College of Pharmacists
of British Columbia

Board Meeting
February 19th and 20th, 2015
200-1765 West 8th Avenue,
Vancouver, BC

MINUTES

February 19th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Blair Tymchuk, Vice-Chair, District 3 Board Member
Ming Chang, District 2 Board Member
Blake Reynolds, District 4 Board Member
Bob Craigue, District 5 Board Member
Aleisha (Thornhill) Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
Norman Embree, Public Board Member *(via videoconference)*
Kris Gustavson, Public Board Member
George Walton, Public Board Member

Regrets:
Agnes Fridl Poljak, District 1 Board Member
Jeremy Walden, Public Board Member

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Mary O'Callaghan – Chief Operating Officer
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**

   Chair Dossa called the meeting to order at 1:03pm on February 19th, 2015.

2. **CONFIRMATION OF AGENDA**

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

    Approve the Agenda for the February 19 - 20, 2015 Board meeting as circulated.

    CARRIED

3. **APPROVAL OF MINUTES**

    a) **November 21, 2014 (Appendix 1)**

    *   Correction - spelling of Bal Dhillon's name

        It was MOVED (M. Chang) and SECONDED (B. Tymchuk) that the Board:

        Approve the November 21, 2014 Board Meeting Minutes as amended.

        CARRIED

    b) **January 21, 2015 (Appendix 2)**

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

        Approve the January 21, 2015 Board Meeting Minutes as circulated.

        CARRIED

4. **BOARD MEETING EVALUATION FEEDBACK**
    Chair Dossa went over the results of the Board Meeting Evaluation Feedback and suggested having the answer scale clarified for future evaluations

5. **CHAIR'S REPORT**
    Chair Dossa provided a report of College activities she has been involved in since the last Board meeting:
    *   Getting up to speed on the duties and responsibilities of the position, signing authority, etc.
    *   Participated in regular meetings with the Chair and Vice-Chair
    *   Discussed how to deal with the budget in the absence of an Audit and Finance Committee
    *   Numerous phone conversations with Registrar on Board and College issues
    *   Discussions re: Committee composition and approach
    *   Participated in the 3 committee meeting to resolve issues around Minimum Practice Hours and Structured Practical Training Requirements for return to practice
    *   Presented on Team Based Care at the National Association Board of Pharmacy meeting in Northbrook Illinois
    *   Attended monthly Canadian Society of Hospital Pharmacists council meetings and discussed
        o   Advanced Practice Pharmacist Designation
        o   Entry to Practice Pharm D and its challenges and how to prepare and continue dialogue collaboratively with BC Pharmacy Association, UBC, CSHP and the College
    *   Met with David Pavan: BCPhA president, Anthony Leung: Vice President, Government Affairs, McKesson Canada, and Board member Bal Dhillon regarding technician representation

- Participated in Practice Review Program Committee meeting and Board Self-Evaluation meeting
- Met with Deputy Registrar to discuss Legislative Committee composition and representation
- Met with Registrar regarding CBC marketplace pharmacy coverage and media training for Board members
- Met with Alberta College of Pharmacists Registrar and President

6. **REGISTRAR'S REPORT**

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

    - Participated in the College, BCPhA and CSHP AGMs
    - Participated in regular meetings with the Chair, Vice-Chair and senior staff
    - CBC Marketplace interview and numerous meetings and teleconferences on the issues that arose
    - Meeting with the CEO of the Doctors of BC re: APP
    - Meeting with the Registrar of the College of Physicians and Surgeons of BC (CPSBC) re: APP
    - Meeting with COPE 378 re: union issues arising out of collective bargaining
    - Successfully recruited a new Chief Operating Officer – Mary O'Callaghan
    - Meeting with Ministry of Health re: ePrescribing
    - Discussion with Registrars of AB and SK re: tri provincial cooperation
    - Meeting with Anthony Leong, McKesson re: correspondence to the Board re: tobacco
    - Meeting with Zahid Merali – outstanding pharmacy practice
    - Welcome to new compliance officers
    - Meeting with Northwest Telepharmacy
    - Discussion with NWT and CPSBC re: dispensing physicians
    - Regular meeting with Dean Coughtrie, UBC
    - Christmas and New Year's!
    - Robbery Prevention Working Group meeting
    - Prep for, and participation in 3 Committees meeting to resolve issues around Minimum Practice Hours and Structured Practical Training Requirements for return to practice
    - Budget discussions and preparation
    - NAPRA ad hoc working group meeting re: compounding
    - Administered the Oath of Office to Norm Embree
    - Attended the BCPhA Board meeting
    - Attended Court of Appeal to hear the application of Shopper's Drug Mart to intervene in our appeal of the incentives Supreme Court decision

    a) **Strategic Plan (Appendix 3)**

        It was MOVED (B. Craigue) and SECONDED (M. Chang) that the Board:

        Approve the Three Year Strategic Plan & Detailed Operational Plan for 2014/15 to 2016/17 as tabled.

        CARRIED

7. **FINANCE REPORT (Appendix 4):**

   a) **Audit and Finance Committee**
      i) **Terms of Reference**

   It was recommended that the membership of the Audit and Finance Committee include a finance professional with at least 5 years accounting experience who would not be required to be a College Board member.

   > It was MOVED (K. Gustavson) and SECONDED (M. Chang) that the Board:

   > *Approve the Audit and Finance Committee Terms of Reference as amended.*

   DEFEATED*

   *Tie vote, therefore motion does not pass as per HPA Bylaws s. 13(13).

      ii) **Membership Appointment**

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

   > *Appoint Norman Embree as the Board public member of the Audit and Finance Committee.*

   CARRIED

   b) **Quarter 3 2014 and Latest Estimates Current Year**

   c) **Municipal Pension Plan**

   > It was MOVED (K. Gustavson) and SECONDED (N. Embree) that the Board:

   > *RESOLVE that the Municipal Pension Board of Trustees be requested to declare, effective July 5, 2015, the provisions of the Municipal Pension Plan Rules to apply to all employees of the College of Pharmacists of British Columbia under subsection 2(1)(c)(v) of the Municipal Pension Plan Rules, and the employee eligibility rules as set out in section 3 of the Municipal Pension Plan Rules are to apply to those employees.*

   CARRIED*

   *Blair Tymchuk requested that his negative vote be recorded.

8. **NAZ WELLNESS PHARMACY HOME CARE PROGRAM**
   Zahid Merali (RPh) gave a presentation on the Naz Wellness Pharmacy Home Care Program **(Appendix 5)**.

9. **OVERVIEW OF PRIVACY LAWS AND THE PROFESSION OF PHARMACY: GOVERNANCE AND PRACTICE**
   David Loukidelis QC, who has been advising the College on a number of privacy matters, presented an overview of BC's privacy and freedom of information law **(Appendix 6)**.

10. **LEGAL AVICE – IN CAMERA**
    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*'

ADJOURN FOR THE DAY

The College of Pharmacists of British Columbia Board Meeting adjourned for the day at 4:35pm and will resume February 20, 2015.

February 20th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Blair Tymchuk, Vice-Chair, District 3 Board Member *(present for items 11 to 18)*
Agnes Fridl Poljak, District 1 Board Member *(present for items 11 to 18)*
Ming Chang, District 2 Board Member
Blake Reynolds, District 4 Board Member
Bob Craigue, District 5 Board Member
Aleisha (Thornhill) Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
George Walton, Public Board Member
Norman Embree, Public Board Member *(via videoconference)*
Kris Gustavson, Public Board Member *(present for items 15 to 25)*
Jeremy Walden, Public Board Member *(via videoconference)*

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Mary O'Callaghan – Chief Operating Officer
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

11. **CALL TO ORDER**

    Chair Dossa called the meeting to order at 9:00am on February 20th, 2015.

12. **PRACTICE REVIEW COMMITTEE (PRC):**

    a) **Launch of the Practice Review Program (PRP)**

    Board member and Chair of the Practice Review Committee Bob Craigue presented an update on the launch of the Practice Review Program **(Appendix 7)**.

    b) **Community Pharmacy Practice Reviews Early Results**

    College Compliance Officer Jane Xia presented the early results of the community pharmacy Practice Reviews **(Appendix 8)**.

13. **COMMITTEE APPOINTMENTS:**

    a) **Committee Volunteer Recruitment and Recognition**
    Vice-Chair Tymchuk presented information as circulated in the briefing package regarding committee volunteer recruitment and recognition **(Appendix 9)**.

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

    > *Adopt the guidelines as circulated:*
    > *1. Guidelines for Recruiting Public Members to Committees*
    > *2. Guidelines for Recognizing Committee Members*

    CARRIED

14. **TECHNOLOGY ADVISORY COMMITTEE (TAC) – TERMS OF REFERENCE**

    Vice-Chair Tymchuk presented information as circulated in the briefing package regarding the creation of the Technology Advisory Committee **(Appendix 10)**.

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

    > *Approve the creation of a Technology Advisory Committee with the terms of reference as circulated.*

    CARRIED

    > It was MOVED (B. Craigue) and SECONDED (N. Embree) that the Board:

    > *Approve a maximum six year membership term for all College committees.*

    CARRIED

15. **INTERDISCIPLINARY RELATIONSHIPS ADVISORY COMMITTEE – TERMS OF REFERENCE**

    Vice-Chair Tymchuk presented information as circulated in the briefing package regarding the creation of the Interdisciplinary Relationships Advisory Committee **(Appendix 11)**.

    > It was MOVED (M. Chang) and SECONDED (B. Dhillon) that the Board:

    > *Approve the creation of an Interdisciplinary Relationships Advisory Committee with the terms of reference as circulated.*

    CARRIED

16. **PHARMACY EXAMINING BOARD OF CANADA (PEBC) UPDATE**

    The College's representative to the Pharmacy Examining Board of Canada (PEBC), Omar Alasaly, presented background information on the purpose and responsibilities of PEBC and an update of PEBC examination results **(Appendix 12)**.

Chair Dossa handed the Chair to Vice-Chair Tymchuk.

17. **LEGISLATION REVIEW COMMITTEE:**

    a) **Bylaw Revisions:**
    Board Chair and Chair of the Legislation Review Committee Anar Dossa presented information as circulated in the briefing package regarding proposed revisions to HPA and PODSA Bylaws **(Appendix 13)**.

i) **Community Pharmacy Standards of Practice**

It was MOVED (B. Craigue) and SECONDED (B. Dhillon) that the Board:

Approve the draft Health Professions Act Bylaws – Schedule F – Part 1 – Community Pharmacy Standards of Practice for public posting for a period of 90 days, as circulated.

CARRIED

ii) **Pharmacy Operations and Drug Scheduling Act – Bylaws**

It was MOVED (B. Dhillon) and SECONDED (K. Gustavson) that the Board:

Approve the draft Pharmacy Operations and Drug Scheduling Act Bylaws for public posting for a period of 90 days, as circulated.

CARRIED

b) **PPP-54 Identifying Patients for PharmaNet Purposes**
Board Chair and Chair of the Legislation Review Committee Anar Dossa presented information as circulated in the briefing package regarding proposed revisions to PPP-54 **(Appendix 14)**.

It was MOVED (B. Tymchuk) and SECONDED (B. Dhillon) that the Board:

Approve the amendments to Professional Practice Policy 54 – Identifying patients for PharmaNet Purposes, as amended.

CARRIED

c) **PPP-65 Narcotic Counts and Reconciliations**
Board Chair and Chair of the Legislation Review Committee Anar Dossa presented information as circulated in the briefing package regarding proposed revisions to PPP-65 **(Appendix 15)**.

It was MOVED (A. Dossa) and SECONDED (A. (Thornhill) Enemark) that the Board:

Approve the amendments to Professional Practice Policy 65 – Narcotic Counts and Reconciliations, as amended.

CARRIED

Vice Chair Tymchuk returned the Chair to Chair Dossa

18. ROBBERY PREVENTION WORKING GROUP

- Bev Harris, Chair, along with the following representatives of the Robbery Prevention Working Group (RPWG) presented information as circulated in the briefing package **(Appendix 16)**:
  - Deputy Chief Adam Palmer
  - Sgt. Stephen Thacker (VPD)
  - Brad Davie (RPh)
  - Parveen Mangat (RPh)

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

Approve Professional Practice Policy 74 – Community Pharmacy Security and the accompanying resource guide, as circulated.

CARRIED*
*Blair Tymchuk and Agnes Fridl-Poljak requested that their negative votes be recorded.

19. **NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES (NAPRA) UPDATE:**

   a) **NAPRA Board Representative 2015:**
   NAPRA Board Representative Bob Craigue provided information as circulated in the briefing package requesting that the College Board nominate a NAPRA representative as per the new yearly requirement.

   It was MOVED (G. Walton) and SECONDED (B. Reynolds) that the Board:

   Confirm Robert Craigue as the British Columbia nominee to the NAPRA Board of Directors.

   CARRIED

20. **LEGAL ADVICE – IN CAMERA**
   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'

21. **EXTEMPORANEOUS COMPOUNDING TASK GROUP: PHARMACY COMPOUNDING STANDARDS – RECOMMENDATIONS**

   - Michelle Koberinski (RPhT), presented an update of the Extemporaneous Compounding Task Group **(Appendix 17)**.

22. **EPRESCRIBING UPDATE: MOVING FORWARD**

   - Tracee Schmidt, Executive Director of the Strategic Projects Branch in the Ministry of Health presented an update on ePrescribing **(Appendix 18)**.

23. **HARNESSING THE POWER OF BC PHARMACISTS TO REDUCE THE BURDEN OF PAIN**

   - Maria Hudspith, Executive Director of Pain BC accompanied by clinical pharmacists Thuy Nguyen (PharmD) and Marylene Kyriazis (PharmD), also of Pain BC, presented an update of the program *Chronic Pain 101* **(Appendix 19)**.

24. **PHARMACOGENOMICS IN PHARMACY PRACTICE**

   - Mark Kunzli (RPh), Project Manager and Associate Director of the UBC Sequencing Centre, Corey Nislow (PhD), Associate Professor in the UBC Faculty of Pharmaceutical Sciences and the Director of the UBC Sequencing Centre, and Ron Reid (PhD), Professor in the UBC Faculty of Pharmaceutical Sciences and Senior Consultant – Project Design & Management at the UBC Sequencing Centre presented an update of their project *Reducing Adverse Drug Reactions caused by 2nd Generation Atypical Antipsychotics (ReADRess)* **(Appendix 20)**.

25. **ADJOURNMENT**

   The meeting adjourned at 3:10pm.

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 Craigue, 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 Craigue.

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 Craigue 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. Craigue) 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. Craigue) 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. Craigue) 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 Meeting
January 21st, 2015
9 pm
200-1765 West 8th Avenue,
Vancouver, BC

MINUTES

Members Present:
Anar Dossa, Chair & District 6 Board Member (via Videoconference)
Ming Chang, District 2 Board Member
Blake Reynolds, District 4 Board Member (via Videoconference)
Bob Craigue, District 5 Board Member (via Videoconference)
Aleisha (Thornhill) Enemark, District 7 Board Member (via Videoconference)
Bal Dhillon, District 8 Board Member
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member (via Videoconference)
George Walton, Public Board Member (via Videoconference)

Regrets:
Blair Tymchuk, Vice-Chair, District 3 Board Member
Agnes Fridl Poljak, District 1 Board Member
Norman Embree, Public Board Member

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Lori Tanaka, Executive Assistant to the Deputy Registrar

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1. **WELCOME & CALL TO ORDER**

   Chair Dossa called the meeting to order at 9:10pm.

2. INQUIRY COMMITTEE

a) **Membership Appointment**

The *Health Professions Act* bylaws s. 15 requires that the Inquiry Committee consist of at least 6 persons appointed by the Board. At least 1/3 of the Inquiry Committee must consist of public representatives, at least one of whom must be an appointed Board member.

The public board member of the Inquiry Committee, Ryan Hoag, was not reappointed to the Board at the end of his term in December 2013. In order to be properly constituted, a new public board member needs to be appointed by the Board. This matter was considered urgent, and could not be delayed until the February Board meeting. Norm Embree, the new public representative appointed by government, has been approached, and is prepared to accept this appointment if approved by the Board.

