programs in partnership with stakeholders and other professional learning organizations, including technology enabled innovative delivery methods

Our CPPD Team

Glenda MacDonald, Director



Sheryl Peterson, Associate Director



Sheila Kwan, Program Manager

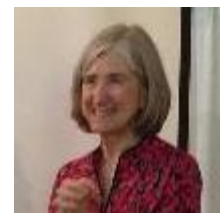


Virginia Kwong, Coordinator,



Technician Bridging Program

Sandi Hutty, Coordinator CP3 Programme



Melissa Chavez, Finance and

Registration Clerk



Ying Gu, Bridging Program Assistant



Pharmacy work-study students: Jennifer Jun, Annette Ho, Kaitlin Desilets

Alignment with CPBC Strategic Plan

CPBC Theme 2- *Interdisciplinary Relationships*

Working with other health professions, develop opportunities for pharmacists and pharmacy technicians to better define and enhance their role on the healthcare team supporting better outcomes for patients.

CPBC Theme 3- *Scope of Practice*

Pharmacists and pharmacy technicians will be better supported in practicing to their current scope by creating educational opportunities and communication tools.

CPBC Theme 4- *Standards*

The College will review and update standards...while ensuring alignment with the continuing education requirement for pharmacists and pharmacy technicians. A new pharmacy and practice review system will strengthen enforcement with corrective action to be taken as needed.

UBC CPPD in support of: CPBC Theme 2- *Interdisciplinary Relationships*

Copper IUD for Emergency Contraception- Online Program

Pharmacists assess and refer eligible patients to reproductive health clinics for priority insertion of a copper IUD for EC

Jurisprudence Workshops

Pharmacy Assistants, Pharmacy Students, IPG Pharmacists

Bench 2 Bedside & Agents of Change Symposia

Bringing together clinicians and researchers to facilitate knowledge transfer

UBC CPPD in support of CPBC Theme 3 – *Scope of Practice*

- Pharmacy Technician Bridging Program
- Live CPD programs
- Web-based CPD programs- Virtual Learning Centre
- Accreditation of provincial CPD programs
- Canadian Pharmacy Practice Programme (CP3)
- CE requirement for undergraduate pharmacy student (Phar 401)
- Learning Needs Assessments
 - Immunization Needs Assessment
 - Provincial Educational Needs Assessment

Pharmacy Technician Bridging Program

- Partnered, at request of CPBC, in 2010 for delivery of the Bridging Program in BC until 2015
- UBC CPPD is one of 2 authorized providers of bridging courses in BC and the only institution that offers both classroom and online delivery
- 4 modules offered by UBC in both classroom and online format
 - Pharmacology (33 hr)
 - Professional Practice (39 hr)
 - Management of Drug Distribution Systems (39 hr)
 - Product Preparation (33 hr)
- Prior Learning Assessment and Recognition (PLAR) exam offered for 3 of 4 modules (not Professional Practice)

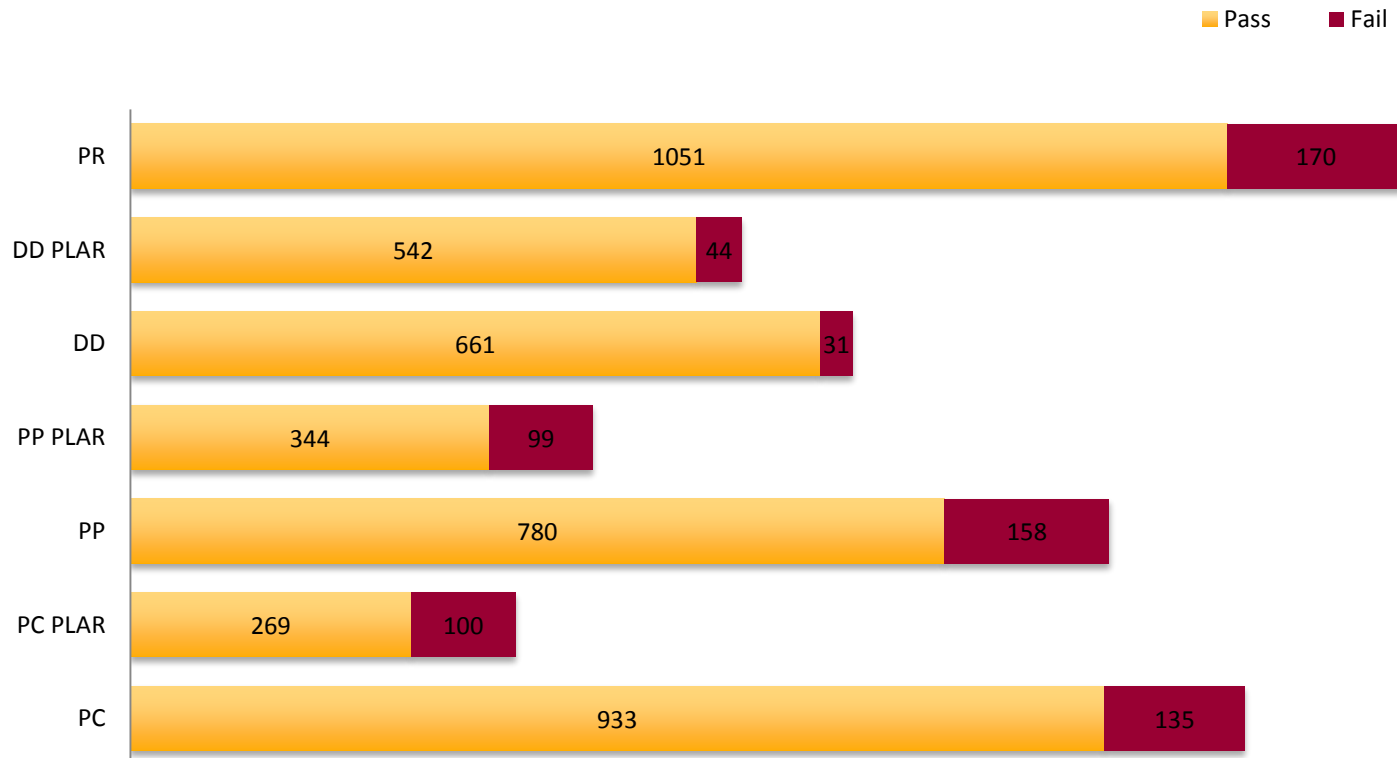
PTBP Module registrations/ Pass rate

Total attempts= 5318 Number of students= 1461

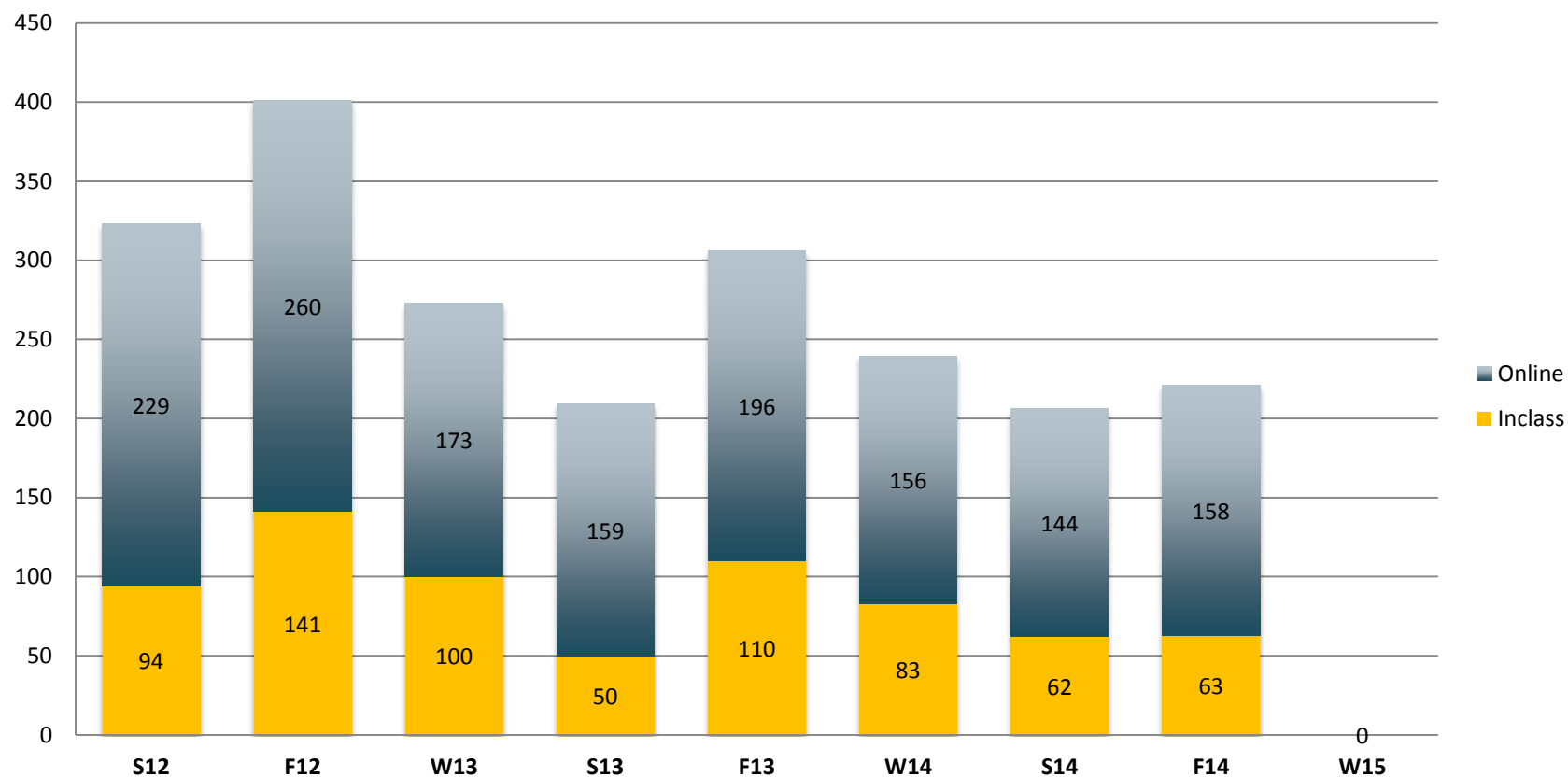
Subject	Attempts	# Passes (%)
Pharmacology (PC)	1068	933 (87.4)
Pharmacology PLAR	369	269 (72.9)
Management of Drug Distribution (DD)	692	661 (95.5)
Mgmt of Drug Distribution PLAR	586	542 (92.5)
Product Preparation (PR)	938	780 (83)
Product Preparation PLAR	443	344 (77.7)
Professional Practice (PR)	1222	1051 (86)