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

The Board appoint Norman Embree as the Board public member of the Inquiry Committee.

CARRIED

3. ADJOURNMENT

The meeting was adjourned at 9:17pm.
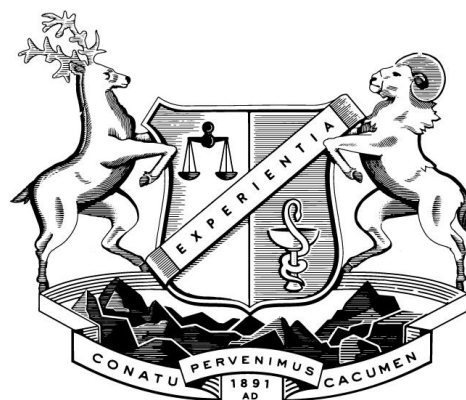
**College of Pharmacists
of British Columbia**

THREE (3) YEAR STRATEGIC PLAN
&
DETAILED OPERATIONAL PLAN

Fiscal Years: 2014/15 to 2016/17

Revised: January 20, 2015

THREE (3) YEAR STRATEGIC & OPERATIONAL PLAN

Fiscal Years: 2014/15 to 2016/17

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Executive Summary

Three (3) Year Strategic Plan

Strategic Goals

Executive Summary

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

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

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

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

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

Three (3) Year Strategic & Operational Plan

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

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

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

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

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

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

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

4. **Standards**

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

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

5. **Technology**

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

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

1. Public Expectations

GOALS

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

OBJECTIVES

a) Create opportunities for the College, pharmacists, pharmacy technicians, and other stakeholders to engage with each other and with the College to ensure that the commitment to the following is well-understood:

- standards of practice
- continuous improvement processes that improve quality outcomes delivering clinical services

Synopsis of Plan

o *Meetings will be hosted by the College with a broad cross-section of pharmacists and pharmacy technicians. These meetings will be structured to emphasize and reinforce quality enhancement in the areas identified in Objective 1a by the following methods:*

- *Online engagement using surveys or Thoughtstream*
- *Minimum of three online panels or forums during 2014 and 2015*
- *Four College of Health Disciplines regional sessions outlined in Objective 2b.*

o *Better alignment of practice to standards is expected over the next two years as a result of this program and the implementation of the Practice Review Program. Refinements to the plan will be proposed annually as part of the fiscal budget review process in the February Board meetings.*

b) Create a public awareness program designed to raise public awareness of the role of pharmacists and pharmacy technicians with specific focus on roles and values outlined in 1a.

KEY RESULTS AREAS

1(a) Organized events each year focused on role and value of profession.
1(b) Public awareness program launched in March 2016.
1(b) Analyzed and presented the effectiveness of Public Awareness Program to the Board in the February 2017 Board meeting.

1. Milestones for each Objective by Board Meeting

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

2. Interdisciplinary Relationships

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

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

Synopsis of Plan:
- o *The College will identify interdisciplinary opportunities with other healthcare professionals and regulatory Colleges to enhance inter-professional relationships to improve health care. This involves building on opportunities already in progress, working with existing multi-disciplinary organizations, holding joint meetings and conferences and targeting specific disciplines for collaboration. Each year of the 3-year strategic plan includes identifying options for interdisciplinary collaboration in Q1, executing the plan in Q2 and Q3 and evaluating the options and refining the plan in Q4 in parallel with the fiscal budgeting cycle.*
- o *A stakeholder engagement plan will be developed for the collaborative, interdisciplinary Advanced Pharmacist Practice (APP) certification. This will help support discussions with the MoH regarding APP certification*

b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding of each other's role.

Synopsis of Plan:
- o *This objective will focus on creating opportunities for pharmacists and pharmacy technicians to work more collaboratively and better understand their respective roles. A series of College initiated meetings or engagements within other conference programs in Q1 and Q2 of each year will be held jointly for pharmacists and pharmacy technicians. These will be focused on facilitating understanding of each other's roles and may include learning opportunities on College initiatives such as the Practice Review process, legislation changes and information on self-regulation.*

KEY RESULTS AREAS
2(a) Initiated a plan every year for the next 3 years that delivers on an interdisciplinary opportunity over the full 3 year timeframe.

2(a) Stakeholder engagement plan for APP in place

2(b) Delivered 4 pharmacist-pharmacy technician events each year

2. Milestones for each Objective by Board Meeting

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

3. Scope of Practice

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

OBJECTIVES
a) Support pharmacists and pharmacy technicians to practice to their current scope
- (i) Enhance availability of continuing education (CE) tools and programs.

  Synopsis of Plan:
  - *This will be a process of continuous improvement over the 3 years of the plan. In Q1 2014/15 an evaluation of what the gaps are in CE, and options for addressing this will be presented at the June Board meeting for prioritization. Through the rest of the year work will be done to develop, implement and monitor the new tools and programs with an evaluation of progress and report at the end of the fiscal year (Feb 2015 Board meeting) which will anticipate refreshing the plan and alignment with the budget for the 2015/16 fiscal year. This cycle is repeated for the next 2 years.*

- (ii) Encourage BC pharmacists to enroll in programs that support best practices by identifying learning opportunities and providing financial support.

  Synopsis of Plan:
  - *During fiscal 2013/14 there was great uptake of the program where the College provided financial support to BC pharmacists taking the ADAPT program. The plan is to continue supporting and encouraging BC pharmacists to take advantage of continuous education tools and programs such as ADAPT. Within the budget an amount has been allocated every year specifically to allow the Board and the Registrar to identify clinical skill development opportunities and roll out programs to the registrants. At the end of each year the results of the various initiatives will be assessed with the Board and used to drive planning for the next fiscal year.*

- (iii) Provide the University of BC faculty of pharmaceutical sciences and the BC pharmacy technician program institutions with feedback on jurisprudence exam results and changes to standards or scope of practice to help inform their curricula.

  Synopsis of Plan:
  - *We will establish a process for tracking changes in legislation and in jurisprudence exam results, ensuring that educational institutions have access to the most current information to keep their curricula current.*

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

  Synopsis of Plan:
  - *There is little known today about the technician base in the BC community pharmacy setting. A survey will be conducted that gathers information on the pharmacy technician and pharmacy assistant base in BC Pharmacies in Q2 of 2014/15. The survey results will provide the Board with information that will support decision making around future regulation of technicians or potential registration of pharmacy*

assistants (certified non-registrant) and on how best to encourage uptake of registered technicians in the community pharmacies.

b) Develop and update legislation, policy, and tools to support future scope of practice
   (i) Improve the quality of current adaptations by updating the standards, limits and conditions (including removal of restrictions, if required))
   Synopsis of Plan:
   o *Removing restrictions on adaptation policy will be done in two distinct phases. The first phase will be completed at the end of 2015/16. The results of the (June 2010) study will be presented to the Board along with any proposed changes to the standards, limits and conditions that will be amended to address the quality of service delivery. In Q1 2016/17 the College will evaluate the response to Phase 1. Subject to Board approval, the purpose of Phase 2 of the program will be revision of the standards, limits and conditions which may include removal of the restrictions on PPP58 adaptations The College will seek to gain endorsement from interdisciplinary stakeholders to minimize opposition. The updated policy is expected to be ready to roll out following Board review and approval at the Feb 2017 Board meeting.*

- (ii) Update standards, limits and conditions for injection authority that removes limitation to immunization only and provides guidance around injections of all appropriate drugs.

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

- (iii) Advanced Pharmacist Practice (APP) certification

   Synopsis of Plan:
   o *In the first half of 2014/15 a stakeholder engagement plan will be developed to support discussions with the MoH regarding APP certification (see Goal 2a). Authority for APP certification requires regulation changes which requires Ministry of Health support and drafting of changes (outside control of CPBC). Minister of Health sign off. The College requires support of the Ministry in order to move forward. Once the support of government is in place the College can initiate their internal legislation review process (supporting bylaw, standards and policy) with the goal of having the legislation approved by the end of fiscal year 2016/17. In parallel with the legislation process, the College will develop the documentation and internal systems. so that all supporting operations are in place for rolling out APP certification in Q1 of 2017/18*

KEY RESULTS AREAS

3(a)(i)/(iii)   Added and re-aligned education programs to meet the <u>current</u> needs of the profession (as determined by the Board).

3(a)(ii)   Over 150 participants/year in programs that support clinical skills development.

3(a)(iii)   Process established for tracking changes in legislation and in jurisprudence exam results and informing educational institutions.

3(a)(iv)   Survey results shared with the Board supporting decisions on future regulation of technicians and how best to encourage uptake of registered technicians in the community pharmacies and potentially registering pharmacy assistants (certified non-registrant).

3(b)(i)   Updated supporting policies to enhance quality service delivery (Phase 1).

3(b)(i)   Revised standards/limits/conditions and updated PPP58 (adaptation policy)(as appropriate) to remove restrictions (Phase 2).

3(b)(ii)   Updated standards, limits and conditions for injection authority that removes limitation to immunization only and provides guidance around injections of all appropriate drugs.

3(b)(iii)   Approved legislation allowing APP.

3(b)(iii)   Developed documents and internal systems to support APP.

3. Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a)(i) Enhance availability of continuing education tools and programs	18	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
	19	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov-14
	20	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov-15
	21	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov-16
(a)(ii) Encourage BC pharmacists to enroll in programs that support best practices	22	Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov-14

	23	Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov-15
	24	Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov-16
(a)(iii) Provide the University of BC faculty of pharmaceutical sciences and the BC pharmacy technician program institutions with feedback on jurisprudence exam results and changes to standards or scope of practice to help inform their curricula	25	Update: Report on process developed for tracking changes in legislation and jurisprudence exam results, and advising educational institutions	Jun-15
	26	Update: Report on changes noted in legislation and jurisprudence exam results that will be communicated to educational institutions	Jun-16
(a)(iv) Encourage uptake of registered pharmacy technicians into community practice settings	27	Decision: Board reviews results of survey and decides on future regulation of technicians and how best to integrate registered technicians into community pharmacies and potentially registering pharmacy assistants (certified non-registrants) (N.B. Decision not made in Jun 14)	Jun-14
	28	Decision: Board decides whether it wishes to pursue registration of all currently non-regulated pharmacy staff (i.e. all people who will touch drugs)	Apr-15
	29	Decision: Board reviews/approves action plan for further registration	Nov-15
(b)(i) Improve the quality of current adaptations by updating the standards, limits and conditions	30	Decision: Board approves updated standards, limits and conditions and policy changes (Phase 1)	Nov-15
	31	Update: Report on progress of Phase 1	Jun-16
	32	Decision: Board approves updated standards, limits and conditions (including removal of restrictions on PPP58 adaptations)	Feb-17
(b)(ii) Changes to standards/limits/conditions for injection authority	33	Decision: Board approves public posting of proposed bylaw changes of updated standards, limits and conditions for injection authority that removes limitation to immunization only and provides guidance around injections of all appropriate drugs	Sep-15
	34	Decision: Board approves filing of bylaw changes	Jan-16
	35	Update: Legislation in force	Apr-16

(b)(iii) Advanced Pharmacist Practice certification	36	Update: Report on updated project plan	Apr 15
	37	Update: Report on Board Chair meeting with Minister of Health in Spring 2015 (to include proposed regulation submission)	Jun 15
	38	Update: Results of request for regulation changes from MoH.	Nov-15
	39	Decision: Board approve public posting of proposed bylaw changes supporting APP certification	Jun-16
	40	Update: Presentation of materials and planning supporting launch of APP certification	Sep-16
	41	Decision: Board approve filing of bylaw changes with MoH supporting APP certification	Feb-17

4. Standards

GOALS

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

OBJECTIVES

a) Review and map standards (HPA, PODSA, PPP's, NAPRA) to ensure relevancy and consistency. Update standards in the following priority areas:
- Pharmacist review of patient profile on PharmaNet (PNet) prior to dispensing
- Pharmacist/patient consultation (counselling)
- Narcotic reconciliation
- Patient identification verification
- Documentation management within the pharmacy
- Identity of pharmacy staff

  o **Synopsis of Plan**:
  In the first half of 2014/15 the six priority standards will be reviewed for relevancy and consistency, and then updated through the legislation review process in parallel as necessary. The goal is to have the updated legislation/policy approved for the September 2015 Board meeting.

b) Develop a comprehensive, integrated document that incorporates standards, guidelines and indicators of good practice and standards.

   Synopsis of Plan:
   o *In anticipation of the new legislation for the six standards of 4(a), work will be initiated on development of indicators for application of the standards with a policy guide being presented to the Board for approval to publish by September 2015. The tools and communication plan will be rolled out by the end of fiscal year 2015/16.*

c) Develop standards for pharmacy workload.

   Synopsis of Plan:
   o *Building on the CORE survey results conducted in 2013, the legislation review process formalizing standards for pharmacy workload will be initiated in the first half of 2014/15 with the goal of having the legislation approved by the September 2015 Board meeting.*

d) Strengthen enforcement to improve compliance.

   Synopsis of Plan:
   o *The plan assumes a full launch of the new community pharmacy Practice Review process at the start of fiscal year 2015/16. Key deliverables required to support this target date are: by Q3 2014/15 community compliance officers will be hired and trained, the Board oversight committee (Practice Review Committee) will be in place; tools and procedures will also be in place. Additionally a communications plan will be launched informing registrants of the new process and timelines for its implementation; in Q4 2014/15 a soft launch will be initiated with the intent of identifying potential issues, providing training in situ and refining the procedures.*

- o *Given the likely resource demands on setting up these processes, the plan assumes that setting up the hospital pharmacy Practice Review process will be occur after the full launch of the community pharmacy Practice Review process. The launch of the hospital pharmacy Practice Review process will start in Q4 2015/16.*
- o *Given the importance of this program it is assumed that there will be regular Board updates at every Board meeting for the first 18 months, and only when the program is successfully up and running is it expected that the reporting frequency will decrease to twice yearly.*

e) Align CE requirements with evolving practice and standards for the Board's focus areas.

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

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

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

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

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

KEY RESULTS AREAS
4(a)   Completed mapping and update of the 6 standards as necessary.
4(b)   Published policy guide and tools supporting the six standards.
4(c)   Approved new standards for pharmacy workload.
4(d)   Accomplished in 2015/16 - Community: 250 site reviews and 800 practice reviews;
4(e)   Established CE programs that support new practice review standards for Board focus areas.
4(f)   Approved new legislation that prohibits tobacco products in premises where a pharmacy is located.
4(g)   Completed adjudication of complaints and provided report to Board that shows number of complaints raised and resolution with respect to non-compliance of legislation prohibiting loyalty programs.

4. Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency.	42	Decision: Board approve public posting of proposed bylaw changes supporting package of legislation updating 6 standards	Feb-15
	43	Decision: Board approve filing of proposed bylaw changes updating 6 standards	May-15
	44	Update: Package of legislation in force	Sep-15
(b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards	45	Decision: Board approve policy guide for publication incorporating standards and indicators for standards of 4(a)	Sep-15
	46	Update: Report on Tools and communication plan developed to support standards of 4(a)	Feb-16
(c) Develop standards for pharmacy workload	47	Decision: Board approve public posting of proposed bylaw changes supporting standards for pharmacy workload	Feb-15
	48	Decision: Board approve filing of bylaw changes of standards for pharmacy workload	May-15
	49	Update: Legislation in force for new standards for pharmacy workload	Sep-15
(d) Strengthen enforcement to improve compliance	50	Update: Report on setting up of new Practice Review Program infrastructure	Jun-14
	51	Update: Report on setting up of new Practice review Program infrastructure (Community compliance officers hired/trained, Oversight Committee in place, roll out of community communication plan, tools and processes in place)	Sep-14
	52	Update: Confirmation of Community Pilot Program launch	Nov-14
	53	Update: Results from Community Pilot Practice Reviews	Feb-15
	54	Update: Launch of formal Community Practice Review program	Apr-15
	55	Update: Practice Review Program results, metrics, learnings Update: Progress report on setting up of hospital Practice Review Program infrastructure (compliance officer hired/trained, roll out of communications plan, tools and processes in place, launch of pilot program)	Sep-15
	56	Update: Confirmation of Hospital Pharmacy Pilot Program launch	Nov-15

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(d) Strengthen enforcement to improve compliance (continued)	57	Update: Report on results from Hospital Pharmacy Pilot Practice Reviews	Feb-16
	58	Update: Report on Practice Review Program results, metrics, learnings	Feb-16
	59	Update: Report on Practice Review Program results, metrics, learnings	Sep-16
	60	Update: Report on Practice Review Program results, metrics, learnings	Feb-17
(e) Align CE requirements with evolving practice and standards	61	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Sep-14
	62	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Nov-15
	63	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Nov-16
(f) Prohibit tobacco products in premises where a pharmacy is located	64	Decision: Board approve public posting of proposed bylaw changes supporting prohibition of tobacco products in premises where a pharmacy is located	Jun-14
	65	Decision: Board approve filing of bylaw changes with MoH supporting prohibition of tobacco products in premises where a pharmacy is located	Nov-14
	66	Update: Legislation in place that prohibits tobacco products in premises where a pharmacy is located	Feb-15
(g) Prohibit use of loyalty programs related to the provision of pharmacy services	67	Update: Summary report on loyalty point prohibition complaints for 2015/16	Feb-15

5. Technology

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

OBJECTIVES
a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet (PNet) database such that a more complete drug history is available for clinicians.