Number attempts of each module by course and PLAR

Course vs PLARs



PTBP Student Enrolment (In-class vs Online) Summer, Fall and Winter sessions 2012-2014



Live Programs

2012-14	Number of Programs	# Participants
Live One-Day Programs		
2012-13	10	508
2013-14	6	622
2014	7	527
Total	23	1657



Live Programs that Support Expanded Scope of Practice Appendix 6

- Physical Assessment Workshop
- Lab Values Workshop
- Diabetes Workshop
- Pain Assessment Workshop
- Immunization Updates
- Vaccine Interactions
- Documentation

Web Based Programs Virtual Learning Centre- Online Program Statistics

# Online Programs	Total # Participants	Date
57	1435	Feb 2013
31	1152	Feb 2014
28	289	Oct 2014
Total for reporting period	2876	

UBC CPPD Online Virtual Learning Centre



Continuing Pharmacy Professional Development

About Us

Pharmacists

Technicians

IPG Bridging

Preceptors, Instructors & Coordinators

Accreditation

Contact Us

CREATE USER ACCOUNT

PROGRAMS

- ☐ Certificate Programs
- ☐ Live Programs
- ☐ Online Programs - Virtual Learning Center
 - CPPD Online Presentations
 - Medication Review Services Training Program
- ☐ Print Based programs
- ☐ Other Online Programs

PHARMACY STUDENTS

USEFUL LINKS

RESTRICTED

CPPD Online Presentations

Presentations by Subject Index:

- [Business \(New Lessons\)](#)
- [Cardiovascular Disease](#)
- [CNS Disease / Psychiatry](#)
- [Drug Abuse / Addiction Medicine](#)
- [Drug Interactions / ADR's \(New Lesson\)](#)
- [Endocrine / Hormone Imbalance \(New Lessons\)](#)
- [Hematology](#)
- [Infectious Disease / Immunization \(New Lessons\)](#)
- [Laboratory Assessments \(New Lesson\)](#)
- [Medication Management Skills \(New Lesson\)](#)
- [Nutrition \(New Lesson\)](#)
- [Osteoporosis \(New Lesson\)](#)
- [Pain \(New Lessons\)](#)
- Palliative Care

Calendar ▶



Quick Links



[BCCDC](#)

[BCPhA](#)

[CAPT](#)

[CPhA](#)

[CSHP](#)

[College of Pharmacists of BC](#)

UBC CPPD Online Virtual Learning Centre

[Diabetes Management - Insuling Dosing: An Art or a Science? \(2014\)](#)

Presenter: Anar Dossa, BSc(Pharm), PharmD, CDE

Duration: approx. 1hr 22mins

[View Multiple-Choice Questions](#)

[Download Multiple-Choice Question Answer Sheet](#)

[Gliptins in Diabetes - Where do they fit? \(2014\)](#)

Presenter: Anar Dossa, BSc(Pharm), PharmD, CDE

Duration: approx. 18mins

[View Multiple-Choice Questions](#)

[Download Multiple-Choice Question Answer Sheet](#)

UBC CPPD- Links to Online Learning Sites

▣ Live Programs	<u>CPhA Online Learning Center</u>
▣ Online Programs - Virtual Learning Center	<u>Canadian Healthcare Network</u>
▣ Print Based programs	
▣ Other Online Programs	<u>Rx Briefcase</u>
PHARMACY STUDENTS	<u>Medscape Pharmacists</u>
USEFUL LINKS	<u>Mylan Learning Center</u>
RESTRICTED	<u>Apotex</u>
	<u>Power-Pak CE</u>
	<u>Advancing In</u>
	<u>CME Corner</u>

CPPD Virtual Learning Centre- recent additions

Title	Presenter	Title	Presenter
Squeaky Clean Documentation- SOAP Notes	Dr. K Seto, Mr Tony Seet	Vitamin D	Dr. James McCormack
Opioids in Chronic Non-Cancer Pain	Ms Linda Brown	Immunization Update	Ms Barbara Gobis
Opioids and Addiction	Dr. Shaohua Lu	Solving Immunization Interactions	Ms Dorothi Li
Using Lab Values in Clinical Decision Making	Dr. Mike Legal	Diabetes Management- how aggressive should we be?	Dr. Anar Dossa
Diabetes Management- Insulin Dosing	Dr. Anar Dossa	Osteoporosis- focus on bisphosphonates	Dr. Michael Louie
Gliptins in Diabetes	Dr. Anar Dossa	Screening ER patients for ADEs	Dr. Susanne Moadebi

Accreditation of CE Programs

- UBC CPPD is the accreditation body for pharmacy and pharmacy technician programs provided exclusively in BC
- We apply stringent CCCEP criteria to ensure that CPD programs are evidence-based, non-promotional, unbiased and relevant to pharmacy practice
- 64 programs, representing over 198 CEU credits were reviewed for accreditation in this reporting period

Canadian Pharmacy Practice Programme (CP3)

Components:

Coursework: 12 weeks

Intern Practicum: 12 weeks

“Getting Ready” Mock OSCE



Pharmacy Students

Undergraduate CPD Requirement

preparing future pharmacy professionals for CE-Plus
Pharmacy 401 each student is required to complete
a minimum of 1.0 CEU (accredited)

Presentation to 3rd year class on lifelong learning
and continuing professional development

CPPD precepts Community Pharmacy Residents

CPBC Theme 4- *Standards*

The College will review and update standards...while ensuring alignment with the continuing education requirement for pharmacists and pharmacy technicians. A new pharmacy and practice review system will strengthen enforcement with corrective action to be taken as needed.

Focus Areas:

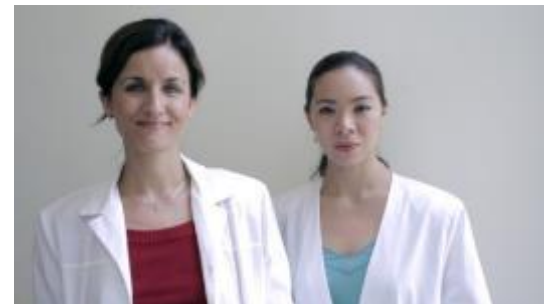
- Patient identification verification
- PharmaNet profile check
- Documentation
 - Live and online program on documentation (Squeaky Clean Documentation- SOAP Notes)
 - Medication Review Services Training Program
- Counselling

Medication Review Services Training Program (Online)

PROGRAM LEARNING OBJECTIVES:

- 1. Understand the guidelines, process requirements and expectations involved in providing medication review services*
- 2. Implement medication review services in their pharmacy practice*
- 3. Complete the appropriate documentation forms necessary to provide and claim remuneration for medication review services*
- 4. Identify processes for optimizing efficiency and utilization of available resources*
- 5. Locate links to helpful websites and online resources specific to the implementation and provision of medication review services*

**# Assessments Completed for CEU's
in reporting period = 2084**



Acknowledgements

- College of Pharmacists of BC
- UBC Faculty of Pharmaceutical Sciences
 - Office of Experiential Education
 - Pharmacists Clinic
- UBC Continuing Pharmacy Professional Development Team
- UBC Pharmacy Alumni Association
- BC Pharmacy Association



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Thank You



Questions?





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THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences

Educational Needs Assessment for BC Pharmacy Professionals

Glenda MacDonald

Sheryl Peterson

Continuing Pharmacy Professional Development, UBC

21 November 2014

Outline

- Acknowledgments
- Survey Objectives
- Methodology
- Demographics
- Results- Services Provided
- Results- Perceived Educational Value of Topics
- Preferred Learning Formats/Styles
- Recommendations

Acknowledgments

- CPBC- Ashifa Keshavji, Mykle Ludvigsen, Jon Chen
- CPPD- Virginia Kwong, Sheryl Peterson
- All of the pharmacists, pharmacy assistants and pharmacy technicians who participated in the survey

Survey Objectives

- Identify the scope of medication management services (MMS) currently provided by pharmacy professionals in BC
- Identify reasons why these services are NOT provided and explore potential educational opportunities to resolve knowledge gaps
- For those pharmacy professionals who DO provide MMS, identify barriers to provision of these services and potential educational opportunities to resolve knowledge gaps
- Identify general educational needs and priorities for pharmacy professionals in BC
- Identify the types and formats of continuing education programs that will meet the needs and learning styles of BC pharmacy professionals

Methodology

- Online anonymous survey
- Opened September 8, Closed October 6 2014
- All data on Canadian servers
- Data cleaned, processed, summarized and reported by CPPD
- Numerical indicator (Average score) calculated by SUM (Product of each category (# x category score))

responses

Total number of

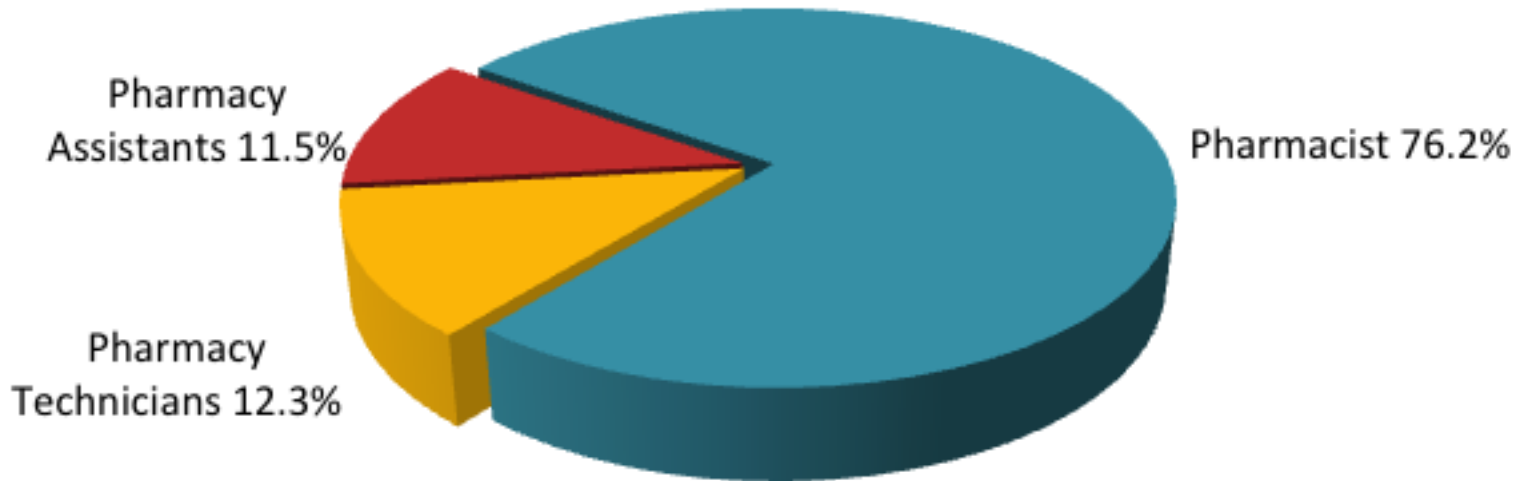
Response and completion rate

- 7613 pharmacy professionals were invited to participate via email invitation
- 1790 pharmacy professionals responded, 1246 completed the survey
- 1342/5591 pharmacists responded, 944 completed the survey
- 225/811 pharmacy technicians responded, 171 completed the survey
- 209/1211 pharmacy assistants responded, 131 completed

	Pharmacists	Pharmacy Techs	Pharmacy Assistants	Overall
Response Rate	24%	28.5%	17.9%	23.5%
Completion Rate	70%	76%	62.7%	70%

Demographics-proportion of respondents by profession

Appendix 7



Demographics- Years in profession

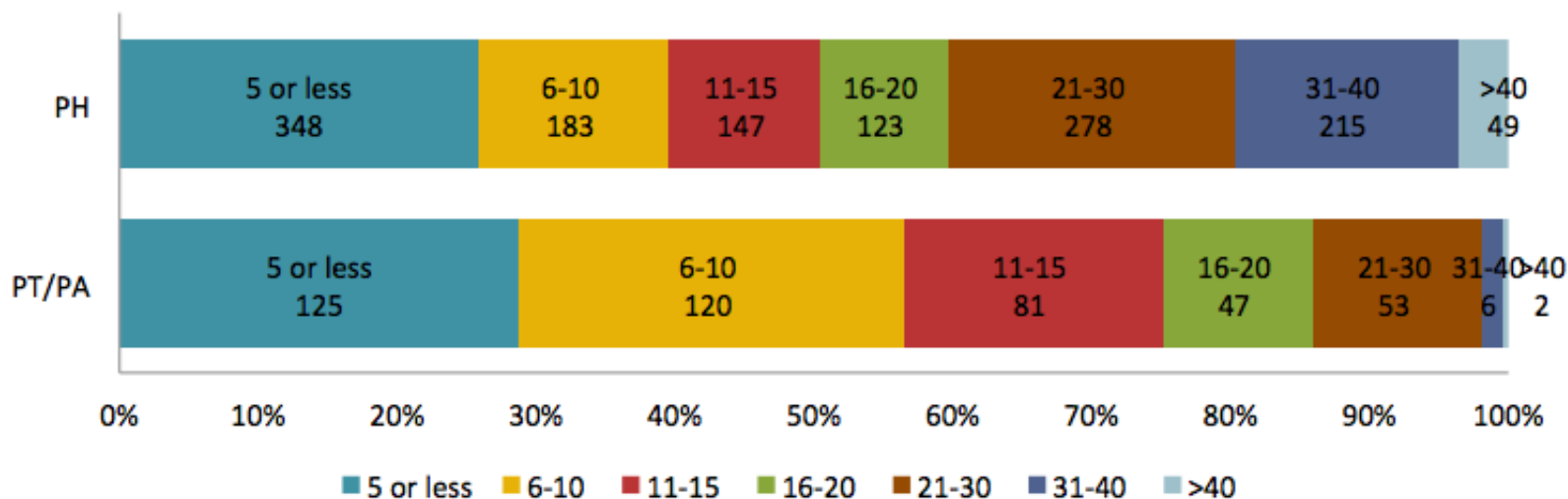


Figure 2 Years of Pharmacy Practice

Geographic Region of Primary Practice

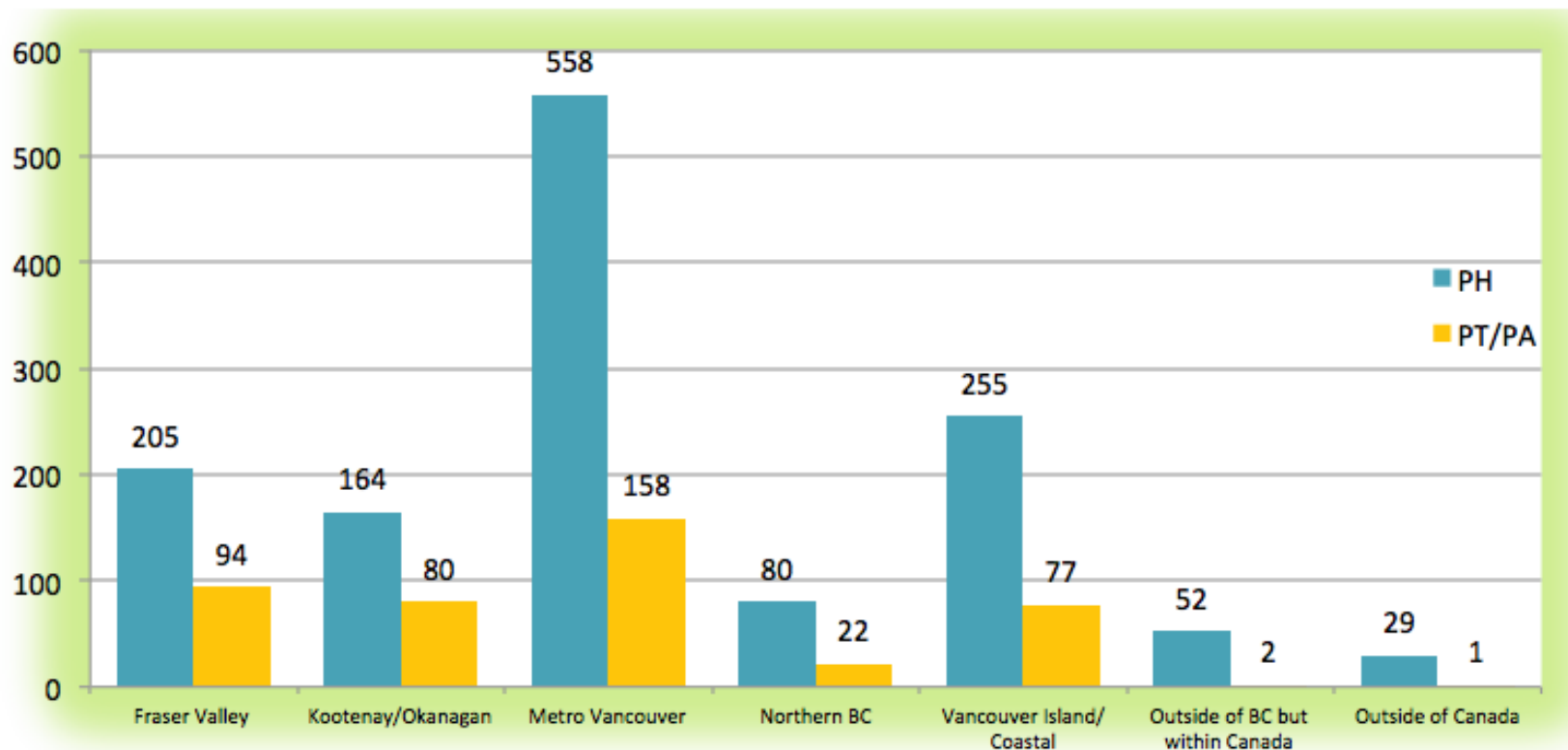


Figure 3 Geographic Region of Primary Practice

Primary Practice Setting

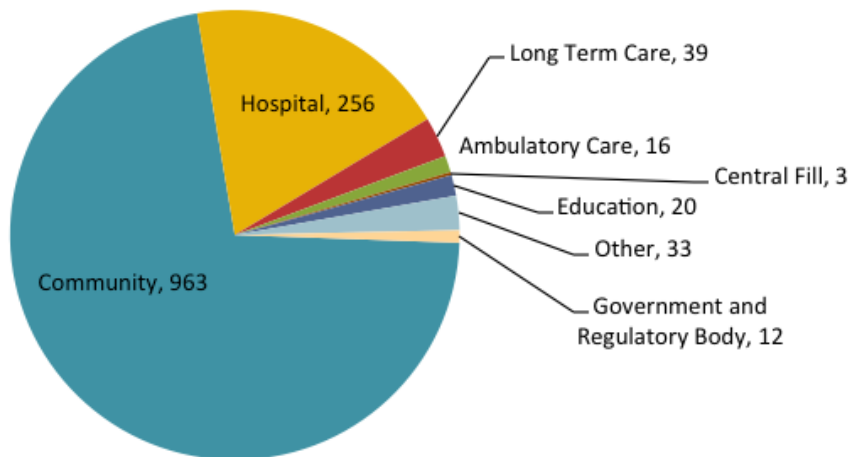


Figure 4 Pharmacists: Primary Practice Settings

Pharmacists:
 71% community practice
 19% hospital pharmacy practice

PT/PA:
 51% community practice
 42% hospital practice

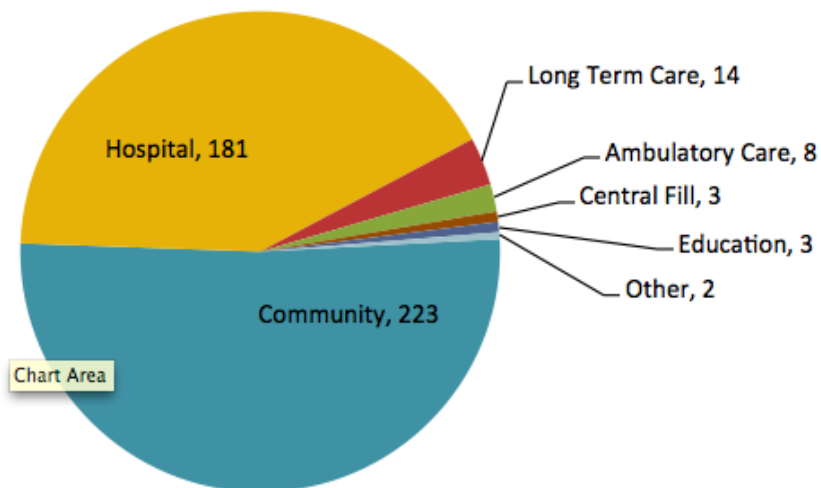
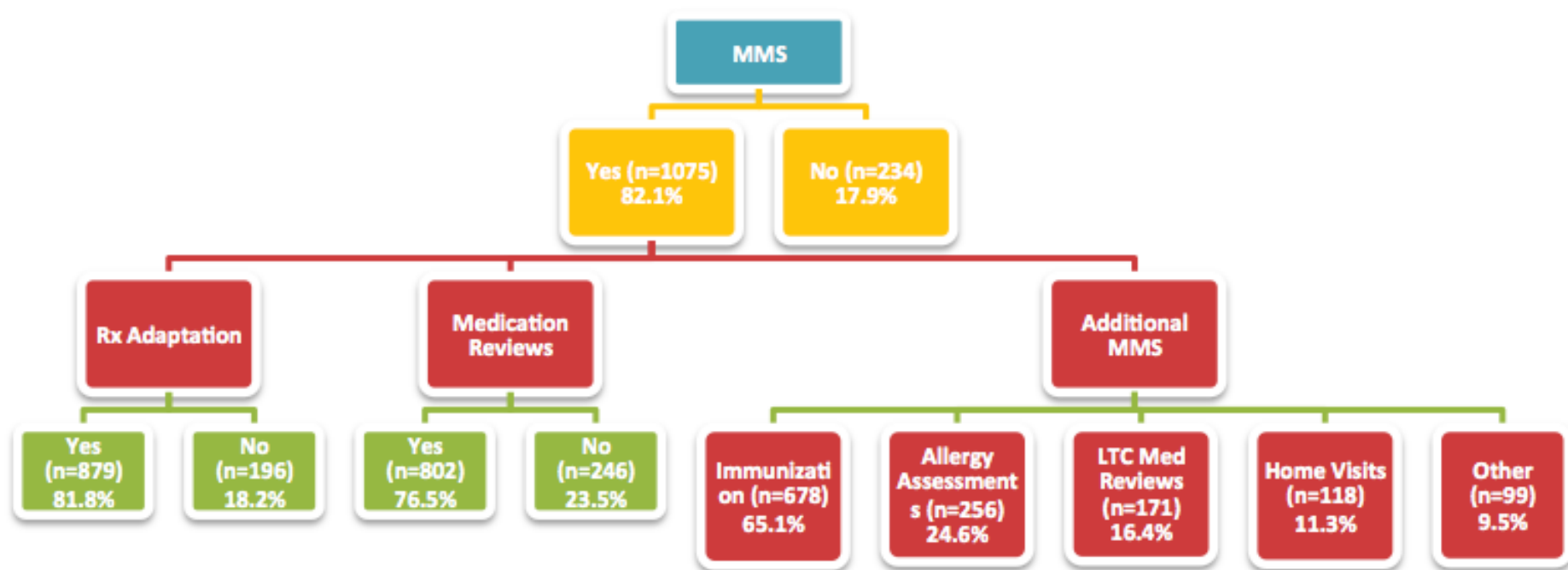


Figure 5 Pharmacy Technicians and Pharmacy Assistants: Primary Practice Settings

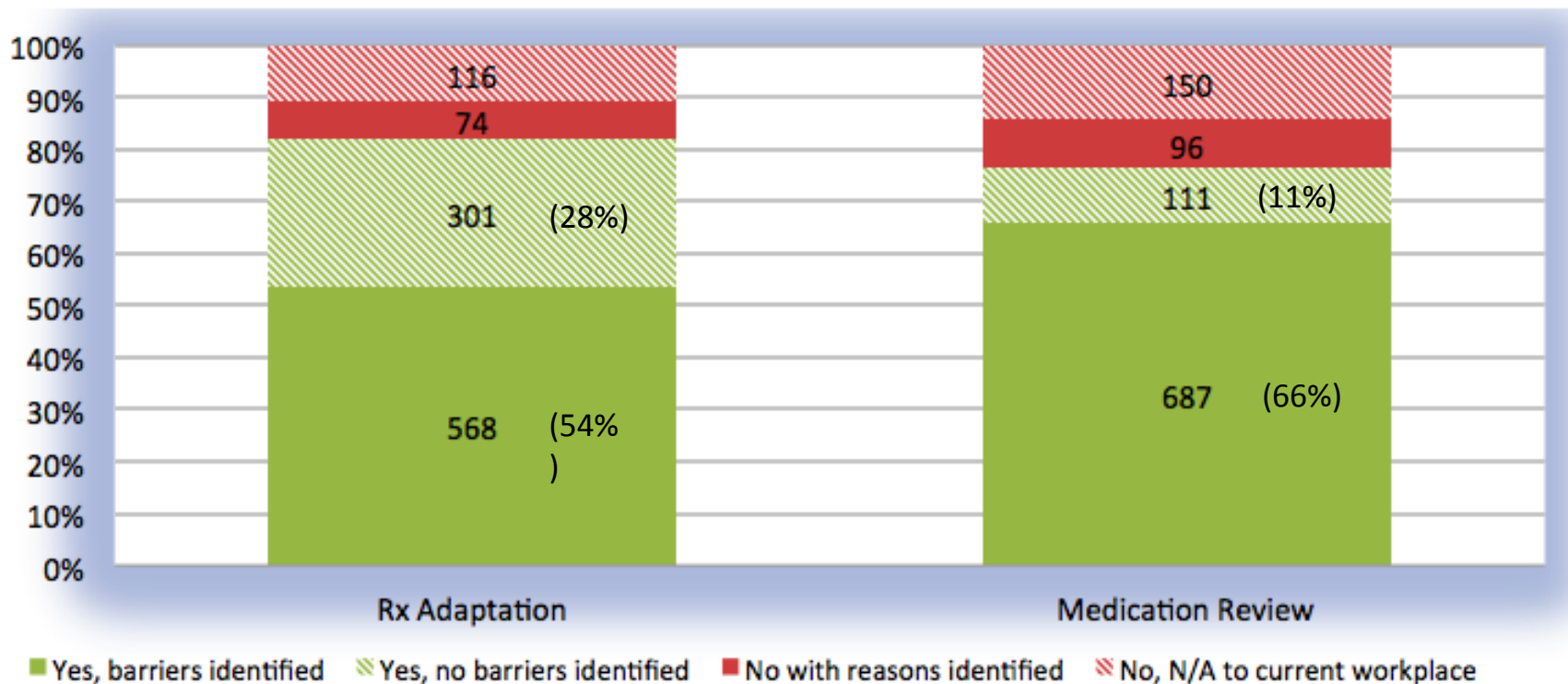
Primary Role in Current Workplace

- Pharmacists
 - 67% Staff or Clinical Pharmacist
 - 25% Pharmacy Owner or Manager
- PT/PA
 - 49% Staff Pharmacy Assistant
 - 39% Staff Pharmacy Technician
 - 9% Management

Medication Management Services Provided by Pharmacists