Synopsis of Plan:
- *The College will advocate for a more complete medication record on BC's PNet system to include medications currently not recorded, namely: 1) HIV/AIDS-related medications, 2) medication used to treat cancer, 3) physician samples, 4) renal and transplant medications and, 5) an up-to-date medication list upon patient discharge from hospital acute care. Further, this initiative will seek to have regulated pharmacy technicians added to the PNet system as independent practitioners.*

- *In the first year of this initiative, the College will develop and implement strategies for inclusion of the currently unrecorded medications. The College will act as a key stakeholder for the inclusion of this data through changes to MoH policies and PharmaNet Software Compliance Standards that are currently under revision. These revisions are expected to be published by Q3 2015/16. Although a formal request for the addition of pharmacy technicians to PNet has been submitted in 2013/2014 and plans are underway to address this issue, the College will work with the MoH to bring about the enabling changes to policies and legislation and to PharmaNet's Software Compliance Standards through Q4 2015/16.*

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

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

c) Enable access to view patient lab information

Synopsis of Plan:
- *Early in 2014/15 a letter will be sent to the MoH formalizing the College's request to give pharmacists viewing only access to patient laboratory data. In the first half of the year a report will be generated supporting this proposal, and this will be used as the basis of discussions with the MoH. The plan assumes that agreement will be reached with the MoH by Q2 2015/16, which will support initiating the internal*

legislation review process. The goal is to have the new legislation in place by the February 2017 Board meeting.

KEY RESULTS AREAS

5(a)   Strategies in place for the inclusion of dispense history elements not currently recorded on PharmaNet.

5(a)   Continued to be a preferred provider of services and profiles analysis to MoH for the PNet program with new contracts being signed extending services to beyond 2016/17 fiscal year.

5(a)   Published PNet software standards in fiscal year 2015/16.

5(a)   Pharmacy Technicians added to PNet as independent practitioners.

5(b)   Established e-library resources with >60 % of registrants with active accounts endorsing materials provided by end of fiscal 2016/17.

5(c)   Achieved access to patient laboratory information.

5. Milestones for each Objective by Board Meeting

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(a) Act as a key stakeholder in order to facilitate enhancements to the PNet database such that a more complete drug history is available for clinicians	68	Update: PNet Services contract signed;	Apr-15
	69	Update: Report on status of request MoH for enhancements to PNet	Feb-16
	70	Update: Report on status of request to MoH for enhancements to PNet	Apr-16
	71	Update: PNet profiles contract renewed	Feb-17
(b) Provide e-access to current and comprehensive drug information	72	Decision: Board determines options for e-library resources	Jun-14
	73	Decision: Board approves roll out of e-library (Phase 1)	Nov-14
	74	Update: Report on results of survey on uptake and effectiveness of e-library. Review if any changes required	Nov-15
	75	Update: Report on results of survey on uptake and effectiveness of e-library. Review if any changes required	Nov-16

Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)
(c) Access to view patient lab information	76	Update: Report summarizing need to provide access to lab data	Sep-14
	77	Update: Outcomes of discussions with MoH regarding access to lab data	Jun-15
	78	Decision: Board approve public posting of proposed bylaw changes supporting access to lab data	Apr-16
	79	Decision: Board approve filing of bylaw changes with MoH supporting access to lab data	Sep-16
	80	Update: Legislation in force granting access to laboratory data	Feb-17

Appendix 1: Milestones by Board Meeting

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

STRATEGIC PLAN MILESTONE MAP (COUNT)

Goal	Objective	2014/15					2015/16					2016/17				
		Apr	Jun	Sept	Nov	Feb	Apr	Jun	Sept	Nov	Feb	Apr	Jun	Sept	Nov	Feb
1. PUBLIC EXPECTATIONS	(a) Role and value of profession						1				1					1
	(b) Public Awareness Strategy								1	1	1					1
2. INTERDISCIPLINARY RELATIONSHIPS	(a) Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.			1			1			2	1				1	1
	(b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding of each other's role.						1				1					1
3. SCOPE OF PRACTICE	(a)(i) Enhance availability of continuing education tools and programs	1		1						1					1	
	(a)(ii) Encourage BC pharmacists to enroll in programs that support best practices			1						1					1	
	(a)(iii) Provide educational institutions with information on exam results and changes to inform their curricula							1					1			
	(a)(iv) Encourage uptake of registered pharmacy technicians into community practice settings	1					1			1						
	(b)(i) Improve the quality of current adaptations by updating the standards, limits and conditions									1			1			1
	(b)(ii) Changes to Standards/Limits/Conditions for injection authority							1			1	1				
	(b)(iii) Advanced Pharmacist Practice (APP) certification.						1	1		1			1	1		1
4. STANDARDS	(a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency.					1		1	1							
	(b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards									1	1					
	(c) Develop standards for pharmacy workload						1	1	1							
	(d) Strengthen enforcement to improve		1	1	1	1	1		1	1	2			1		1
	(e) Align CE requirements with evolving practice and standards		1							1				1		
	(f) Prohibit tobacco products in premises where a pharmacy is located		1		1	1										
	(g) Prohibit use of loyalty programs related to the provision of pharmacy services					1										
5. TECHNOLOGY	(a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet database such that a more complete drug history is available for clinicians						1				1	1				1
	(b) Provide e-access to current and comprehensive drug information		1	1						1					1	
	(c) Access to view patient lab information			1				1				1		1		1
TOTAL - previous (1's)			5	3	6	4	8	5	6	11	9	3	3	3	5	9	80

Total by year		18		39		23	

1	Standard Board meetings
1	Adhoc Board meeting(e.g. teleconference for supporting legislation tasks (shown in square of nearest Board meeting)

College of Pharmacists of British Columbia

Finance Report

Presented by:

Mary O'Callaghan, Chief Operating Officer

February 19, 2015

7. Finance Report
a) Audit and Finance Committee

i) Terms of Reference

MOTION:

Approve the Audit and Finance Committee terms of reference as amended.

College of Pharmacists
of British Columbia

7. a) Audit and Finance Committee

ii) Membership Appointments

MOTION:

Appoint Norman Embree as the Board Public member of the Audit and Finance Committee.

College of Pharmacists
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Audit and Finance Committee

MOTION:

Appoint Ryan Hoag as a member of the Audit and Finance Committee.

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7. b) Quarter 3 2014 & LE3 vs. Fiscal Budget 14/15 – Summary

	2014/15 Budget	2014/15 LE3	Variance (BUD vs. LE)	Variance (BUD vs. LE)
TOTAL REVENUE BEFORE TRANSFER FROM BALANCE SHEET	7,607,877	7,981,779	373,902	5%
Transfer from Balance Sheet	1,011,635	219,440	(792,195)	
TOTAL REVENUE	8,619,512	8,201,219	(418,293)	-5%
TOTAL EXPENSES BEFORE AMORTIZATION	8,350,002	7,935,372	(414,630)	-5%
NET SURPLUS (DEFICIT) BEFORE AMORTIZATION EXPENSES	269,510	265,847	(3,663)	
Amortization expenses	269,510	265,847	(3,663)	-1%
NET SURPLUS (DEFICIT)	-	-	0	

LE3 vs. Fiscal Budget 14/15 – Revenue

	2014/15 Budget	2014/15 LE3	Variance (BUD vs. LE)	Variance (BUD vs. LE)
Registration and Licensure				
Pharmacy Fees	1,691,608	1,769,114	77,506	5%
Pharmacist Fees	3,352,325	3,458,744	106,419	3%
Pharmacy Technician Fees	401,247	408,758	7,511	2%
	5,445,180	5,636,616	191,436	4%
Non Registration and Licensure				
Other revenue	1,201,900	1,495,102	293,202	24%
Grant revenue	535,385	383,500	(151,885)	-28%
Investment income - GIC	213,954	234,562	20,608	10%
Investment Income - JV	211,457	231,999	20,542	10%
	2,162,696	2,345,163	182,467	8%
Total Revenue	7,607,876	7,981,779	373,903	5%

LE3 vs. Fiscal Budget 14/15 – Expenses

	2014/15 Budget	2014/15 LE3	Variance (BUD vs. LE)	Variance (BUD vs. LE)
Board and Registrar's Office	433,946	579,208	145,262	33%
Grant Distribution	699,000	554,143	(144,857)	-21%
Registration and Licensing	259,800	273,038	13,238	5%
Quality Assurance	464,716	469,346	4,630	1%
Inspections	226,760	243,831	17,071	8%
Discipline and Investigations	543,437	399,359	(144,078)	-27%
Legislation	133,300	127,900	(5,400)	-4%
Hospital Pharmacy and Practice	153,827	79,000	(74,827)	-49%
Public Accountability and Engagement	311,648	296,301	(15,347)	-5%
Finance and Administration	1,172,938	1,268,124	95,186	8%
Salaries and Benefits	3,950,631	3,645,122	(305,509)	-8%
TOTAL EXPENSES BEFORE AMORTIZATION	8,350,003	7,935,372	(414,631)	-5%

College of Pharmacists
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Balance Sheet – LE3 vs. Budget 14/15

			2012-13 Actual	2014-15 Budget		2014-15 LE3
Assets			$	$		$
Current						
Cash			2,091,629	1,000,000		1,000,000
Short term investments			8,857,757	8,584,279		9,849,783
Receivables			20,981	88,370		172,750
Prepaids and deposits			56,890	77,257		165,081
Investment in Joint Venture			1,603,976	1,630,015		1,626,903
			12,631,233	11,379,920		12,814,517
Development costs			106,338	149,961		152,781
Property and equipment			522,040	757,052		747,836
			13,259,610	**12,286,933**		**13,715,134**

College of Pharmacists
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Appendix 4

Balance Sheet – LE3 vs. Budget 14/15

			2012-13 Actual	2014-15 Budget		2014-15 LE3
Liabilities and Net Assets			$			$
Liabilities						
Current						
Payables and accruals			586,483	691,850		-
Current portion of capital lease obligations			45,706	19,338		20,266
Deferred revenue			2,891,677	3,042,629		2,986,115
Deferred revenue-Restricted Building Fund				-		-
Unearned revenue			1,120,617	193,261		366,685
			4,644,484	3,947,079		3,373,066
Capital lease obligations			71,335	85,641		80,850
			4,715,819	4,032,720		3,453,916
Net Assets						
Opening Balance			7,213,126	9,265,848		9,577,270
Unrestricted Surplus (Deficit)			1,253,175	(1,011,635)		(219,440)
Restricted Surplus (Deficit)			77,490	-		-
Current Year Restricted Building Fund-Transfers Out			-	-		-
Closing Balance			8,543,791	8,254,213		9,357,830
			13,259,610	12,286,933		12,811,746

7. c) Municipal Pension Plan

MOTION:

RESOLVE that the Municipal Pension Board of Trustees be requested to declare, effective July 5, 2015, the provisions of the Municipal Pension Plan Rules to apply to all employees of the College of Pharmacists of British Columbia under subsection 2(1)(c)(v) of the Municipal Pension Plan Rules, and the employee eligibility rules as set out in section 3 of the Municipal Pension Plan Rules are to apply to those employees.

College of Pharmacists
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Pharmacy Home Care Program

Who will benefit from the program?

- Patients unable to manage due to change in health status (e.g. stroke, heart attack, alzheimer's, etc.)

- Patients with physical (mobility, vision) or cognitive barriers (mental health, addictions)

- Patients with history of med-related hospital visits or medication administration errors

Who will benefit from the program?

- Patients with multiple chronic conditions or complex regimen

- Patients non-adherent with their therapy

- Patients requiring additional teaching or monitoring (insulin administration, inhalers, blood glucose meters, nebulizers, etc.)

Program Implementation: Home Visit

- Medication review and reconciliation

- Review appropriateness of therapy and identify DRPs (e.g. dosing, interactions, side-effects, cost of medications, etc.)

- Medication and specialized device teaching (e.g. insulin injection, inhalers, meters, etc.)
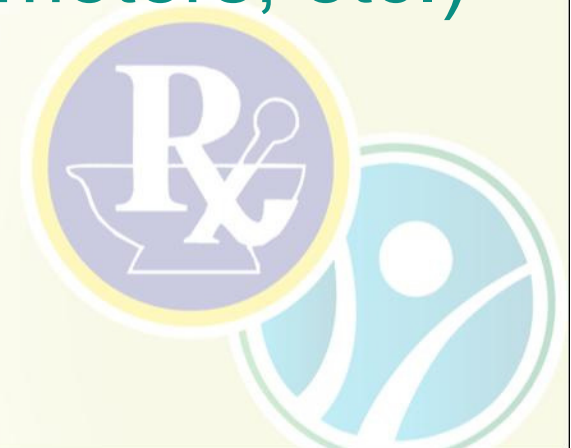
Program Implementation: Home Visit

- Removal of outdated medications

- Streamline medications to increase compliance

- Summary of visit with recommendations sent to primary physician, specialists, case managers, etc.
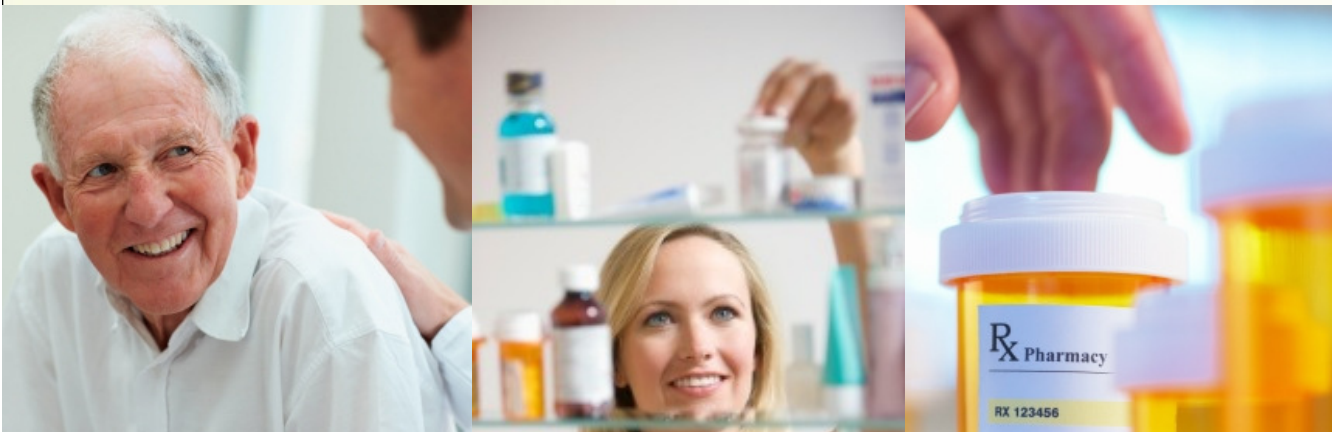
Program Implementation: Care Plan

- Set goals for patient

- Identify patient's unique needs

- Timing of visit (phone reminder needed) – initially, 2x per day for 2 weeks

- Identify type of administration – application of cream, patch, insulin injection, eye drops, ingestion of medications

Program Implementation: Care Plan

- Teaching requirements – insulin injection, inhalers, nebulizers, meters, etc.