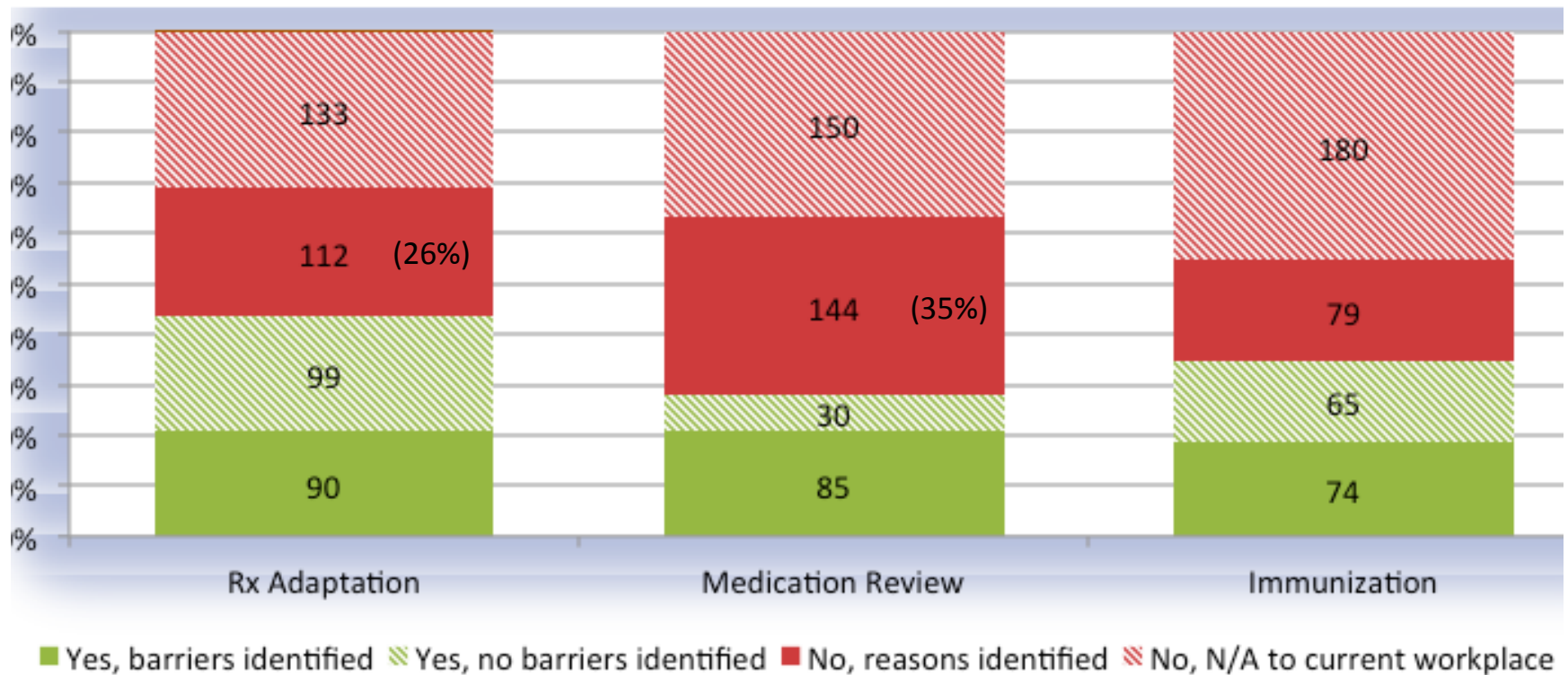


Provision of Adaptations and Medication Reviews and Barriers- Pharmacists



Provision of Adaptations, Medication Reviews and Immunizations- Barriers- PT/PA

Appendix 7



9 Proportion of Pharmacy Technicians/Pharmacy Assistants Assisting and Not Assisting Pharmacists with Medication Management Service

Reasons for NOT providing Medication Management Services

Reasons	Pharmacists	Techs/Assts
1	Lack of Time	Not delegated/requested by pharmacists
2	Lack of incentive	Lack of knowledge in policies and procedures associated with MMS
3	Lack of demand from patients	Lack of time
4	Lack of confidence in skills and knowledge	Lack of support from pharmacists/management
5	Lack of support from management	Lack of confidence in skills and knowledge

Broad Topics of Interest to Pharmacy Professionals

Top CE Topics	Pharmacists	Techs/Assts
1	Chronic Disease Management	Medication Management Services
2	Laboratory & Diagnostic Testing	Collaboration & Communication
3	Medication Review Services	Compounding
4	Adaptations	Medical Devices
5	Risk Assessment Tools	OTCs & NHPs

Top 5 Educational Topics Chronic Disease Management

Pharmacists Only	Average Score	% Very important (VI) and Important (I)	% Not at all important (NI) and somewhat important (SI)
Diabetes	4.399	90.7%	2.5%
CVD Disorders	4.356	90.6%	2.4%
Psychiatric Disorders	4.306	89.5%	3.5%
Pain	4.298	87.9%	3.3%
HT	4.233	85.6%	4.8%
<u>Resp Disorders</u>	4.179	86%	4%

Top 5 Educational Topics Laboratory and Diagnostic Tests

Educational importance of CPD topics related to Lab and diagnostic tests	Average Score	% Very important (VI) and Important (I)	% Not at all important (NI) and somewhat important (SI)
Renal Function (eg. eGFR, ACR)	4.199	85.2	6
International Normalized Ratio (INR)	4.173	84.3	6.2
Hemoglobin A1C	4.086	81.8	8
Thyroid Function (eg. TSH, T4)	4.049	80.7	7
Fasting Blood Glucose (FBG)	4.045	79.5	8.1

Top 5 Topics

Medication Review Services

Pharmacists	Average Score	% Very important (VI) and Important (I)	% Not at all important (NI) and somewhat important (SI)
Patient Assessment	4.178	85.2%	5.6%
Med Management/Rationale	4.164	85.2%	5.6%
Documenting Med Management intervention/rationale	4.073	83.3%	6.3%
<u>MedRec</u>	4.052	80.3%	6.7%
Best Possible Medication History (BPMH)	4.029	80.2%	7.5%

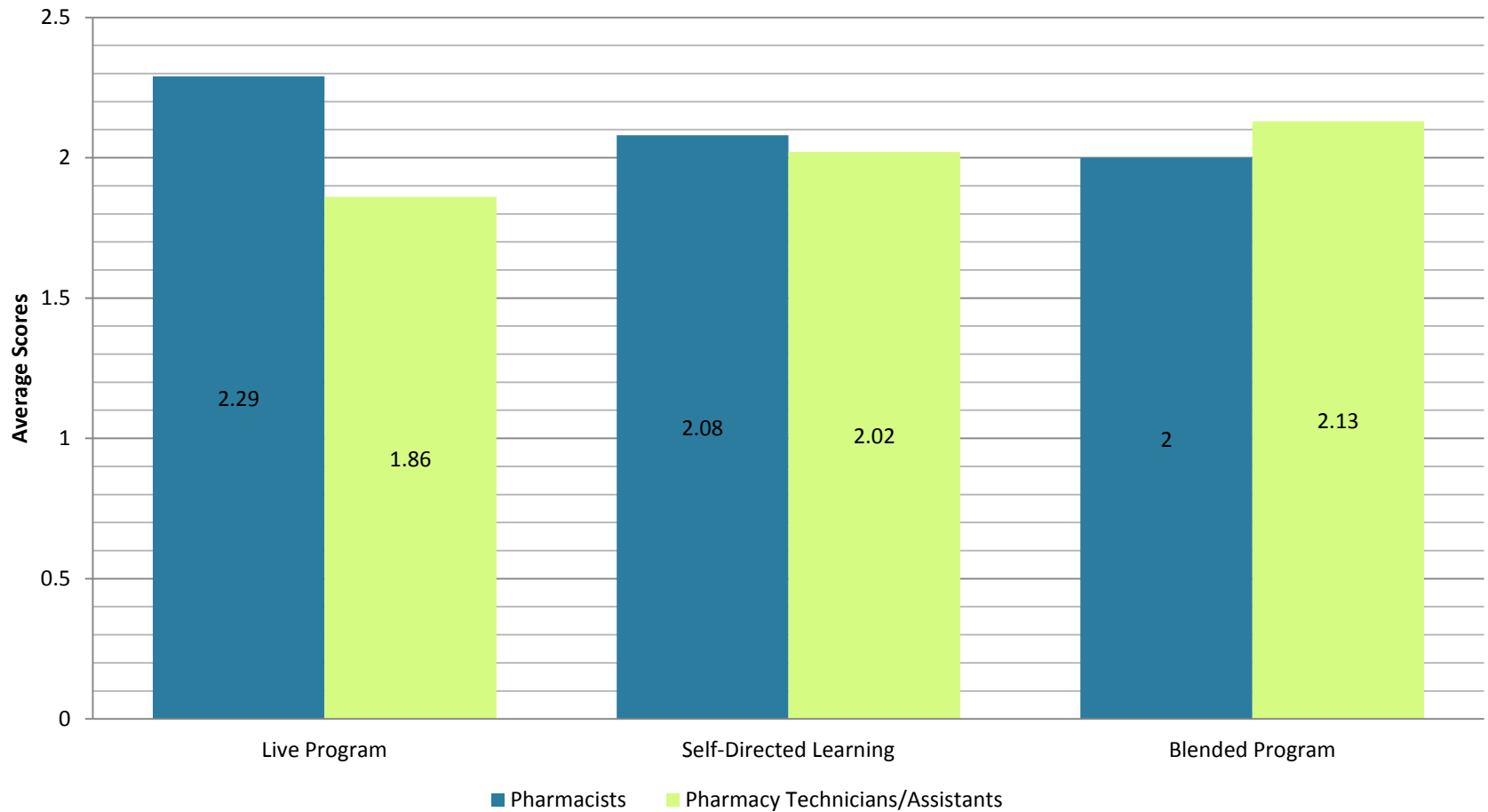
Perceived Value of Topics Related to Collaboration and Communication

Pharmacy Technicians/Pharmacy Assistants	Average Score	% Very important (VI) and Important (I)	% Not at all important (NI) and somewhat important (SI)
Patient safety and quality improvement	4.551	95.3%	1.5%
Creating a supportive workplace	4.507	93.0%	1.7%
Problem solving skills	4.426	92.2%	2.0%
Dealing with workplace and <u>interprofessional conflicts</u>	4.385	89.2%	1.5%
Verbal and written communication skills (empathy and communication strategies for language barriers)	4.355	89.1%	2.3%
Documentation skills and tools (BMPH, MARs)	4.326	88.7%	2.6%
Building collaborative teams	4.300	87.8%	3.2%
Sustainability in healthcare	4.295	85.7%	1.8%
Understanding roles and responsibilities of interdisciplinary team members	4.249	83.8%	2.3%

Perceived Value of Topics Related to Professionalism

Pharmacy Technicians/Pharmacy Assistants	Average Score	% Very important (VI) and Important (I)	% Not at all important (NI) and somewhat important (SI)
Scope of practice	4.566	95.3%	2.1%
Privacy and confidentiality	4.504	92.0%	2.1%
Professional ethics & ethical decision-making	4.447	93.2%	2.4%
Roles & responsibilities	4.421	91.1%	2.4%
Changes in federal and provincial legislation (including regulations, bylaws)	4.342	89.1%	3.2%
Corporate ethics & conflict of interests	4.164	84.5%	4.4%

Learning Format Preferences for BC Pharmacy Professionals



Preferred Live Learning Formats

Preference	Pharmacists	Techs/Assts
1	Case Study/PBL	Case Study/PBL
2	Lecture	Workshop with small discussion groups
3	Online live webinar	Lecture
4	Workshop with small discussion groups	Online live webinars
5	Videoconference	One-on-one sessions (Peer mentoring)

Preferred Day/Month for Live Programming

- No significant difference between pharmacists & tech/assistants regarding preferred days/months/lengths for live programs
- Summer months (June, July & Aug) and December least preferred months
- Friday least preferred day
- Saturday & Sunday most preferred days

Preferred Length of Live Program

Preference	Program Length
1	1-2 hr weekday evening
2	Half-day weekend
3	Half-day weekday
4	1-2 hr weekday breakfast
5	Full-day weekend

Preferred Self-directed Learning Formats Appendix 7

Preference	Pharmacists	Techs/Assts
1	Print materials	Print materials
2	Online, asynchronous video presentations	Online, interactive modules delivered via LMS
3	Online, interactive modules delivered via LMS	Online text-based learning
4	Online text-based learning	Online, asynchronous video presentations
5	Podcasts	DVDs

Preferred Self-directed Learning Styles

Preference	Pharmacists	Techs/Assts
1	Independent Learning	Independent Learning
2	Chronological, scheduled learning	Chronological, scheduled learning
3	Facilitator/instructor led learning	Facilitator/instructor led learning
4	Learning with a cohort of other distance learners	Tutoring or mentoring support
5	Collaborative learning using various communication tools	Collaborative learning using various communication tools

Barriers to Participation in CE Programs

Barriers	Pharmacists	Techs/Assts
1	Conflict with work commitments	Cost of program
2	Cost of program	Conflict with work commitments
3	Conflict with personal/family commitments	Conflict with personal/family commitments
4	Location/accessibility of program	Location/accessibility of program
5	Lack of interest	Parking fees

Recommendations

Key Themes re Educational Needs

Pharmacists

- Prescription Adaptation
- Medication Review Services
 - Patient Assessment- Physical and Laboratory Assessment
 - Documentation
 - Medication Management Process
 - Best practices for integration of PT/PA into workflow
 - Chronic Disease Management- Risk Assessment
- Collaboration- working with other H/C team members

Recommendations

Key Themes re Educational Needs

- PT/PA
 - Documentation
 - Policies and Procedures re Medication Management Services
 - Medical Device knowledge and patient teaching opportunities
 - Collaboration
 - Working with pharmacists
 - Working with other healthcare team members

CPBC Strategic Plan Theme 2

Interdisciplinary Relationships

- Intra-professional communication skills
- Inter-professional communication skills
- Working together, the roles of pharmacists and PT/PA in the provision of pharmacy services
- Maximizing scope of practice of all pharmacy professionals

CPBC Strategic Plan Theme 3

Scope of Practice

- Integration of PT into community practice
 - Understanding roles, communication
- Access to patient laboratory data
 - Interpretation of laboratory tests
 - Interpretation of risk assessment tools
- Addressing barriers to the provision of Medication Management Services

CPBC Strategic Plan Theme 4 Standards

- PRP – 4 key elements
 - Verification of ID
 - Documentation
 - Counselling
 - PharmaNet Check
- PT/PA to assist in collection of data
- Chronic Disease programs re counselling

CPBC Strategic Plan Theme 5 Technology

- PharmaNet 2
 - Access to laboratory data
 - Interpretation of laboratory data and risk assessment

Interprofessional Workshop

Topic- Diabetes, Hypertension/CVD

- Pharmacists and Pharmacy Techs/Assistants
 - Initial session together on pathophysiology, epidemiology
 - Breakout sessions
 - PT/PA- information gathering, Medical Devices, Documentation
 - Pharmacists- Medication update, Drug Interactions, Documentation of Clinical Activities
 - Whole group together
 - Roles of PT/PA in medication management
 - Counselling and Communication skills

Thank You





College of Pharmacists
of British Columbia

16. Quality Assurance Committee Update

Goal 3 - Scope of Practice

(a)(i) Enhance availability of continuing education tools and program

Goal 4 - Standards

(e) Align continuing education requirements with evolving practice and standards

Presented by: Agnes Fridl Poljak

Date: November 21st, 2014

Background

The College collaborated with UBC Faculty of Pharmaceutical Sciences, Division of Continuing Pharmacy Professional Development to conduct an educational needs assessment survey for BC pharmacy professionals

- Opened on September 8th, 2014
- Closed on October 5th, 2014



Survey Objectives

1. Identify the scope of medication management services currently provided by pharmacy professionals
2. Identify reasons why these services are **NOT** provided and explore potential educational opportunities to resolve knowledge gaps



Survey Objectives (continued)

3. For those pharmacy professionals who **DO** provide medication management services, identify barriers to provision of these services and potential educational opportunities to resolve knowledge gaps
4. Identify general educational needs and priorities for pharmacy professionals
5. Identify the types and formats of continuing education programs that will meet the needs and learning styles of pharmacy professionals



Provincial Continuing Education Needs Assessment Survey

Following review of the results of this survey, the QAC made the following recommendations to the Board:

That UBC Continuing Pharmacy Professional Development:

1) Develop and deliver an interdisciplinary continuing development workshop for pharmacists and technicians. The workshop would focus on one therapeutic area (eg. diabetes) and be delivered in a blended format incorporating both live and online learning (pre-readings).