- Monitoring parameters – BP, pulse, 24hr BP, weight, RBS, HbA1c, side effects, signs & symptoms of condition, etc.

- Reporting parameters – ER, pharmacist, physician, caregivers, etc.

Program Implementation: Nurses

- ▪ Nurses implement care plan

- ▪ Keep "Medication Tracking Record"

  - Time of witness

  - Patch application and area

  - BP, Pulse, RBS

  - Comments – missed doses, refusal, side effects, symptoms, etc.

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PHARMACY HOME CARE PROGRAM
Medication Tracking Record

Patient Name: _____ Week of: _____ Weight: _____

Oral Meds: _____ Eye Drops: _____ Inhalers:_____ Patches:_____ Rx Cream:_____ Other:_____

	MORNING	LUNCH	EVENING	BEDTIME	PATCH – AREA OF APPLICATION	BLOOD PRESSURE	PULSE	BLOOD SUGAR	CAREGIVER INITIALS	PATIENT SIGNATURE
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										

Comments (missed, refused dose, etc with date and time):
_____
_____

Medication Tracking Record is to document time medications are given and the reason why medications were not given/ taken.
  1. Caregiver to sign (using first and last initial) under the correct day and time slot
  2. If medication is missed or refused, indicate reason and return the dose to the pharmacy.
  3. Do NOT discard this form. It must be returned to the pharmacy at the end of the week.

Program Implementation: Follow Up

- Assessment and summary letters every 2-3 months, including (when applicable):

  - BP & Pulse – range, averages; 24hr monitor

  - RBS (download of glucose meter); HbA1c

  - Weight

  - Compliance

  - Other requested information

  - Pharmacist recommendations

Short-term or Permanent enrollment

- Short-term

  - Until home care or other resource set-up

  - During transition to home or facility

  - Short term administration (e.g. Dalteparin)

  - Teaching (e.g. nebulizer, insulin, inhaler, etc.)

- Permanent

  - No support structure

  - Nature of medical condition

  - Ongoing monitoring

Program Value Adds

- Injections @ home

- Prefilled insulin syringes

- Crushed medications for swallowing difficulties

- Compounded medications for G-Tubes

- Multilingual staff - Cantonese, English, Farsi, French, Gujarati, Hindi, Mandarin, Punjabi, Spanish, Tagalog, Urdu, limited German

Program Value Adds

- Free Rx pickup and delivery

- Transportation Service – to and from doctor's appointment

- Dedicated 24/7 (365 days/year) pharmacist contact

- In-store services @ home – vaccinations, compression stockings, ostomy, sleep and fatigue assessment

Benefits of the program

- Education with ultimate goal of empowering patient to self manage

- ↑ understanding of medications

- ↑ medication adherence

- ↑ management of health conditions and clinical outcomes

- ↑ patient satisfaction

Benefits of the program

- ↓ medications errors

- ↓ ER visits and hospitalizations

- ↓ caregiver burden

- Maintain quality of life & independence

- Early discharge through enhanced services at point of transition

- Overall cost savings to healthcare system

Program Cost

- Cost: based on Pharmacare deductible (no charge for service)

- Re-using patient's own medication

- Compassion care program for low income patients

- Assist with financial forms – get patient Pharmacare registered, plan G, file special authority, reduction of deductible (Pharmacare Review Form)

Program Referral

- Phone or completed referral form

- From community or point of transition

Privacy, Freedom of Information & the Pharmacy Profession

for the Board of the College of Pharmacists of British Columbia

February 19, 2015

David Loukidelis QC

Goals for today's discussion

▶ Key points of the *Freedom of Information and Protection of Privacy Act* for the College

▶ Key points of the *Personal Information Protection Act* for pharmacies

▶ How College can comply with FIPPA but also be a privacy and access leader

International privacy law trends

▶ Post-WW2 reaction: UN Convention on Human Rights (1948), public sector privacy laws in EU, US & Canada federally (1970s), provincially in 1980s and 1990s (BC in 1993-1995)

▶ Private sector laws: 1981 OECD Guidelines & 2004 APEC Framework (both trade focussed), 1998 EU Directive, 2001 PIPEDA, 2004 BC & Alberta

▶ Health privacy laws (public and private sector, everywhere in Canada except BC)

Technology always challenges privacy

▶ One example: NSA and CSEC warrantless mining and analysis of cell phone call patterns, internet activity (CSEC's Levitation program)

▶ US, Canadian and UK governments say, 'We're not listening to your calls. It's only metadata, like phone book information. Numbers called and nothing more. It has no privacy implications.''

▶ Stay tuned: Big Data and privacy (*e.g.*, what you eat for breakfast predicts if you are likely to and default on your mortgage)

Another example: "big data", breakfast and paying your debts

▶ Exponential growth in data, including personal information and anonymized user information

▶ Social media, online purchases, location-enabled devices, cell data, government services usage data (e.g., medical information)—and so on

▶ Exponential growth in computing capacity

▶ Discovery of the 'unknown unknowns'

▶ Breakfast choices and mortgage default

▶ Huge potential to benefit society, huge privacy implications

FOI & the College

- FOI laws are internationally widespread (Sweden 1700s, US federal 1966, Canada federal 1984, Ontario 1987, BC 1993 (1995 for Colleges)

- FOI is about openness and accountability through access to records

- Right of access to records in custody or control of public bodies (well over 2,000 at all levels in BC)

How FIPPA works—freedom of information

▶ Written request for records

▶ Response within a set time

▶ Ability to extend time, to charge fees for access

▶ Duty to search diligently for 'responsive' records

▶ Duty to disclose everything unless an exception applies: disclosure is the default

▶ Disclosure exceptions are key

How FIPPA generally works

- Each public body like College has a 'head'
- Head is responsible for FIPPA compliance (privacy & FOI)
- College Registrar is the delegated head
- Duties include responding to FOI requests and ensuring privacy obligations are met
- Registrar is legally responsible, but a culture of compliance is expected and that involves the whole organization, starting with the Board
- Helps meet the undeniable challenges of compliance…
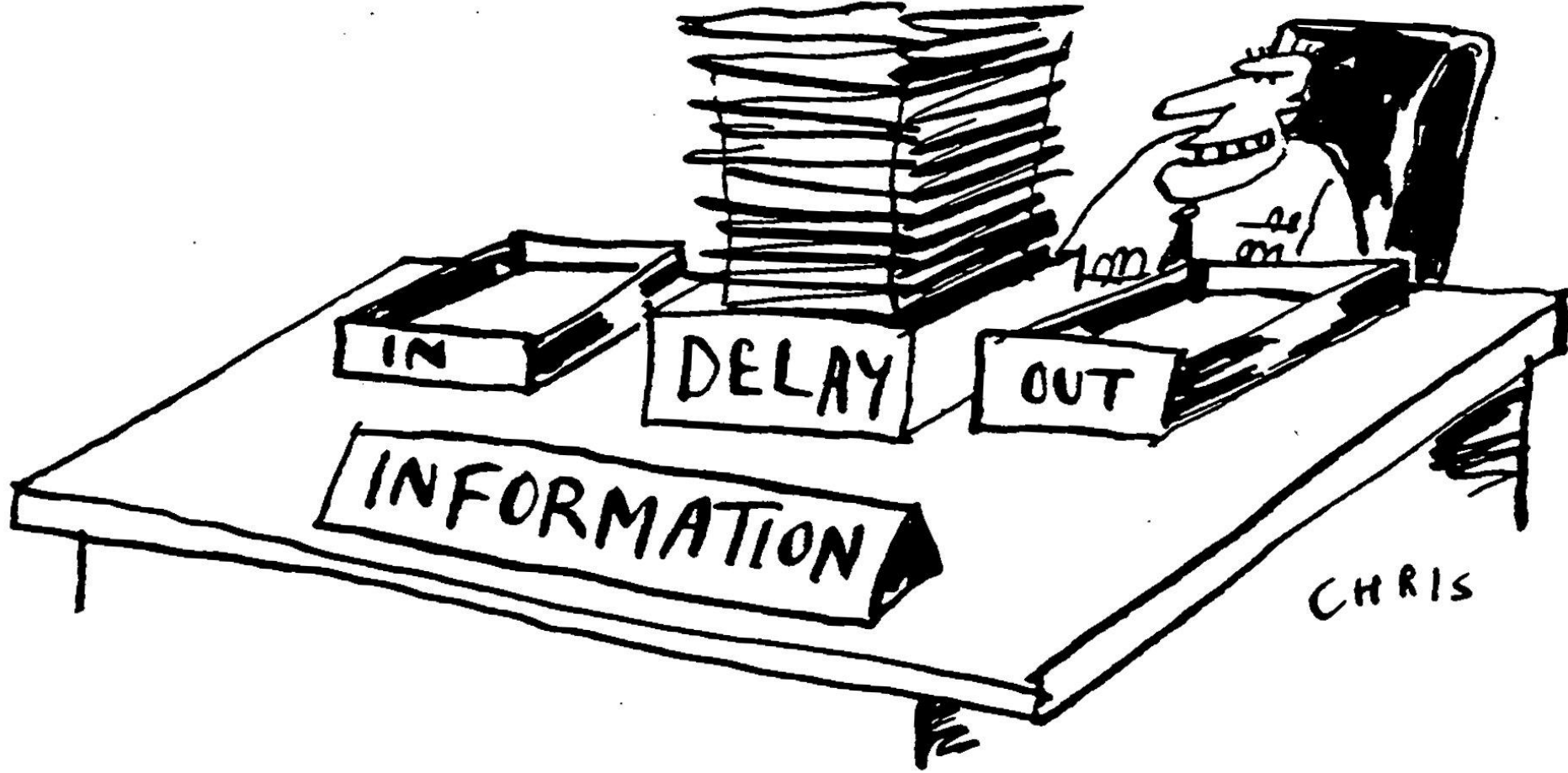
FOI: key points about exceptions to disclosure

▶ FIPPA protects key College (and public) interests

▶ These include: deliberations of the Board; advice and recommendations to the Board; legal advice to the College; information about College enforcement investigations; sensitive information about College finances or plans

▶ FIPPA also imposes privacy obligations on the College

Privacy & the College's activities

▶ FIPPA imposes rules to ensure transparency and accountability in the collection, use and disclosure of personal information

▶ Rules summarized: collect from the individual, be clear about why, use and disclose it for the purpose for collection, live up to that commitment

▶ First, what is 'personal information' ("PI")?

What is 'personal information'?

▶ FIPPA: "recorded information about an identifiable individual"

▶ Must be "recorded" in paper, electronic or other medium

▶ What does "identifiable" mean?

▶ Just because someone's not named doesn't mean it's not PI

▶ Technology increasingly challenges de-identification (with impact on research and other beneficial uses of de-identified PI)

Some examples of PI in the College context

▶ Personal biographical information of registrants (name, DOB and personal contacts)

▶ Educational qualifications of pharmacist applicants

▶ Assessment of practice skills and compliance (including PI collected during PRP activities)

▶ Information collected or created during complaint investigations or disciplinary proceedings

Authority to collect personal information

► College can collect PI only if it has authority under FIPPA

► FIPPA allows College to collect personal information if:

  ► Necessary for a program or activity

  ► College has statutory authority to collect

  ► For law enforcement purposes

  ► With individual's consent

► There may be multiple sources of authority for a collection of particular PI

Program or activity—examples

▶ Collection of personal information of pharmacy students wishing to become registrants

▶ Employee personal information on hiring (SIN, date of birth, home address, phone numbers)

▶ Personal information gathered for practice reviews and during inspections (see below)

▶ But when you're collecting personal information, remember…
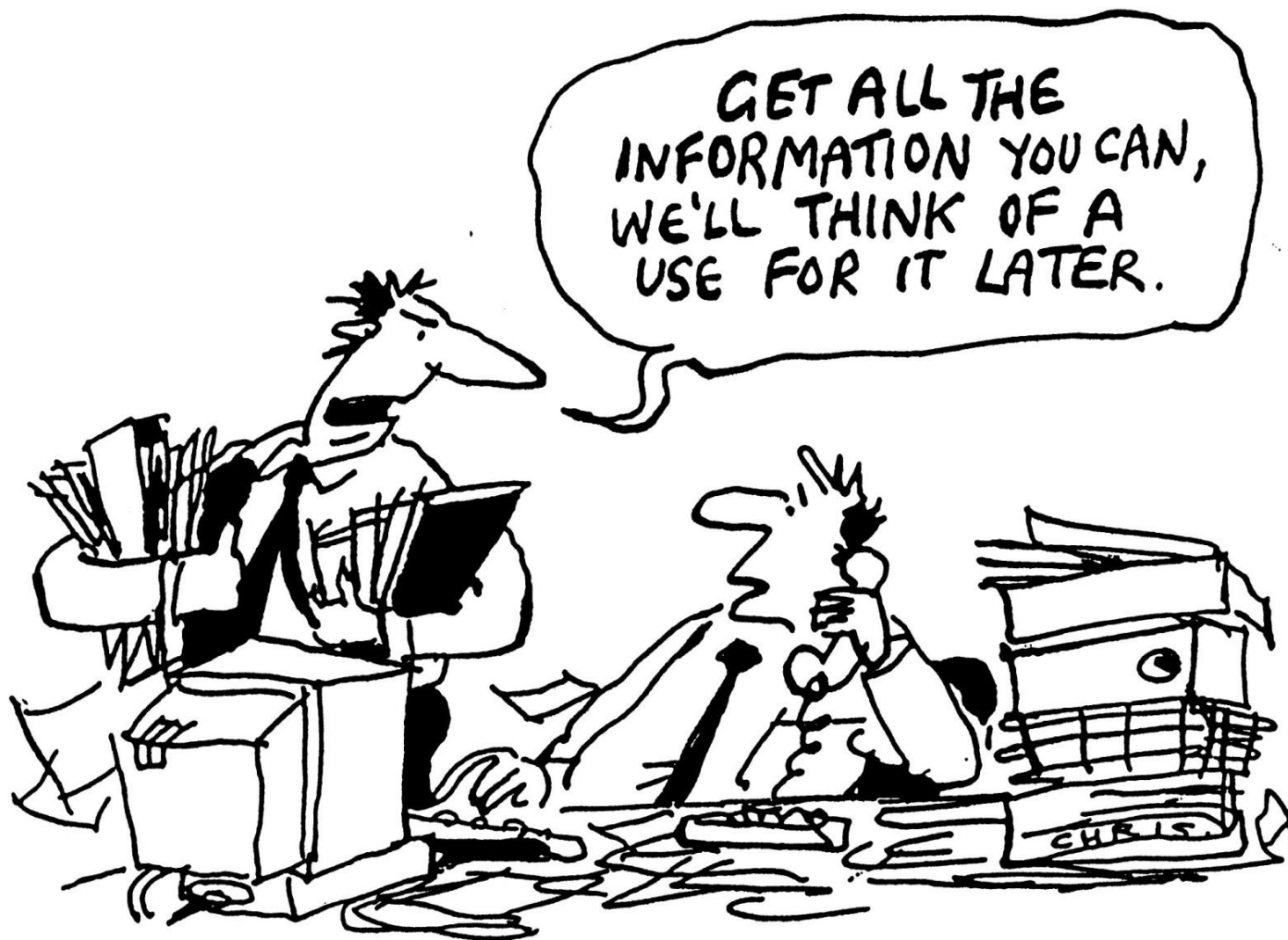
What does "necessary" mean?