Provincial Continuing Education Needs Assessment Survey

2) Develop and deliver a Clinical Skills Workshop on Physical Assessment

3) Develop and deliver an online Clinical Skills Workshop on the Interpretation of Laboratory Values

4) Work with the Practice Review Program to identify tools in support of evolving practices and standards



Provincial Continuing Education Needs Assessment Survey

5) Develop and deliver interdisciplinary workshops on the topics of Cardiovascular Disorders and Psychiatric Disorders

6) Undertake a focused needs assessment in Fiscal Year 2015-16 based on findings of the Practice Review Program



Proposed Motion

That the Board approve the QAC recommendation to have UBC Continuing Pharmacy Professional Development develop and deliver the listed components.





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17. Practice Review Committee Update

Goal 4 - Standards

(d) Inspections: Confirmation of Community Pilot Program Launch

Presented by: Bob Craigie

Date: November 21st, 2014

Practice Review Program Update

Business Stream:

Update	Next Steps
Continuation of work on Practice Review forms	Completion of work on Practice Review forms <ul style="list-style-type: none">• Field testing
Complete development of Compliance Officer training materials	Confirmation/implementation of program policies
Complete development of detailed hospital practice plan	Train Compliance Officers



Practice Review Program Update

Communications / Stakeholder Stream:

Update	Next Steps
Presented at the Online Panel on November 3rd, 2014	Develop materials for PRP launch for registrants and public
Discussions re: hospital pharmacy implementation	Finalize identification badges for Compliance Officers
Key messages for the public continue to be reinforced on social media	
10-year exemption issue effectively communicated	



Practice Review Program Update

Legislation / Enforcement Stream:

Update	Next Steps
Privacy Impact Assessment (PIA) draft complete	Complete Privacy Impact Assessment (PIA)
Bylaws filed on September 29th	Bylaws come into force on November 28th



Practice Review Program Update

Human Resources / Operations Stream:

Update	Next Steps
Compliance Officers hired to start on December 1st, 2014	Determine resources for pre-opening, renovation, relocation and closure reviews
	Train Compliance Officers



Practice Review Program Update

IT Stream:

Update	Next Steps
Review statements/questions entered into PRP Application	Field testing
Building ETL and database to hold data	Set up home offices for Compliance Officers
	Train Compliance Officers <ul style="list-style-type: none">• Equipment and web application



Practice Review Program Update

Issue	Progress
PRC Terms of Reference and Membership	Please see briefing note 17(i) and 17(ii) in the November 2014 Board package
Prioritization structure: <ul data-bbox="330 733 909 882" style="list-style-type: none">• PharmaNet data• Investigations / Complaints resolution data	The PRC approved the following risk factor prioritization guideline: <ul data-bbox="971 836 1551 1182" style="list-style-type: none">• Of the 40% of reviews that are risk based, approximately 30% will be driven by complaints data and the other 70% will be driven by PharmaNet data from the Ministry of Health.





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17(i) PRC: Terms of Reference

Goal 4 - Standards
(d) Inspections

Presented by: Bob Craigie
Date: November 21st, 2014

Background

At the April 25th, 2014 Board meeting, the Board established the Practice Review Committee (PRC) and approved it's Terms of Reference (Appendix A) for the development and maintenance of the Practice Review Program (PRP).

As per the current Terms of Reference, 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.



Background (continued)

College staff received feedback from the Ministry of Health that the PRC's membership needs to be consistent with the membership of the other legislated committees.

As per the Bylaws and the current Terms of Reference of other legislated committees (Registration, QAC), their 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.



Background (continued)

At the June 2014 Board meeting, the Board approved

- the Bylaws for posting that included the PRC structure which is consistent with the above requirements.

In order for the PRC to be properly constituted, the Board will need to approve an amended Terms of Reference (Appendix B) and appoint two more public members.



Proposed Motion

MOTION (as amended):

That the Board amend the Membership section of the Terms of Reference of the Practice Review Committee (PRC) to read:

- *At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).*
- *At least 1/3 of its members must be public representatives, of which at least one of whom must be an appointed Board member.*





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17(ii) PRC: Membership

Goal 4 - Standards
(d) Inspections

Presented by: Bob Craigue
Date: November 21st, 2014

Background

Based on the amended Practice Review Committee Terms of Reference, the Board needs to appoint two more public members in order to be properly constituted.

A number of individuals from a wide variety of fields have expressed keen interest in serving on the Practice Review Committee. Applications of interest are attached as Appendix A in the briefing package for consideration by the Board.



Public Committee Member Applicants

- **Anil Aggarwal**
- **Frank Archer**
- **Joanne Konnert**
- **Howard Kushner**
- **Xiao Min Hilda Liu**
- **Alison Rhodes**
- **John Scholtens**
- **Ann Wicks**



Proposed Motion

That the Board appoint _____ and _____ as public members of the Practice Review Committee (PRC).





Presentation to the Board of the College of Pharmacists of British Columbia

November 2014

Delegation of Depot Injections

Lower the barrier to access of depot injections for mental health patients in Vancouver's Downtown Eastside



- 47% of the Single Resident Occupancy population suffers from psychosis

- 47% of the Single Resident Occupancy population suffers from psychosis
- over 70% suffer some mental health condition



Physician specialists, nurses,
clinical pharmacists, university
research students and outreach
workers





Delegation of depot injections

- anti-psychotic medications
- birth control

Dr. Bill MacEwan

Clinical Professor, Department of Psychiatry, UBC
and Department Head of Psychiatry,
St. Paul's Hospital

Pier clinical pharmacists

Delegation of depot injections

- anti-psychotic medications
- birth control



- Certification in injection authority by CPBC
- four hours treating patients
- ten successful injections

- 12 months duration
- quarterly evaluation

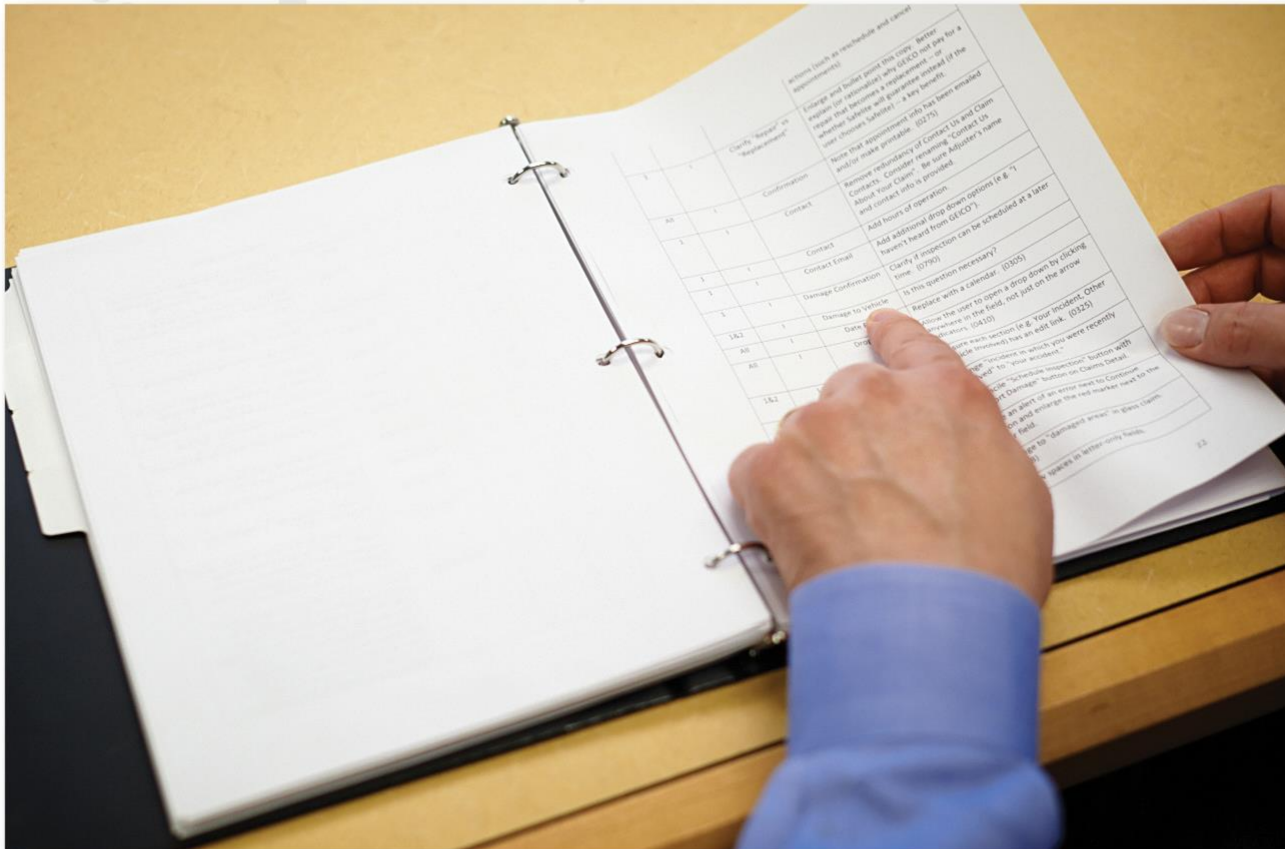








“Delegation of a Medical Act”
allows persons other than
physicians to be entrusted with
performing a medical act