▶ College can only collect PI that is "necessary" for a program or activity

▶ "Need to know", not "nice to know"

▶ Not indispensability, but close: a margin of room, but not wide (*Matsqui School District*)

▶ Similar test for pharmacies under BC's private sector privacy law (*Canadian Tire*)

Statutory authority

▶ Must be "expressly authorized under an Act"

▶ This doesn't mean an Act has to specify every data element (*e.g.*, "the College may collect name, address")

▶ But there has to be something in an Act or regulation that says the College can collect PI

▶ A clear (and detailed) example: inspector's power to remove patient records and copy them (PODSA, s 17)

Use of personal information

▶ FIPPA also regulates *use* of personal information

▶ College can use it for the purpose for which it was collected "or compiled"

▶ Example: HR information compiled about a College employee must be used for HR purposes

▶ Can also use personal information for other purposes with affected individual's informed consent

▶ Or for purpose for which it could be disclosed to College (a less frequently-used authority to use PI)

Consistent use

▶ 'Just in case' is not allowed, but there is some leeway—sometimes you can use personal information for other purposes

▶ As long as the new use is "consistent", it's allowed

▶ To be "consistent", new use must have a "reasonable and direct connection" to the original purpose *and* be necessary for a College program or activity or statutory duties

▶ Bottom line, always remember this…

Remember this?
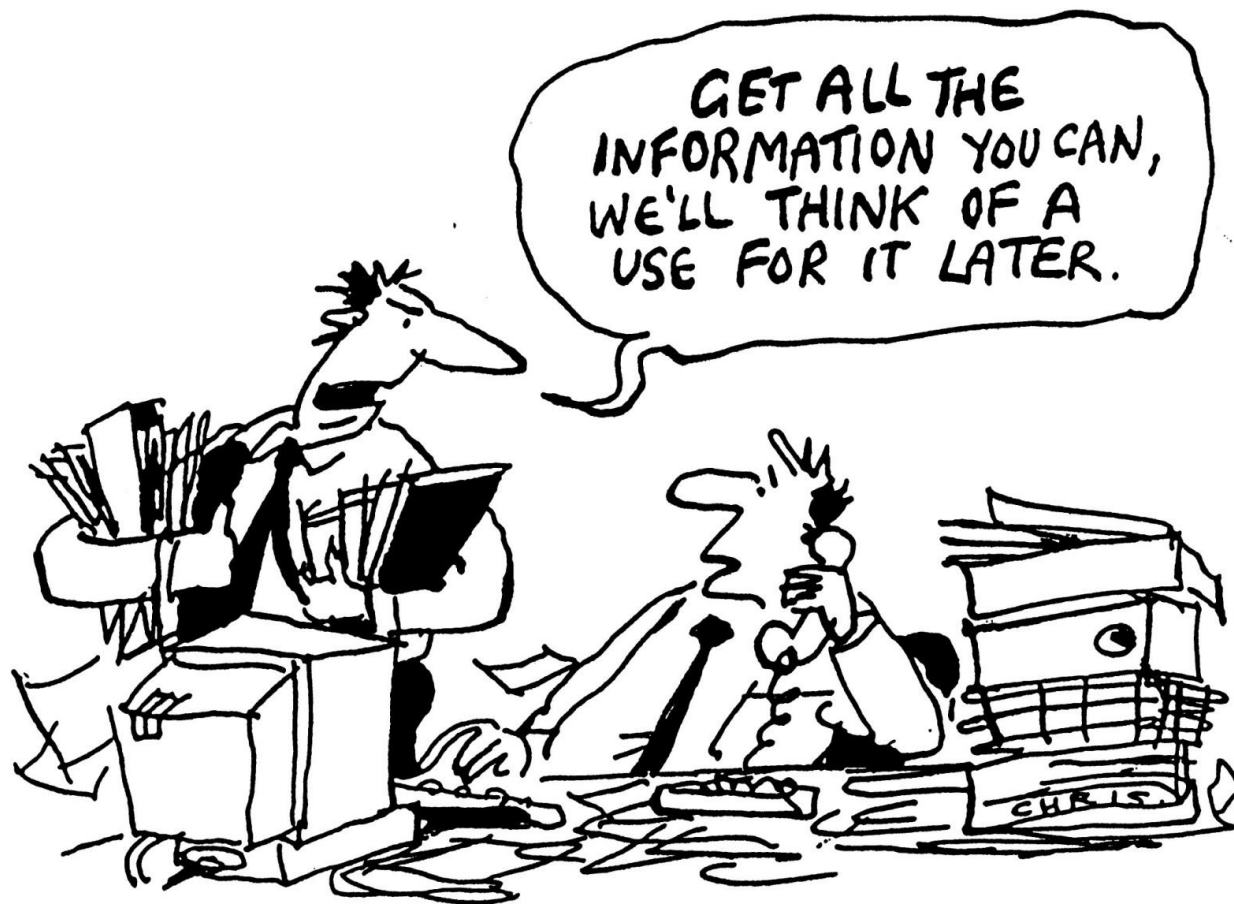
Disclosure of personal information

▶ This is a large and detailed subject, since FIPPA offers more than 30 specific authorities to disclose without notice or consent

▶ Examples of key disclosure rules for College:

  ▶ Original or a consistent purpose

  ▶ Statutory authority to disclose

  ▶ Litigation or law enforcement

  ▶ Licensing or registration of pharmacists in another province

FIPPA & risks flowing from inaccurate PI

▶ FIPPA recognizes that decisions may be made based on wrong or incomplete PI, with negative consequences for individuals...

I'M HERE TO CORRECT AN ERROR IN MY FILE.

So FIPPA has rules for PI accuracy and correction

▶ College must may "every reasonable effort" to ensure accuracy and completeness of personal information

▶ Individuals have a right to *request* correction of any "error or omission"

▶ They can't force a correction

▶ A UBC law student demanded correction of his course grade from an F to an A

▶ What do you think happened?

You can link or match PI under FIPPA, but…

…the Devil is in the details, as always…

Data matching clearly has legitimate uses

► Example: College can match PI with other Colleges to ensure disqualified individuals don't practice in BC (or elsewhere)

► A good rule of thumb when considering data matching is to ask, "Will this be in furtherance of the College's mandate and powers? Is it also closely connected to our mandate and powers?"

# FIPPA requires College to take *reasonable* measures to protect PI

▶ Which of the following two examples qualified as a "reasonable" measure to protect PI?

    ▶ Bella Bella Beach Bonfire?

    ▶ Langford Landfill?

College's protective measures must be *reasonable*

▶ Bonfires and landfills are *not* good enough!

▶ What *does* work?

▶ Standard is reasonableness, not perfection

▶ Standard is technology-neutral (allows measures to evolve as threats and risks evolve)

▶ Context and details matter

▶ What is the sensitivity of the personal information? What is generally-accepted practice to protect it?

▶ Cost relative to risk, in other words, is a factor…
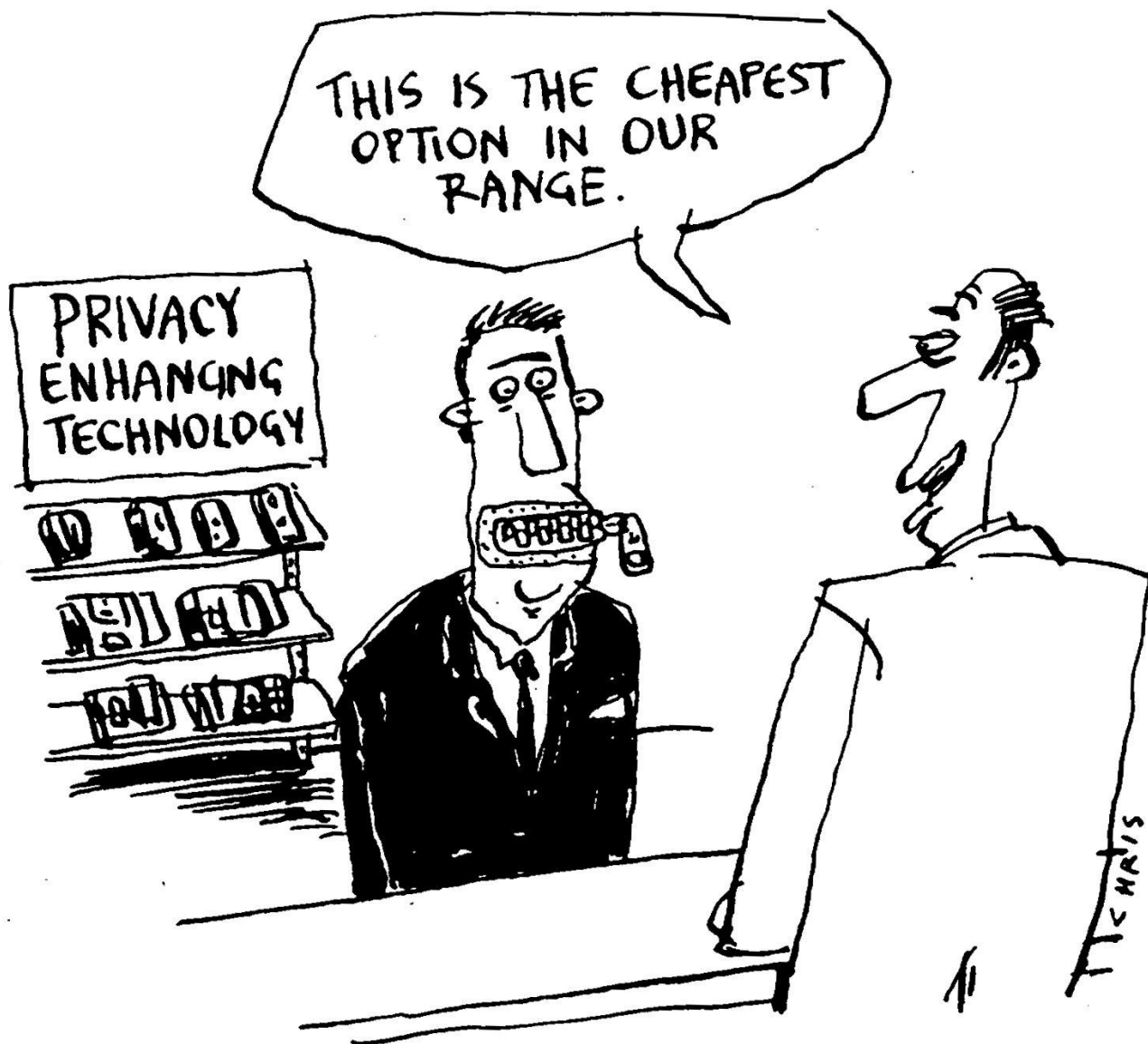
Consider these scenarios...

▶ A consultant is working on a new information system that contains health information. Does the College:

  ▶ Allow use of real data to test the system?

  ▶ Permit the contractor to carry real data around on her laptop? What if it is encrypted?

  ▶ Should the contractor get access to real data through the cloud?

Some other scenarios…

▶ Should sensitive information, such as medical information, be stored in logically separated and encrypted server drives?

▶ What about access permissions—who gets access?

▶ Role-based access is seen increasingly as mandatory for health PI especially (*e.g.*, OIPC's support for PRP PIA)

▶ Should human resources records be stored with regular files? Or should they be stored in cabinets separately from other files?

Tips for protecting personal information

▶ If you are faxing personal information, double-check the number you dial—and be careful about auto-dial (RBC and a North Carolina junkyard)

▶ When you are emailing personal information, be wary of auto-fill—always double-check the address before you hit send (emailed test results from LifeLabs)

▶ And it's better not to email sensitive information without encrypting or password-protecting it

▶ Change your password often—and never share it…

Breach prevention & response

► The above privacy practice tips will help, but organization-wide prevention of privacy breaches requires pro-active, common-sense, privacy management

► When a breach occurs the management plan should:

  ► Contain the breach

  ► Assess present risk of harm to those affected

  ► Notify them individually where necessary (public notice?)

  ► Learn lessons for the future and ensure implementation

Privacy management plans

▶ OIPC expects public bodies like the College to have comprehensive a privacy management plan ("PMP") in place

▶ OIPC will look for evidence of a PMP when investigating privacy complaints and then assessing FIPPA compliance

▶ What does a PMP look like?

What is a PMP?

- A PMP manages privacy compliance through:
  - Completion of a PI inventory (supports compliance and risk assessment)
  - Creation of policies to: govern collection, use and disclosure of personal information; secure personal information; prevent and contain breaches
  - Ensures PIAs are completed program-by-program to assess privacy risks and mitigate them before deciding to proceed (*e.g.*, PRP PIA and OIPC comment)

PIPA & BC's pharmacies and pharmacists

▶ Only BC hasn't gone with a sector-specific privacy law for health information

▶ All other Canadian jurisdictions have a single health privacy law both public and private sectors

▶ BC's pharmacies are covered by the BC private sector law, the *Personal Information Protection Act*

▶ PIPA does work with PODSA to given them authority and protection for PharmaNet use

Key aspects of PIPA for pharmacies

► PIPA uses the contractual model: requires notice and consent to collect, use and disclose patient PI

► Exception for that which is statutorily authorized (PODSA through PIPA)

► Notice should be written (poster, information sheet)

► Consent can be verbal, but for sensitive PI, OIPC may require signed, written consent

Key aspects of PIPA for pharmacies

▶ PIPA echoes FIPPA on many issues, but not all

▶ Like FIPPA, PIPA constrains collection (limited to purposes a reasonable person would consider appropriate)

▶ But unlike FIPPA, PIPA has no "consistent purpose" rule: you always need consent (having given notice first)

▶ This means scope of notice and consent is key at outset (to avoid having to go back and expand the consent)

▶ PIPA does have important consent exceptions, including: disclosure for law enforcement (including to College); disclosure to protect an individual's health or safety; disclosure on sale of the business (patient records as business asset)

Key aspects of PIPA for pharmacies

▶ Like FIPPA, PIPA give individuals right of access to own PI (reasonable fee can be charged)

▶ Also like FIPPA, it requires reasonable measures to protect PI from risks

▶ No breach notification rule yet (may come soon)

▶ Public expectations are high: good privacy is good for business

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College of Pharmacists
of British Columbia

12. Practice Review Committee (PRC)

Presented by:

Bob Craigue, Committee Chair

February 20, 2015

12. a) Launch of Practice Review Program

Business Stream:

Update	Next Steps
Preparations for Launch • Scheduled first pharmacies for review (February-March 2015)	Full Roll Out – Community Pharmacy Reviews • Schedule pharmacies for April 2015 reviews
Phase 2- Preliminary Hospital Pharmacy Practice Review development plan	Phase 2- Detailed Hospital Pharmacy Practice Review development plan

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Practice Review Program Update

Communications / Stakeholder Stream:

Update	Next Steps
Key Initiatives page updated	Public Launch initiated: online advertising and media interviews at core of strategy
BCPhA recommitted to mirroring messaging in communications	Review of hospital pharmacy consultation to begin
Key messages for the public continue to be reinforced on social media	Continue to make required adjustments to materials based on registrant feedback

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Practice Review Program Update

Legislation / Enforcement Stream:

Update	Next Steps
Privacy Impact Assessment (PIA) complete	Monitor non-compliance items from reviews for feedback on bylaw review process

Human Resources / Operations Stream:

Update	Next Steps
Compliance Officers hired and started on December 1st, 2014	Conduct Compliance Officer's Post-Training Feedback survey

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of British Columbia

Practice Review Program Update

IT Stream:

Update	Next Steps
Completed Pre-Review eServices integration	Review and finalization of PRP application
Set up of initial scheduled pharmacies/registrants for review	Build reports for administrative use

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Practice Review Committee Update

Issue	Progress
The below scheduling policy was approved by the PRC at their May 2014 meeting:	The PRC approved the following scheduling policy at their January 2015 meeting:
The College provide 45 calendar days of advance notice to the Pharmacy Managers of the scheduled Practice Reviews.	The College provide 30 calendar days of advance notice to the Pharmacy Managers of the scheduled Practice Reviews.
If the proposed scheduled date is inconvenient, the new date must be within the following month.	If the proposed scheduled date is inconvenient, the new date must be within the following month.

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Practice Review Committee Update

Issue	Progress
Phase 2: Hospital Pharmacy development	The PRC approved a preliminary high level Phase 2: Hospital Pharmacy development plan at their January 2015 meeting • Detailed Phase 2: Hospital Pharmacy development plan for Board approval in June 2015

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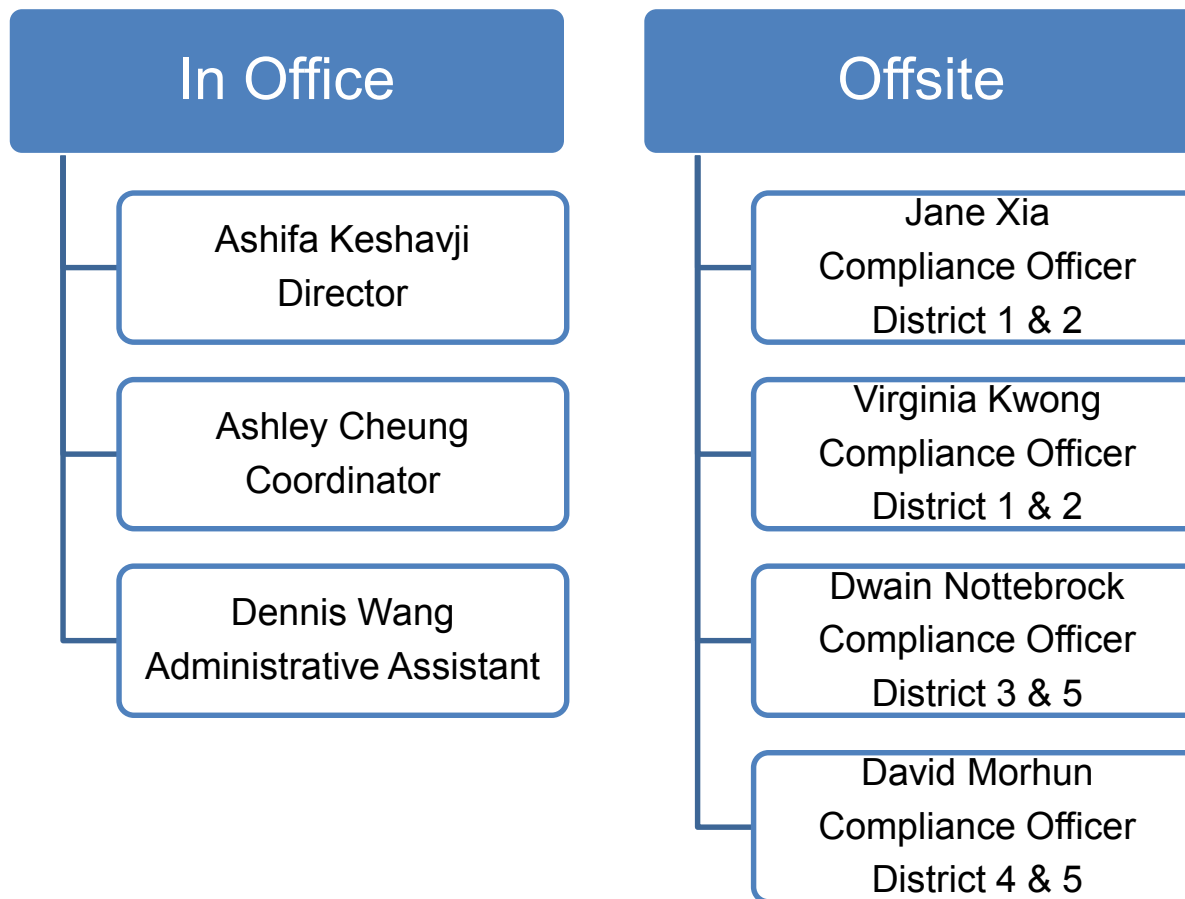
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12. b) Community Pharmacy Practice Review Early Results

Presented by:

Jane Xia, Compliance Officer

February 20, 2015

Team Introduction

In Office	Offsite
Ashifa Keshavji Director	Jane Xia Compliance Officer District 1 & 2
Ashley Cheung Coordinator	Virginia Kwong Compliance Officer District 1 & 2
Dennis Wang Administrative Assistant	Dwain Nottebrock Compliance Officer District 3 & 5
	David Morhun Compliance Officer District 4 & 5

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Compliance Officer Training

Compliance Officers started at the College on December 1st, 2014

- 6 weeks of training included:
    - College orientation
    - Software and tools
    - Alberta College of Pharmacists
    - PRP Forms and Application
    - Team building

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Support Tools

- Practice Review Program Process Overview

- Frequently Asked Questions

- Pharmacy Pre-Review How-To-Guide and Tutorial

- Practice Review Program Forms

- Public-facing materials (Brochure, Table Top Sign)

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Scheduled Pharmacy Reviews (PR) & Pharmacy Professionals Reviews (PPR)

District	Feb 16th-28th		March	
	PR	PPR	PR	PPR
1 & 2	9	15	20	30
3	5	7	5	18
4	5	8	7	19
5	0	0	0	0
Total:	19	30	32	67

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Schedule – Week of Launch

District	Feb 16th-20th	
	PR	PPR
1 & 2	5	8
3	2	3
4	3	5
5	0	0
Total:	10	16

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Compliance Officer Experience

- Pharmacy Manager Feedback

- Registrant Feedback

- Barriers/challenges

- Overall experience

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Compliance Officer Experience

Pharmacy Reviews

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Compliance Officer Experience

Pharmacy Professionals Reviews

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Questions

BOARD MEETING
February 19 - 20, 2015

College of Pharmacists
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> **13.   Committee Appointments**
> **a) Recruitment of Public Members and Recognition of Volunteers**

DECISION REQUIRED

Recommended Board Motion:

> *Adopt the guidelines as circulated:*
> *1. Guidelines for Recruiting Public Members to Committees*
> *2. Guidelines for Recognizing Committee Members*

Background

At the Sept 2014 board meeting, the Board passed a motion to direct the Registrar to revise its volunteer recruitment and recognition strategy to reflect best practices in volunteer engagement. Vantage Point was engaged in Dec 2014 to provide expert advice and recommendations in creating new guidelines that represent best practice in 1) recruiting public Committee members and 2) recognition for all Committee members and Committee Chairs.

Vantage Point is a not-for-profit organization that works with other not-for-profits and charities to provide   foundational, advanced and custom learning opportunities focused on governance, leadership, planning, and people engagement. Vantage Point has been a thought-leader in volunteer engagement practices in the sector for over 60 years. Vantage Point leads by example, engaging close to 200 skilled volunteers in its own work, including high level advisory Committee members.

Based on review and consultation, Vantage Point has created the following two guidelines, summarizing their key recommendations:

Guidelines for Recruiting Public Members for Committees

Context

As part of its governance structure, the College has number of committees to assist the College to meet its legislated mandate. The committees are primarily made up of College registrants, with some public representation.

Staff has typically taken responsibility for recruiting members of the public, often on a word-of-mouth basis. The College sees an opportunity to outline a more transparent and consistent approach across all committees. The recommended approach will also support staff to cast a wider net to ensure strong diversity and expertise in public representation across the relevant committees.

Recommended Approach

Action	Responsible	Timing
Identify requirements for incoming public representation: how many vacancies expected, desired skills, areas of expertise and/or influence required to provide strong diversity (consider profile of current/renewing committee members)	Communications identifies to staff resource ultimately responsible	January
Update Call for Public Committee Members with priority skills/expertise and expectations of committee role (if changed)	Communications	January
Craft the call for public representation, emphasizing in the call the desired candidate qualifications	Communications	January
Post the call with a link to the website with relevant Terms of References and additional information through the following: - Staff and committee member personal networks - Govolunteer.ca – board/committee member posting portal - LinkedIn volunteer posting portal - Charity Village volunteer posting portal	Communications	January
Short-list candidates and provide final recommendations to Board Vice-Chair. Depending on number of applications received, consider phone screening short-listed applicants and/or employing a screening matrix, based on the desired qualifications as outlined in the TOR	Staff resource	March

Guidelines for Recognizing Committee Members

Recognition Approach

The College engages numerous expert volunteers through its extensive committee structure to support us in delivering our mission. Committee volunteers are an important and essential part of our team.

It is important to remember that our committee members find meaning in their experience in working with us, and are not expecting a gift. However, there are times when it will be appropriate and nice to offer a token of our appreciation.

The College will:
- Ensure regular committee member recognition, including in the form of a verbal or written thank you
- Decide on appropriate gift recognition, using the guidelines below, ensuring locally available products for committee members in communities outside the Lower Mainland.
- Track all committee member recognition, including noting what gift, if any, was part of the recognition

Standard recognition expectation

The following provides an overview of the College's standard recognition practices. For Committee or Committee Chair contribution that goes above and beyond typical expectations, please see page 2 for "Additional Recognition":

Type of role	Scope of engagement	Reference or LinkedIn Recommendation	Thank you letter or card	Certificate of recognition from College	Individualized gift, valued at:	Profile in College communication
Committee (any) Member	End of 1st term	If requested	X	X		
	End of 2nd year	If requested	X			
	3 years of service	If requested	X	X	$50	
	6 years of continuous service	If requested	X	X	$100	Offered

Committee Chair	End of 1st term	If requested	X	X		
	2 years of continuous service	If requested	X		$50	
	3 years of continuous service	If requested	X	X	$100	Offered
	6 years continuous service	If requested	X	X	$250	Offered

Ideas for Individualized Gifts

Using the amount guidelines above, you may consider some of the following individual recognition gifts:
- Flowers, ordered from a local flower-shop, if available
- Tickets to an arts or cultural event
- Food baskets from a local supplier (eg., http://www.itsaulgood.com/)
- Charitable gift to a charity of the committee member's choice, in his/her name

Additional Recognition for Very Active Committees

The College may provide special recognition to members of Committees that have, in the Board's view, gone above and beyond in the service of the Board, the College, the profession or the public at large by serving on a committee that met more than 5 times per year, often on key strategic initiatives of the Board, or on difficult or sensitive issues. These committees will be identified through the following process:
- Staff resource for a very active Committee notifies the Board if the Committee has met more than 5 times over the course of the year
- At the April Board meeting, when Committees are reappointed, the Board will be asked to pass a motion to thank all Committee members, with special note of thanks to members of all very active Committees.
- The passage of this Board motion will activate the special note of recognition in the letter of thanks to each member of those active Committees.

TECHNOLOGY ADVISORY COMMITTEE

Background
The Board has established the Technology Advisory Committee.

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

Mandate
To provide recommendations to the Board on matters related to current and emerging technologies employed in pharmacy practice.

Responsibilities

- Provide advice, oversight and make recommendations to the Board on strategies designed to ensure the appropriate integration of emerging technologies in to pharmacy practice.

- Review the College's Technology Strategy annually to ensure that it continues to meet the needs of the College in furthering its mission, vision, and mandate.

- Assist in the identification and definition of technology-related issues that influence safe standards of practice.

- Provide guidance in the development of policies and standards pertaining to technology-related issues.

Reporting relationship
The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually.

Membership

- Up to seven total members including at least one member of the Board.

- Up to four full pharmacists or pharmacy technicians appointed by the Board.

- Up two public members

Term of appointment

- Appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need for continuity and experience with the need to refresh the committee. Notwithstanding that, the term of this committee ends at the same time as all other committees.

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

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

Committee officers

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

Voting rights
Each committee member is entitled to one vote on all matters coming before the committee.

Meeting procedures

Schedule: As required to fulfill its mandate and responsibilities.

Format: In person or by teleconference.

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

Attendees: Only Technology Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.

Quorum: A majority of the committee.

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

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

Conflict-of-interest disclosure
Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.

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

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

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

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

INTERDISCIPLINARY RELATIONSHIPS ADVISORY COMMITTEE

Background

The Board has established the Interdisciplinary Relationships Advisory Committee.

Authority

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

Mandate

To provide recommendations to the Board on matters relating to pharmacy and interdisciplinary relationships.

Responsibilities

- Review issues related to pharmacy and interdisciplinary relationships that have been directed to the committee by the Board, Board committee or College staff.

- Promote and enhance collaborative relations with other colleges established under the HPA, regional health boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government.

- Promote and enhance interprofessional collaborative practice between registrants and persons practicing in another health profession.

- Promote and enhance the ability of registrants to respond and adapt to changes in practice environments and other emerging issues related to interdisciplinary relationships.

- Assist in the development of policies, procedures, guidelines and legislation pertaining to pharmacy and interdisciplinary relationship issues and standards.

- Recommend appropriate action to the Board regarding pharmacy and interdisciplinary relationship issues.

- Work collaboratively with other College advisory committees to ensure a cohesive approach related to interdisciplinary relationship issues.

Reporting relationship

The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually.

Membership

- Up to at least six full pharmacists or pharmacy technicians appointed by the Board.
- At least one of its members must be public representatives, of whom must be an appointed Board member.
- Up to at least three of its members must be members of other health professions.

Term of appointment

Committee appointments are for one year terms. Appointees may be reappointed at the discretion of the Board, balancing the need for continuity and experience with the need to refresh the committee.

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

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

Committee officers

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

Voting rights

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

Meeting procedures

Schedule: As required to fulfill its mandate and responsibilities.

Format: In person or by teleconference.

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

Attendees: Only Interdisciplinary Relationships Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.

Quorum: A majority of the committee.

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

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

Conflict-of-interest disclosure

Members must declare conflicts of interest prior to the discussion of individual files or at any time a conflict of interest or potential conflict of interest arises.é

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Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

PRESENTATION TO CPBC
2015

THE PHARMACY EXAMINING BOARD OF CANADA

- national certification body for the pharmacy profession

- not-for-profit, self-supporting organization

- established by a Special Act of Parliament
  - December 21, 1963

- over 50 years of experience in assessing the qualifications and competence of candidates for licensing by pharmacy provincial regulatory authorities

PURPOSE OF BOARD

Purpose:

- to assess candidates and certify that new pharmacist and pharmacy technician registrants have the necessary knowledge, skills and abilities to practise at an entry-level

Responsibility:

- to ensure achievement of a minimum level of competence to practise at an entry-level, in the interest of public protection
- to ensure that PEBC exams are valid, reliable, legally defensible and administered in a standardized manner

PEBC BOARD

One appointee from:

- Each provincial licensing bodies (10)

- Canadian Society of Hospital Pharmacists (CSHP)

- Canadian Pharmacists Association (CPhA)

- Canadian Association of Pharmacy Technicians (CAPT)

Two appointees from:

- Canadian Pharmacy Technician Educators Association (CPTEA)

- Association of Faculties of Pharmacy of Canada (AFPC)

PEBC BOARD

Term of Office:

- 3 years, renewable for 1 term

Duties and Responsibilities:

- control and direction of:
  - all activities of the Board

    and its committees

  - disbursement of its funds

  - determination of its policies and strategic direction

PEBC BOARD

Committees:

- Nominating Committee

- Executive Committee

- By-Laws Committee

- Committee on Examinations

- Finance Committee

- Public Relations Committee

- Committee on Specialties

UPDATE ON PEBC EXAMINATIONS

2014 Pharmacist Qualifying Examination

Part I (MCQ):

- 2777 candidates (1639 in the Spring, 1138 in the Fall)

Part II (OSCE)

- 2592 candidates (1602 in the Spring , 990 in the Fall)