“Delegation of a Medical Act”
allows persons other than
physicians to be entrusted with
performing a medical act

- delegating physician has responsibility to the patient
- administering person must do so with care and diligence and is legally liable if negligent

Conclusions

Conclusions

- Interdisciplinary Relationships

Conclusions

- Interdisciplinary Relationships
 - Scope of Practice





5000 complex residents



5000 complex residents
3500 mental health patients

5000 complex residents
3500 mental health patients
50% clinical psychosis



CLOZAPINE

Pharmacy Instructions

Submit a primary claim using the following pharmacy process
For processing questions and comments please call the Pharm

Member ID: Enter Year & Time (Example: Year 2012; Tim

RxPCN: 7777

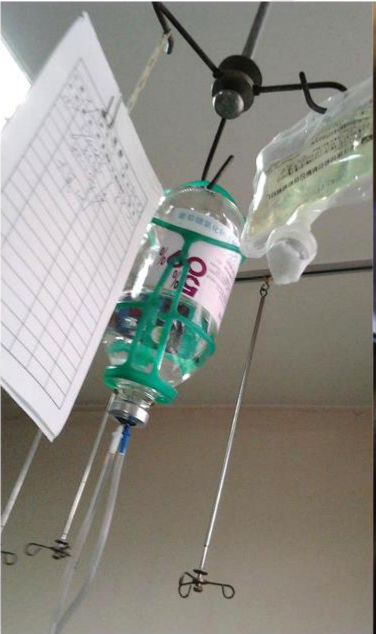
RxBIN: 610709

RxGRP: RXCOUPON

THI

Customer Service:
800-726-4232

Pharmacy Helpline:
877-321-6755





Help stabilize and increase the quality of life for DTES residents



pier
HEALTH RESOURCE CENTRE

18. Delegation of Depot Injections Pilot

MOTION (as circulated):

That the Board approve pharmacist administration of depot medications through the Pier Health Pharmacy Pilot for a period of 12 months.

MOTION (as amended):

That the Board approves the administration of depot injections by pharmacists, as delegated by Dr. MacEwan and authorized by the College of Physicians and Surgeons for a period of 12 months.





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Advanced Practice Pharmacist (APP) Stakeholder Consultation Update

Cam Egli, Director of Hospital Pharmacy and Technology

3. Scope of Practice

b (iv) – Advanced Pharmacist Practice Certification

APP Stakeholder Consultation Plan

- Identify key stakeholders and set up informal sessions to elicit feedback on “the best way to move forward”
- Provide identified stakeholders in advance with a one page summary of key elements of the APP to generate questions/conversation
- Engagement used four consistent questions – not shared in advance
- Document feed back from stakeholders and look for best advice and “red flags”



Four “Focusing” Questions

1. What impacts will the APP Program have on your registrants?
2. What kinds of issues could arise while working with an APP pharmacist?
3. What do you see as the benefit of having an APP pharmacist in a collaborative health care practice environment?
4. Your thoughts on strategies to move this initiative forward?



APP Stakeholder Consultations

Stakeholder Group	Meeting Status
Canadian Society of Hospital Pharmacists	Complete
College of Registered Nurses of B.C.	Complete
College of Dental Surgeons of B.C.	Complete
College of Physicians and Surgeons of B.C.	<i>Scheduled</i>
Doctors of B.C. (BCMA)	<i>Scheduled</i>
British Columbia Pharmacy Association	<i>Scheduled</i>
College of Licensed Practical Nurses of B.C.	Tentative
The Association of Nurse Practitioners of B.C.	Tentative



APP Stakeholder Consultation Results

Stakeholder groups were receptive during the APP consultation meetings, and provided constructive feedback.

There were no major concerns from any of the stakeholder groups; all groups offered to continue providing feedback as the planning progresses.



APP Stakeholder Consultation Results

Common feedback focused on:

- practice settings of Advanced Practice Pharmacists
- clear communication of the new role to prevent 'scope creep'.
- clarification that the Advanced Practice Pharmacist would *not* be a new class of registrant.
- clarification that an Advanced Practice Pharmacist would not be able to prescribe Schedule 1a medication.
- further examples of how an Advanced Practice Pharmacist would prescribe – what can a patient expect?



APP – Next Steps

College staff will be meeting with the remaining stakeholder groups.

Once the consultation meetings are complete, feedback will be used to inform the development of the College's submission to the Ministry of Health for the establishment of the APP Program.





College of Pharmacists
of British Columbia

e- Library Update

Strategic Plan

5. Technology

b. e-Library

November 21, 2014

Background

- PODSA Bylaw 3(2)(w): a pharmacy manager must ensure the pharmacy contains the reference material and equipment approved by the board from time to time
- required references for pharmacies are further detailed in Professional Practice Policy (PPP-3)
- PPP-3 details nine categories of required references for community practice as well as sets policy for long-term care, hospital and specialty practices
- references maybe paper-based or on-line



e-Therapeutics+ Complete

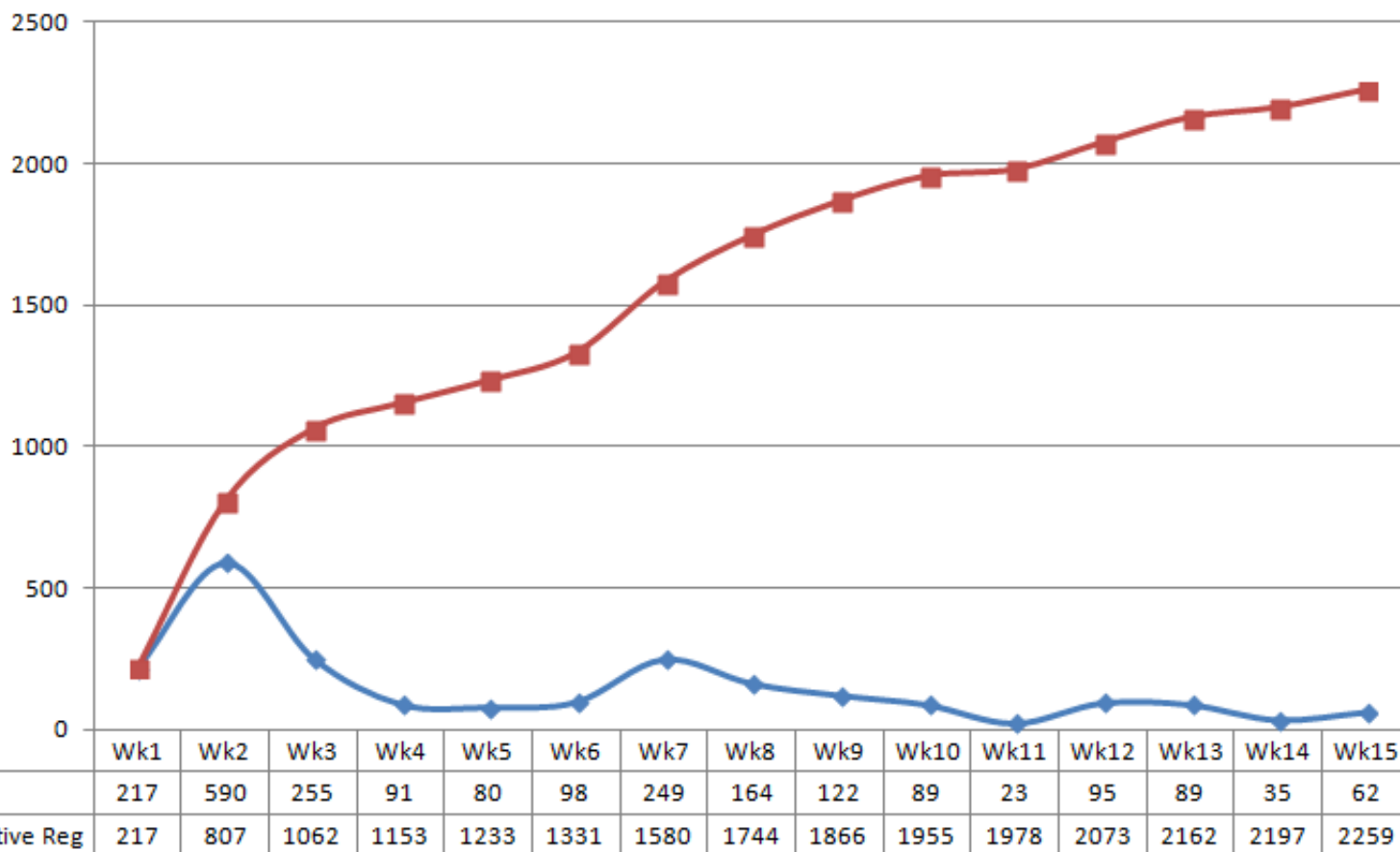
- an online database produced by Canadian Pharmacists Association
- fulfills reference requirements of PPP-3 in four categories
- 2 year subscription contract signed July 29, 2014 for all registrant access
- soft launch August 1, 2014
- August 6, 2014 first formal communication with follow-up on September 15, 2014



e-Therapeutics Complete – Activated Accounts to Date

e-Therapeutics+ Complete Registration Summary

College of Pharmacists of British Columbia



E-Therapeutics Database Overview

ALREADY A SUBSCRIBER?

Username:

Password:

(Note: Passwords are case sensitive)

Introducing our new, easier log in.

Simply enter your username & password and click "Log in". There's no need to select your product anymore. Subscribe to more than one product? The next screen lets you choose the one to access.

Log in

[Forgot your password or username?](#)

[How to set up automatic log in](#)

Note: After 30 minutes of inactivity the system will log you out automatically.

NOT YET A SUBSCRIBER?

CPS CPS

eCPS eTherapeutics+

Keep your finger
ON THE PULSE
 of ever-changing clinical information.

TO LEARN MORE OR TO SUBSCRIBE

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E-Therapeutics Database Overview

[Home](#)[Therapeutic Choices](#)[e-CPS](#)[Minor Ailments](#)[Products for Minor Ailments](#)[Drug Interactions](#)[Info for Patients](#)[What's New](#)[Search e-CPS](#)[Health Canada Links](#)[Public Drug Programs](#)[Recommended Links](#)[Product Tour](#)[FAQ](#)

Introducing a New Drug Interaction Tool

Users will now have access to a new drug interaction checker in e-Therapeutics+. PEPID's interaction tool checks for possible interactions between a patient's entire medication regime — including prescription and non-prescription drugs, herbal products, supplements and foods. It provides a ranked listing of all interactions and a description of each reaction, and it includes drug-drug, drug-allergy, drug-nutrient, drug-alternative medicine and drug-food.

Last updated: November 18, 2014



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E-Therapeutics Database Overview



- **Home**
- **Therapeutic Choices**
- **e-CPS**
- **Minor Ailments**
- **Products for Minor Ailments**
- **Drug Interactions**
- **Info for Patients**



E-Therapeutics Database Overview



- **Home**
 - search e-CPS
 - Health Canada Links
 - Public Drug Programs
 - Recommended Links
 - Product Tour
 - FAQ



E-Therapeutics Database Overview



- **Therapeutic Choices**
 - Search Tool
- **e-CPS**
 - Drug Monographs
 - Drug Updates
 - Clin-Info
 - Directories
 - Product Identification Tool
 - Glossaries



E-Therapeutics Database Overview



- **Minor Ailments**
 - Search Tool
- **Products for Minor Ailments**
 - Search Tool
- **Info for Patients**
 - Search Tool



E-Therapeutics Database Overview



- Drug Interactions

Found 2 interactions for 2 subjects.

Show 10 ▾ entries			
Severity ▾	Drug 1 ⬆	Drug 2 ⬆	Details
3	RIFAMPIN	CARBAMAZEPINE	RIFAMPIN will decrease the level or effect of CARBAMAZEPINE by decreasing the activity of the enzyme CYP3A4 metabolism. Possible serious or life-threatening interaction. Use alternatives if available.
2	CARBAMAZEPINE	RIFAMPIN	CARBAMAZEPINE will decrease the level or effect of RIFAMPIN by decreasing the activity of the enzyme CYP3A4 metabolism. Significant interaction.

Showing 1 to 2 of 2 entries



e-Therapeutics Highlights

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA



McGill

- ❖ Each week College of Family Physicians of Canada and CPhA members receive a highlight from e-Therapeutics, Canada's authoritative source for choosing and managing drug therapy by e-mail
- ❖ Physicians simply review the content, answer the Information Assessment Method (IAM) questionnaire and earn Main Pro credits
- ❖ Comments are collected anonymously using rules developed by CPhA and McGill and the feedback is integrated into the information management cycle and contributes to optimizing evidence-based drug and therapeutic information.



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CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

E-Therapeutics Database Overview



- Seek the patient's understanding and cooperation regarding general principles of therapy, and monitor laxative tolerance.
- **Prucalopride, a 5-HT₄ receptor agonist with GI prokinetic activities, is approved for the treatment of idiopathic chronic constipation in females.²⁶ Prucalopride may increase the number of spontaneous complete bowel movements per week and improve satisfaction with bowel function, perception of constipation severity and patient-assessed symptom scores.^{27,28} Safety and efficacy of prucalopride have not been evaluated beyond 12 weeks' duration.^{27,28} Prucalopride is best reserved for initiation by a clinician with experience in treating chronic constipation when conventional laxatives from at least 2 different classes fail to adequately relieve symptoms [Evidence: SORT B].^{26,29,30} Reconsider the benefit of continuing therapy with prucalopride if response to treatment is inadequate after 4 weeks.²⁶** Earn CEUs





College of Pharmacists
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Discipline Cases - Update

Board Meeting

November 21, 2014

Presented by:

Suzanne Solven, Deputy Registrar

2014 Statistics – Year to Date



Manijeh Farbesh

Dec 1, 2008	1 st interim suspension
Feb 10, 2009	Appeal/negotiated return of registration with conditions to work in a slow pharmacy and requiring a practice audit
April 3, 2009	2 nd interim suspension
Aug 17, 2009	Appeal to BCSC/suspension upheld
Nov 2009	Discipline hearing over 10 days
Feb 25 & June 29 2010	Discipline orders guilt on 5/7 counts imposing cancellation of registration and \$35,000 cost award
Feb 17, 2014	Appeal to BCSC on guilt and penalty



Manijeh Farbeh

2011	Before appeal was heard, Farbeh applied to Court to be reinstated pending appeal, but was unsuccessful
Dec 14, 2011	BCSC decision – panel erred in respect of counts 1&2 & referred matter back to the discipline panel for reconsideration.
Jan 10, 2012	College appealed to the BCCA/ but first had to obtain an order for leave to appeal. Only granted leave on 1 of 3 issues
Feb 1, 2013	BCCA set aside BCSC decision and sent matter back to the panel for hearing on counts 1&2.
March 12, 2014	Discipline hearing held again
May 2014	Penalty decision and addendum to decision was issued – reconfirmation of cancellation of registration and costs decreased to \$30,000
Nov 5/6, 2014	Appeal to the BCSC

Ali Laal

2006	First came to College attention – disciplined and reached consent agreement in Ontario
2007 & 2008	Complaints to College – investigation stalled because police were investigating
April 2008	Inspection of Laal’s pharmacy scheduled for April 2008 postponed as police advised unsafe
July 16, 2009	Inspection started but stopped when an unregistered loaded firearm found in the pharmacy. Inspection completed a few weeks later.
July 2009	Suspended from practice
November 2009	Reinstated with conditions
November 2011	Discipline hearing set to commence



Ali Laal

November 2011	1 st day of hearing – Laal’s counsel filed an application to quash the citation on the basis that the timeliness provisions under HPA had not been met. Hearing adjourned. Panel decided case should proceed.
June 2012	Panel’s decision appealed to the BCSC in Victoria – Laal’s counsel position was flawed – he withdrew the appeal.
April 2013	Discipline hearing proceeded without Laal in attendance
June 2013	Panel found Laal guilty of sexual misconduct and firearms offences.
Sept 2013	Registration cancelled and order of \$99,000 in costs
Nov 2013	CPBC obtains injunction from the BCSC for unauthorized practice
Dec 2014	CPBC contempt application to be heard



CBC Complaint

- Sept 2, 2013, CBC news Segment “Go Public” reported that narcotic prescriptions had been filled at multiple pharmacies over a period of 6 years using 2 sisters’ care card numbers
- Discovered when the alleged impersonator was charged with stealing a bottle of 208 oxycodone tablets from a shoppers drug mart
- According to the news report, 260 individual prescriptions had been dispensed under the sisters’ names, mostly for oxycodone 20mg, between January 2007 and January 2013. Issues noted in news report:
 - Multi-doctoring
 - Poly pharmacy
 - Large amounts of narcotics dispensed with short intervals between each dispense



CBC Complaint

34 pharmacies & 100 registrants involved!

Results:

- ✓ 20 letters of advice to managers (who were not involved, but dispensing activity happened at the pharmacy of which they were managing)
- ✓ 25 letters of advice to pharmacists
- ✓ 60 letters of undertaking to pharmacists and managers
- ✓ 10 letters of reprimand
- ✓ 1 file that is being further investigated



Rudy Sanchez

Jun 14, 2010	Registration of Sanchez and license of pharmacy suspended
Sep 16, 2011	Resolution via consent
April 2013	College received complaint from a doctor who alleged that Sanchez engaged in inappropriate practices; inquiry committee attempts to resolve via consent agreement and also opens a new “own motion” investigation to investigate competency
Feb 2014	Another complaint is received and attempted to be resolved via consent agreement
March 4/5 2014	6 college inspectors attend Marigold pharmacy to conduct a comprehensive review
July 2014	April 2013 & Feb 2014 complaints – citations issued



Rudy Sanchez

Sept 18, 2014	<p>Inquiry committee decision for interim suspension of registration of Sanchez and suspension of Marigold pharmacy license pending further investigation</p> <p>Based on allegations at this point:</p> <ul style="list-style-type: none">• Manufacturing without valid licenses• Inadequate compounded practices• Human placenta encapsulated without regard for regulatory approval and safety protocols• Providing consultation on alternative drug therapies outside scope of pharmacy practice
Sept 26, 2014	5 college inspectors attend Marigold pharmacy - deliver notice of suspensions and remove drugs/evidence



Amir Shahidi

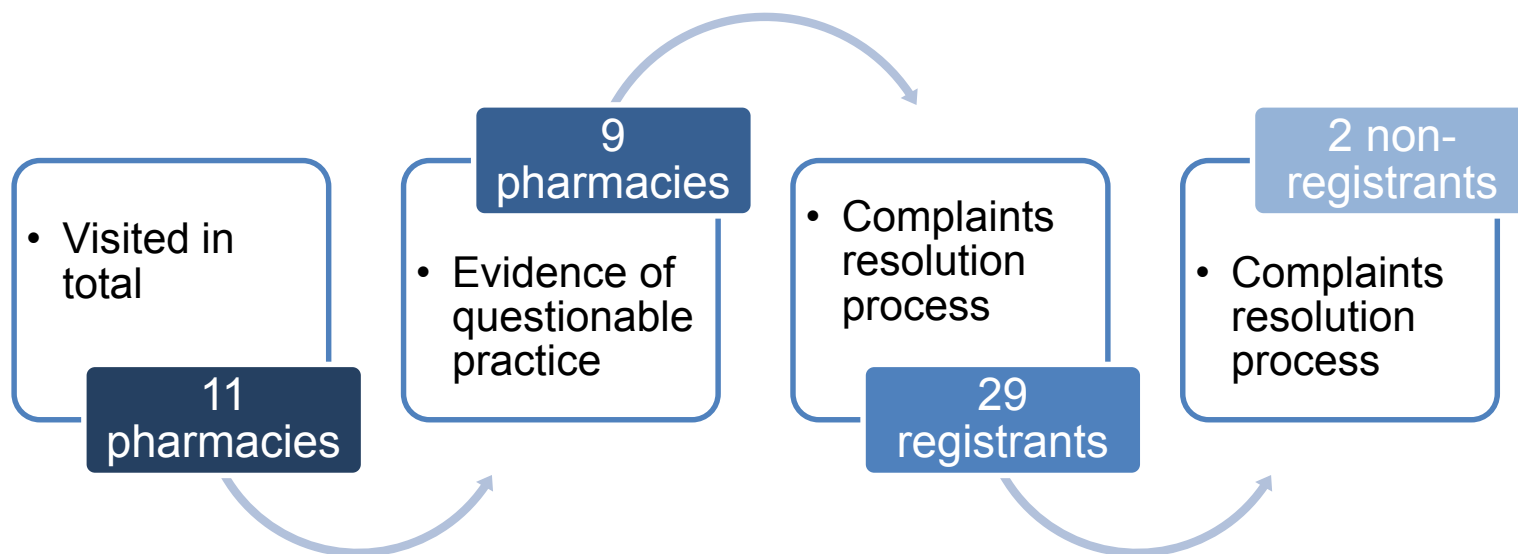
February 7, 2014

Amir Shahidi

Amir Shahidi has tendered his resignation as a registrant of the College to the Inquiry Committee. The Committee has accepted the resignation and cancelled a Citation pursuant to sections 36(1)(d) and 37(4) of the *Health Professions Act* since the hearing is no longer necessary nor in the best interests of the College, the registrant or the public.



Undercover Results – to date



Questions