UPDATE ON PEBC EXAMINATIONS
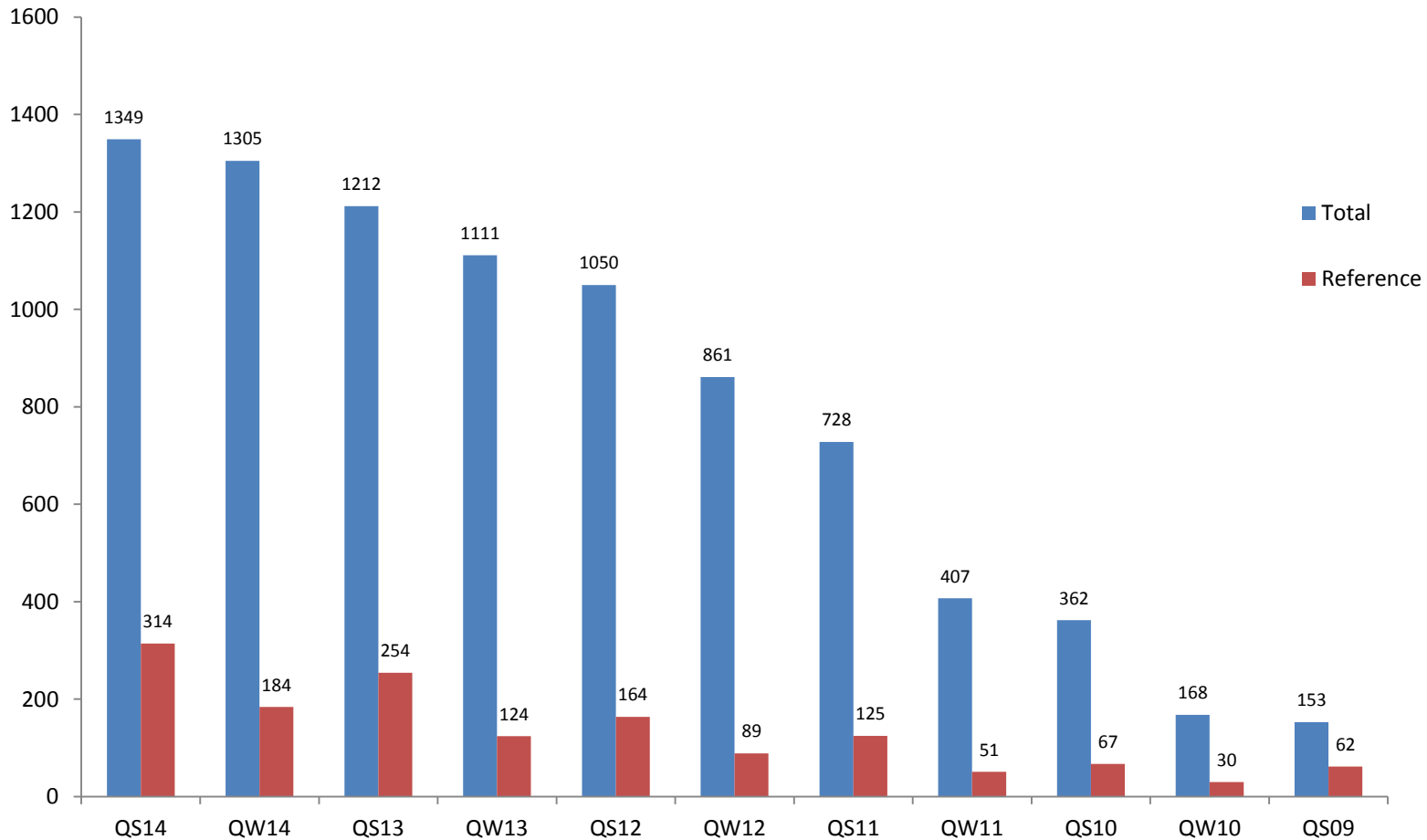
2014 Pharmacist Evaluating Examination

- 2007 candidates (934 in the Winter, 1073 in the Summer)

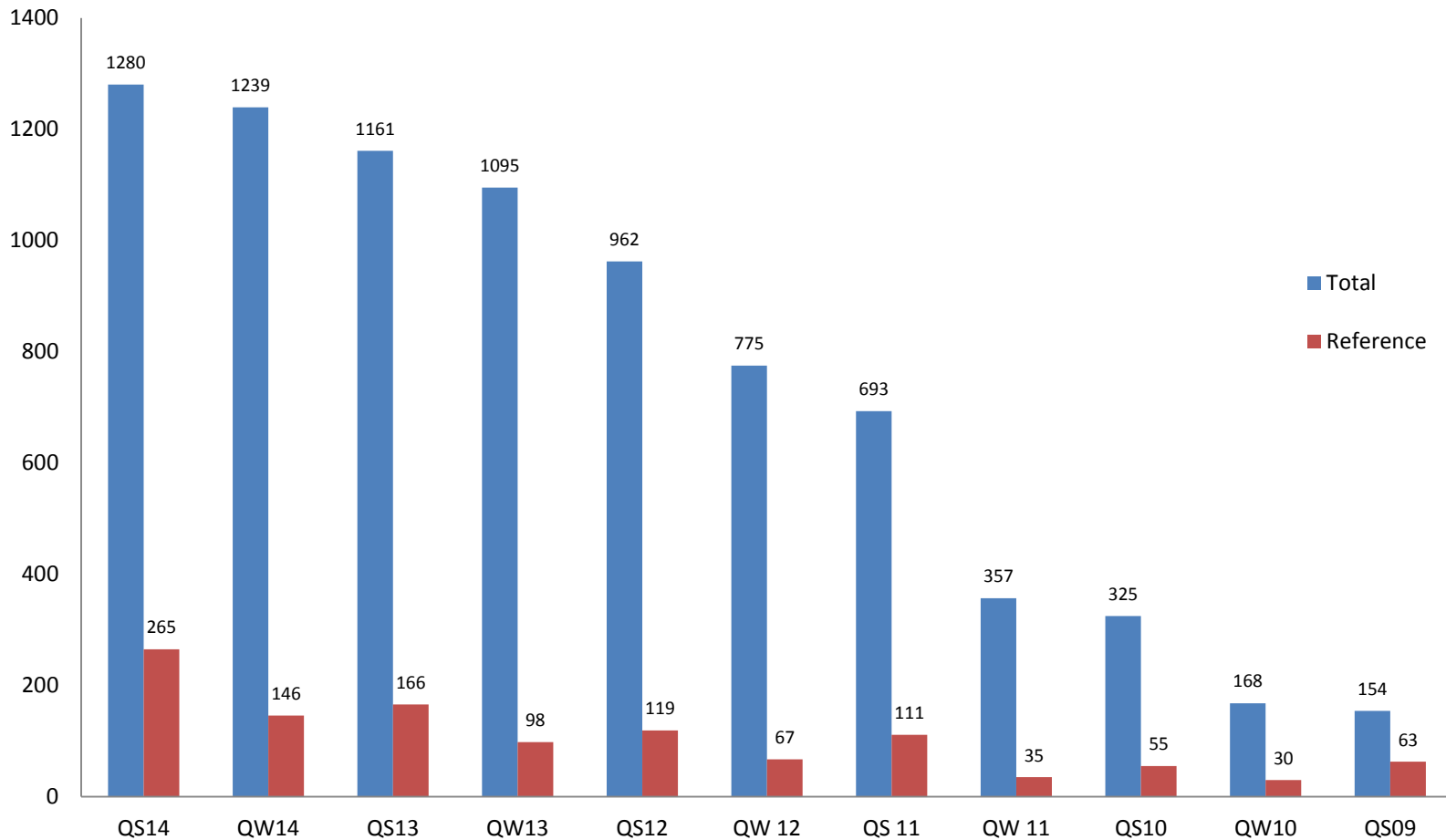## 2014 Pharmacist Document (Credential) Evaluations

- PEBC evaluated documents for 1866 International Pharmacy Graduates (1818 in 2013)

Number of Pharmacy Technician Candidates – MCQ for Eleven Administrations

Legend:
- ■ Total
- ■ Reference

Administration	Total	Reference
QS14	1349	314
QW14	1305	184
QS13	1212	254
QW13	1111	124
QS12	1050	164
QW12	861	89
QS11	728	125
QW11	407	51
QS10	362	67
QW10	168	30
QS09	153	62

Number of Pharmacy Technician Candidates – OSPE for Eleven Administrations

	Total	Reference
QS14	1280	265
QW14	1239	146
QS13	1161	166
QW13	1095	98
QS12	962	119
QW 12	775	67
QS 11	693	111
QW 11	357	35
QS10	325	55
QW10	168	30
QS09	154	63

Number of Pharmacy Technicians Registered with PEBC

Eleven Administrations 2009-2014:

➢ **6044** Pharmacy Technicians certified and registered with PEBC

RECENT PEBC INITIATIVES

Feasibility Study on Computerized Testing

- In 2013, PEBC initiated a Feasibility Study on the use of computerized testing for PEBC multiple choice exams

- Steering Committee was formed to oversee the study

- Steering Committee members consisted of:
  - Registrars Greg Eberhart (ACP) and Sam Lanctin (NBPS)
  - Dr David Hill, Dean, University of Saskatchewan
  - PEBC Board and Panel Members, and staff

RECENT PEBC INITIATIVES

Feasibility Study on Computerized Testing

The **study** consisted of five phases:

- Phase 1: Strategic planning and initial data gathering

- Phase 2: Data gathering: Survey of PRAs and Schools

- Phase 3: Analysis of costs and time frames

- Phase 4: Identification of stakeholder issues

- Phase 5: Development of a Feasibility Report

RECENT PEBC INITIATIVES

Feasibility Study on Computerized Testing

- PEBC Board of Directors, accepted in principle, the recommendations of the Steering Committee and supports moving forward with further exploration of costs and operational issues for administering written examinations via computers

RECENT PEBC INITIATIVES

Feasibility Study on Computerized Testing

2014-2015

- study conducted to explore the length of testing needed for the Pharmacist Qualifying Examination-Part I (MCQ)

- results will allow PEBC to the determine appropriate testing times and how many candidates who can be tested centres across Canada on a given day

- use of computer-based testing facilitates the use of alternate testing and visual formats that cannot be used in a paper and pencil examination

RECENT PEBC INITIATIVES

Practice Analysis Study:

- currently engaged in a practice analysis study to validate the revised NAPRA competencies required of pharmacists and pharmacy technicians at entry to practice

- data analysis from the research will form the basis for updating the test blueprints for the Pharmacist and the Pharmacy Technician Qualifying Examinations

RECENT PEBC INITIATIVES

Practice Analysis Study:

- Practice Analysis Task Force representing key stakeholder groups has been appointed to oversee the practice analysis, includes a NAPRA representative

- study will include Focus Panels, Independent Review Panels, and a large scale national survey of pharmacists and regulated pharmacy technician practitioners

- PEBC plans to implement the new blueprints in 2016

RECENT PEBC INITIATIVES

Other Initiatives:

- PEBC is exploring the use of electronic CPS references, as well as electronic scoring in the PEBC performance (OSCE/OSPE) examinations

- recently PEBC has developed a "Framework for Developing and Assessing Inter/Intra -Professional Collaboration as a Professional Competency"

- this framework has been presented at FIP, Pharmacy Life Long Learning Conference and at CLEAR

RECENT PEBC INITIATIVES

Other Initiatives:

- PEBC is also exploring potential involvement in assessments related to specialty certification and advanced practice certification

- participating on the Blueprint for Pharmacy Research Advisory Committee to oversee the Specialty Certification Needs Assessment Research Study being conducted by Intergage Consulting Group Inc.

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17. Legislation Review Committee

Presented By:

Anar Dossa, Committee Chair

February 20, 2015

Proposed Legislation Revisions

- **Board current strategic plan identifies objectives to:**
  - Review and map standards to ensure relevancy and consistency in 6 priority areas
  - Develop standards for pharmacy workload

- **Bylaw and policy revisions focus on the above objectives and reflect the theme of the Strategic Plan: *Quality Pharmacy Services***
  - HPA Bylaws – Schedule F – Part 1 – Community Pharmacy Standards of Practice
  - PODSA Bylaws
  - PPP-54 Identifying Patients for PharmaNet Purposes
  - PPP-65 Narcotic Counts and Reconciliations

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Proposed Legislation Revisions

Process for Review included significant consultation:

- College Board Advisory Committees (Community, Residential Care, Practice Review, Legislation Review) and the BCPhA were consulted and provided with an opportunity to provide written and live meeting feedback prior to finalization of proposed draft changes.

- External (broad pharmacy) stakeholder written consultation of "final" proposed drafts

- College staff and Legislation Review Committee review of stakeholder consultation –*Summary of Stakeholder Feedback* document

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Proposed Legislation Revisions

Board package information included:

- Background briefing notes

- Draft bylaw and policy changes with explanatory comments

- Stakeholder feedback documents

- Summary of stakeholder feedback document

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Legislation Review Committee Recommendations

- **Approve HPA and PODSA bylaws for 90 day public posting as circulated**

- **Staff to critically review stakeholder feedback during public posting period**

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17. a) Bylaw Revisions

i) Community Pharmacy Standards of Practice

MOTION:

Approve the draft Health Professions Act Bylaws – Schedule F – Part 1 – Community Pharmacy Standards of Practice for public posting for a period of 90 days, as circulated.

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17. a) Bylaw Revisions

ii) PODSA - Bylaws

MOTION:

Approve the draft Pharmacy Operations and Drug Scheduling Act Bylaws for public posting for a period of 90 days, as circulated.

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17. b) PPP-54 – Identifying Patients for PharmaNet Purposes

PRIMARY IDENTIFICATION:
- Drivers License
- Passport
- ~~Provincial Identity card issued by the Province of BC~~British Columbia Identification Card (BCID)
- Police Identity Card issued by RCMP or Municipality
- Certificate of Indian Status Card
- Permanent Resident Card issued by the Government of Canada
- B.C. Services Card - photo

SECONDARY IDENTIFICATION:
- B.C. Services Card – no photo ~~Care card issued by the Province of B.C.~~
- Birth Certificate
- Canadian Citizenship Card
- ~~Landed Immigrant Status papers~~Record of Landing of Permanent Residency
- Work/Visitor/Study Permit issued by the Government of Canada
- Naturalization Certificate
- Marriage certificate
- Change of Name Certificate
- Identification or Discharge Certificate from External Affairs Canada or Canadian Armed Forces
- Consular Identity Card

17. b) PPP-54 – Identifying Patients for PharmaNet Purposes

MOTION:

Approve the amendments to Professional Practice Policy 54 – Identifying patients for PharmaNet purposes, as amended.

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17. c) PPP-65 – Narcotic Counts and Reconciliations

REQUIRED PROCEDURES:

The narcotic counts and reconciliations must consist of the following ~~five~~ four components, and must be verified and signed off by the pharmacy manager after each completion:

~~5.~~ ~~Random Audit~~

~~On a monthly basis, the pharmacy manager must:~~

~~a)~~ ~~randomly audit 5 percent of narcotic drug invoices received to ensure they have been accurately recorded in the Perpetual Inventory Record. (Note: The date and time of the audit should not be predictable or known to staff.)~~
~~b)~~ ~~randomly audit 5 percent of narcotic prescription sales records against the hard copy prescriptions to ensure that they match the computer record of dispensing.~~

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17. c) PPP-65 – Narcotic Counts and Reconciliations

MOTION:

Approve the amendments to Professional Practice Policy 65 – Narcotic Counts and Reconciliations, as amended.

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College of Pharmacists of British Columbia

18. Robbery Prevention Working Group

Presented By:

Bev Harris, Working Group Chair

February 20, 2015

Brad Davie

Owner & Manager of Community Pharmacy (former)

Clinic Style

Glover Pharmacy

Opened June 2006

Robbery - 4

Burglary - 7

Employee Impact

1 Switched Pharmacy

1 WCB X 1 year – refuses to work in community
  (Works in hospital only)

1 Now a Financial Planner

1 Received counselling but returned to work

Evidence & Experts:

VPD & RCMP

Banking Industry Lessons

Walgreen's Experience

Safeway Experience

Stakeholders

Challenge:

ACT on what EXPERTS & EXPERIENCE tells us

Picture is worth a 1000 words….
…. A video is worth **?????**

Robbery Prevention Working Group
- Recommendations

MOTION:

Approve Professional Practice Policy 74 – Community Pharmacy Security and the accompanying resource guide, as circulated.

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20. Extemporaneous Compounding Task Group

Pharmacy Compounding Standards: Update

Presented By:

Michelle Koberinski, Co-chair of task group

February 20, 2015

Task Group Responsibilities

1. To perform a review of current national and international compounding practices (sterile and non-sterile) in both hospital and community practice settings

2. To review compliance-related issues with these standards

3. To recommend the Board approve implementation of regulatory compounding standards to ensure public safety with respect to all types of compounding practices

4. Work collaboratively with other College practice advisory committees to ensure a cohesive approach to anticipated practice issues

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ECTG - Members

Community Pharmacy

John Forster-Coull (Pharmacy Manager, Victoria Compounding Pharmacy)

Kyle Marshall (Pharmacy Technician, Estevan Pharmacy in Victoria)

Mark Chambers (Pharmacy Manager, Dyck's Pharmacy in Kelowna)

Sarah Kalmakoff (Pharmacy Technician, Dyck's Pharmacy in Kelowna)

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ECTG - Members

Hospital Pharmacy

Keith McDonald (Director, Residential Care and Tertiary Mental Health, Lower Mainland Pharmacy Services) [Also the chair of Hospital Pharmacy Advisory Committee]

Marianne Tofan (Coordinator, Distribution Pharmacy Services, Children's & Women's Health Centre of B.C.)

Yvonne Dresen (Pharmacy Technician Supervisor – CIVA, University Hospital of Northern British Columbia)[Also member of Hospital Pharmacy Advisory Committee]

Michelle Koberinski (Oncology Certification Pharmacy Technician, BC Cancer Agency) [Also a member of CSHP's Compounding Guidelines writing group]

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ECTG - Members

Industry Consultant

Sebastian Denison (Consultant, Professional Compounding Centers of America)[Also an instructor of accredited compounding courses in Canada and a former Pharmacy Manager of a compounding pharmacy in North Vancouver]

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ECTG – Meetings to date

- Oct 11, 2013

- Nov 15, 2013

- July 28, 2014

- Oct 22, 2014

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ECTG – Compounding Standards

Current: Community and Hospital

NAPRA Guidelines to Pharmacy Compounding (Oct 2006) Very basic information on:	
•Personnel •Premises •Equipment •Sanitation •Quality Control •Labeling	•Packaging •Storage and Transport •Documentation •Sterile Compounding •Veterinary Medicine

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ECTG – Compounding Standards

Current: Community and Hospital

Health Canada POL-0051
4.2 Healthcare professionals who are engaged in compounding must comply with applicable provincial/territorial/federal regulations and their standards for these services. 5.1 (k) Those engaged in sterile compounding should be knowledgeable and obtain specialized technical training in this area (The Canadian Society of Hospital Pharmacists as well as United States Pharmacopoeia [USP] have developed guidelines)

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ECTG – Compounding Standards

Current: Community and Hospital Hazardous Drugs

WorkSafe BC Regulation Part 6- Substance Specific Requirements
•Deals specifically with hazardous drugs •Designed to protect the worker, not the patient •Very general and outdated

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ECTG – Compounding Standards

Current: Hospital

HPA Bylaw Schedule F Part 2:

Sterile Products must be prepared and distributed in an environment that is in accordance with

(a) the Canadian Society of Hospital Pharmacists' "Guidelines for Preparation of Sterile Products in Pharmacies",

(b) the USP Pharmaceutical Compounding – Sterile Products Guidelines, and

(c) such other published standards approved by the board from time to time.

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ECTG – Compounding Standards

Current: Hospital

PPP-61 Hospital Pharmacy Published Standards
Sterile products must be prepared in accordance with the published standards noted below: 1. CSHP Official publications – Guidelines for Preparation of Sterile Products in Pharmacies

USP<797>
American; most comprehensive set of 'guidelines' available until CSHP released their *Compounding: Guidelines for Pharmacies* in September 2014

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ECTG – Compounding Standards

Current: Hospital

CSHP Compounding: Guidelines for Pharmacies (Sept 2014)
•Canadian
•Based on national and international best practice standards
•Very detailed regarding how to incorporate best practices
•Covers all aspects of compounding (sterile, non-sterile, hazardous, non-hazardous)

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ECTG – Compounding Standards

Current: Hospital – Hazardous Drugs

PPP-61 Hospital Pharmacy Published Standards
Hazardous drugs must be handled and prepared in accordance with the requirements for *the Safe Handling of Antineoplastic Agents in Health Care Facilities* published by WorkSafe BC and the published standards noted below: CSHP Official Publications – Handling and Disposal of Hazardous Pharmaceuticals (including cytotoxic drugs)

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ECTG – Literature Discussed

USP Chapter 795-Non-Sterile

American, scientific body, unbiased, minimum standard to achieve

USP Chapter 797 –Sterile

American, scientific body, unbiased, minimum standard to achieve

CSHP Compounding: Guidelines for Pharmacies – Sterile and non-Sterile; Hazardous and non-Hazardous

Canadian, 'gold standard', could be too restrictive for a regulatory body

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ECTG – Overarching Themes

Patient safety and access

Compliance and enforcement

Financial impact on pharmacy practice (community and hospital) and on the patient

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ECTG - Other Issues

Definition of compounding

Training of BC College Inspection team (considerations)

Timeline for implementation (considerations)

Communication with all pharmacy practices (considerations)

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ECTG - Draft Recommendations

Update minimum standards of practice for compounding

Specify in standards the requirements of USP Chapters 795 & 797

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ECTG – Next Steps

Provide suggested changes for bylaw and policy to CPBC legislation branch for consideration of resources and scope/breadth of work

Provide suggested urgency of work to be captured in the legislation review schedule (which will be reported at the April Board meeting)

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ePrescribing: Moving Forward

College of Pharmacists of BC

February 20, 2015

Tracee Schmidt

Ministry of Health

Today's Objectives

- Update on ePrescribing progress
- Overview of recent engagements
- Discuss working together across professional organizations
- Working together
- Next steps: the next 6 months

Vision for eRx

Every prescription dispensed in a community pharmacy
is an electronic prescription.

Without pharmacist and physician adoption of ePrescribing, this vision will never be realized.

Project Update

- Strategic priority in Service Plan and *Setting Priorities*
- Two pilots completed
- 3-4 more pilots planned for 2015
- Publication of new conformance specifications expected February/March 2015; followed by comprehensive vendor stakeholder engagement process
- Engagement with Colleges and Associations is underway
- Policy gap analysis
- End user working group expected to be formed

Recent engagement with professional organizations

Who did we talk to?

What did we hear?

BC Pharmacy Association

- Supportive of moving forward and working together

College of Physicians and Surgeons

- Supportive of moving forward
- Interest in working collaboratively with CPBC on policy

Doctors of BC

- Focus on funding and training opportunities
- Emphasis on "getting it right" before it rolls out
- Interest in participating in a working group

Working Together

Working Together

Inter-professional collaboration

- Working collaboratively with pharmacists and physicians to evaluate policies and workflows to enable ePrescribing

Vendor engagement

- Seek participation from the Colleges and Associations at upcoming vendor conformance standards workshops

Communicating with pharmacists and physicians

- Co-hosting "town hall" session with pharmacists and physicians to provide overview of eRx and "live demos"

Getting it right: reviewing the workflow Appendix 18

- Understanding the clinical experience is integral to successful deployment of eRx and adoption across BC
- The project team would like to work with the pharmacists and physicians to review the detailed workflows to ensure it accurately captures the anticipated changes to the clinical experience

We have one chance to get it right

What does success look like?

Let's work together to roll out ePrescribing across BC

Key milestones dates for discussion during consultation:

- By June 2015, commence an additional end-to-end electronic prescribing pilot.

- By August 2016, all community pharmacy vendors have successfully conformance tested ePrescribing-enabled software.

- By December 2016, hospital physicians are better able to perform medication reconciliation through the use of hospital clinical information systems that integrate with PharmaNet.

- By March 2017, all community pharmacies are dispensing medications from electronic prescriptions.

- By March 2017, all community prescribers are prescribing via electronic prescriptions.

The next six months

- End user working group with physicians

- Continued engagement with Colleges and Associations

- More ePrescribing pilots

- Publication of conformance standards

- Vendor stakeholder engagement

- Preparation of detailed workflow change summaries, Q&As, and communications aimed at clinical users

Questions?

Tracee Schmidt | Executive Director

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

Program Update

20 February 2015

Maria Hudspith, Executive Director, PainBC

Dr. Thuy Nguyen and Dr. Marylene Kyriazis, Program Faculty

PAIN BC

Why Focus on Chronic Pain?

- High prevalence – 1 in 5

- Biopsychosocial impact – affects all aspects of life

- Biggest driver of health care utilization

- Health care system response inadequate, HCP education insufficient

- Invisible, stigmatized, invalidated condition

- Greatest impact on quality of life

  - *depression X 5, suicide X 2, job loss, strain on relationships, functional impairment, potential for addiction*

Building a System of Care for People in Pain

Goals:

1. Improving practice and outcomes
2. Creating interdisciplinary networks

- 57 GP "Pain Champions" delivering program across BC – 500 participants in 2015

- 130 Pharmacists + 2 more workshops in March

- 66 Physiotherapists

- Occupational Therapist program launch in Feb.

- Mental Health professional program launch in fall

Pharmacists Education Initiative

Program Overview

- 8-hour accredited live workshop

- Pilot of clinical pain consult process with mentoring by faculty and evaluation of impact

- Pilot targeting 200 Pharmacists

- Developed and taught by 2 PharmD pain experts

- Peer reviewed

- Only program of its kind in Canada

- CCCEP accredited – 9 CEU's

Pharmacy Program Goals

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

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

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

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

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

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

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

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

PAIN BC

Chronic Pain 101 Workshop - Program Content

❑ Module 1 - Understanding and communicating with the patient in pain

❑ Module 2 - Pathogenesis of pain and assessment of pain

❑ Module 3 - Pain management

❑ Module 4 - Opioid related issues

❑ Module 5 - Management of the chronic pain patient (case study)

Workshop Evaluation Highlights

Number of respondents: 129
1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

- ✓ I have increased my knowledge about pain and its effects
  Ave score: 4.43

- ✓ I have increased my confidence in managing pain
  Ave score: 4.35

- ✓ I have increased my knowledge of pain assessment
  Ave score: 4.6

- ✓ I have increased my awareness of resources for patients living with chronic pain
  Ave score: 4.53

PAIN BC

"How I will change my practice"

✓"Increase collaboration with physicians"

✓"Initiate communication more effectively with patients with chronic pain"

✓"Assess pain patients more effectively"

✓"Improve patients outcomes and safety through the pain consults"

✓"Set realistic expectations/goals for pain patients"

✓"Referral to pain resources"

From Theory to Practice

Harnessing the Power of BC's Pharmacists to reduce the burden of pain and improve patient safety

How ?

- Empowered the pharmacists with clinical knowledge, skills and tools in pain management

- Initiated the "Pain Consults" - a template to help pharmacists translate the theory into practice

- 1:1 mentoring of pharmacists with their pain consults

- Evaluating impact of pain consults

PAIN BC

Impact of the Pain Consults

✓ Was a drug-related problem identified? 33 yes, 1 no

✓ Was an intervention made? 31 yes, 3 no

✓ Were there improvements in patient outcomes as a result of the pain consult? 31 yes, 3 no

✓ Were medication related safety issues identified?
20 yes, 14 no

✓ Were compliance issues identified? 14 yes, 18 no

✓ Did the pharmacist get involved in the management of medication related adverse effects? 27 yes, 7 no

Impact of the Pain Consults

- ✓ Were any OTC products recommended to manage medication-related adverse effects? 17 yes, 17 no

- ✓ Were there any discussions with the patient relating to the safe use of medications? 32 yes, 2 no

- ✓ Were non-pharmacological interventions discussed and/or recommended? 32 yes, 2 no

- ✓ Was there increased pharmacist/physician collaboration as a result of the pain consults? 22 yes, 3 no, 9 N/A

- ✓ Was the initial pain consult easy to administer?33 yes, 1 no

- ✓ Was the follow-up consult easy to administer? 31 yes, 2 no

Participants' Comments About the Pain Consults

----- *"The entire exercise made me think of pain management in a different light. This can definitely be implemented in our clinical services."* ----

----- *"There is a great demand for these services and this training. The stepwise approach and the quick forms make it easy to provide our perspective to patients, and hopefully make a difference in their outcomes and long term positive results."* ---

----- *"The process has provided me with an avenue for additional follow-ups and has helped me provide a service of compassion and understanding that I believe should be an integral part of good pharmaceutical practice."* ---

PAIN BC

"What was most valuable about this program?"

- ✓ "Practical/useful tools for pain assessment"

- ✓ "Pain resources and websites"

- ✓ "How to start the conversation with patient and collaboration with physicians"

- ✓ "Interactive approach and practical hands-on examples"

- ✓ "Putting theory into practice"

- ✓ "Pain consult sheets so simple and concise and easy to use"

- ✓ "This course really empowers pharmacists to take on a more clinical role with their patients."

Next Steps

- Complete phase 1 and explore demand for 2nd phase

- Evaluate impact of pain consults and determine implications for practice change

- Engage participants in interdisciplinary learning and networking programs

1. Monthly, case-based e-learning
2. Local and virtual network development activities (Pain BC and Doctors of BC PSP)
3. Facilitating local, emergent projects
4. Launch "pain foundations" program for new recruits

Questions?

Thank you for your support

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PAIN BC

Pharmacogenomics in Pharmacy Practice

Mark Kunzli, RPh, ExecMBA

Dr. Corey Nislow

Dr. Ron Reid

February 20, 2015

One-time cost, lifetime amortization
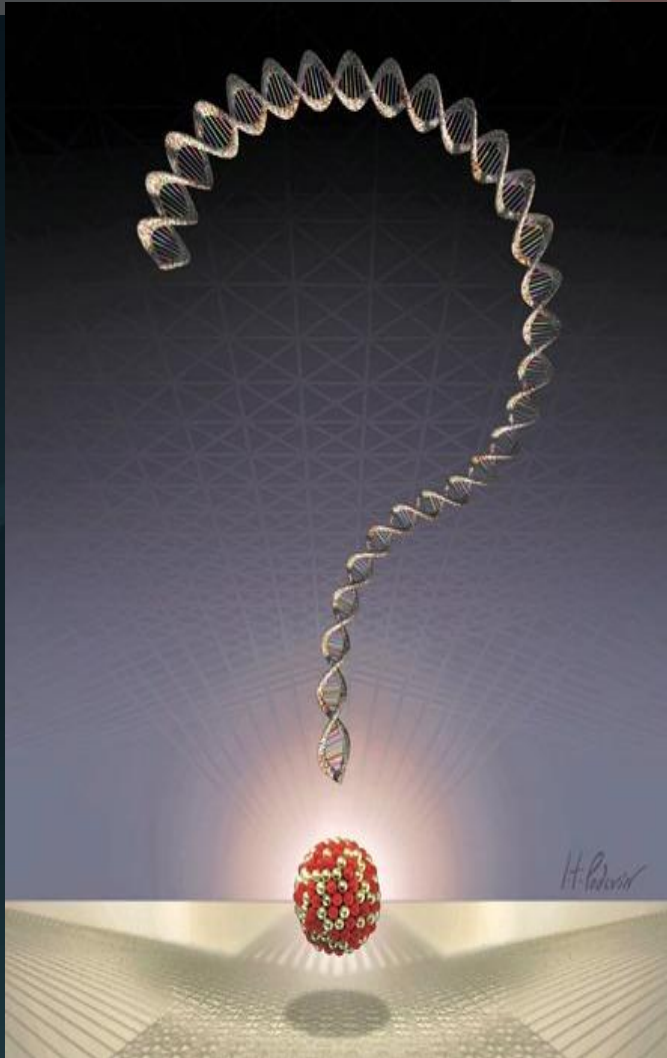
Genome allows for truly personalized medicine

Pharmacists are ideally situated between patient and physician

Sequencing today will answer the questions of tomorrow

Project Proposal

ReADRess:

Reducing Adverse Drug Reactions caused by 2nd Generation Atypical Antipsychotics

Second Generation Antipsychotics (SGAs):
Broadly prescribed, narrowly understood

- Serious ADRs:
  - metabolic disorders
  - substantial weight gain
  - muscular tics

- 2011: 240,000 prescriptions for risperidone in children 12 and under

Enabling Precision SGA Therapy

- Understanding ADRs is crucial to understanding how to treat

- Healthcare requires greater knowledge on the implications of SGA treatment

- Pharmacists require education to apply genomic information to drug therapy, including SGAs

Why pharmacy?
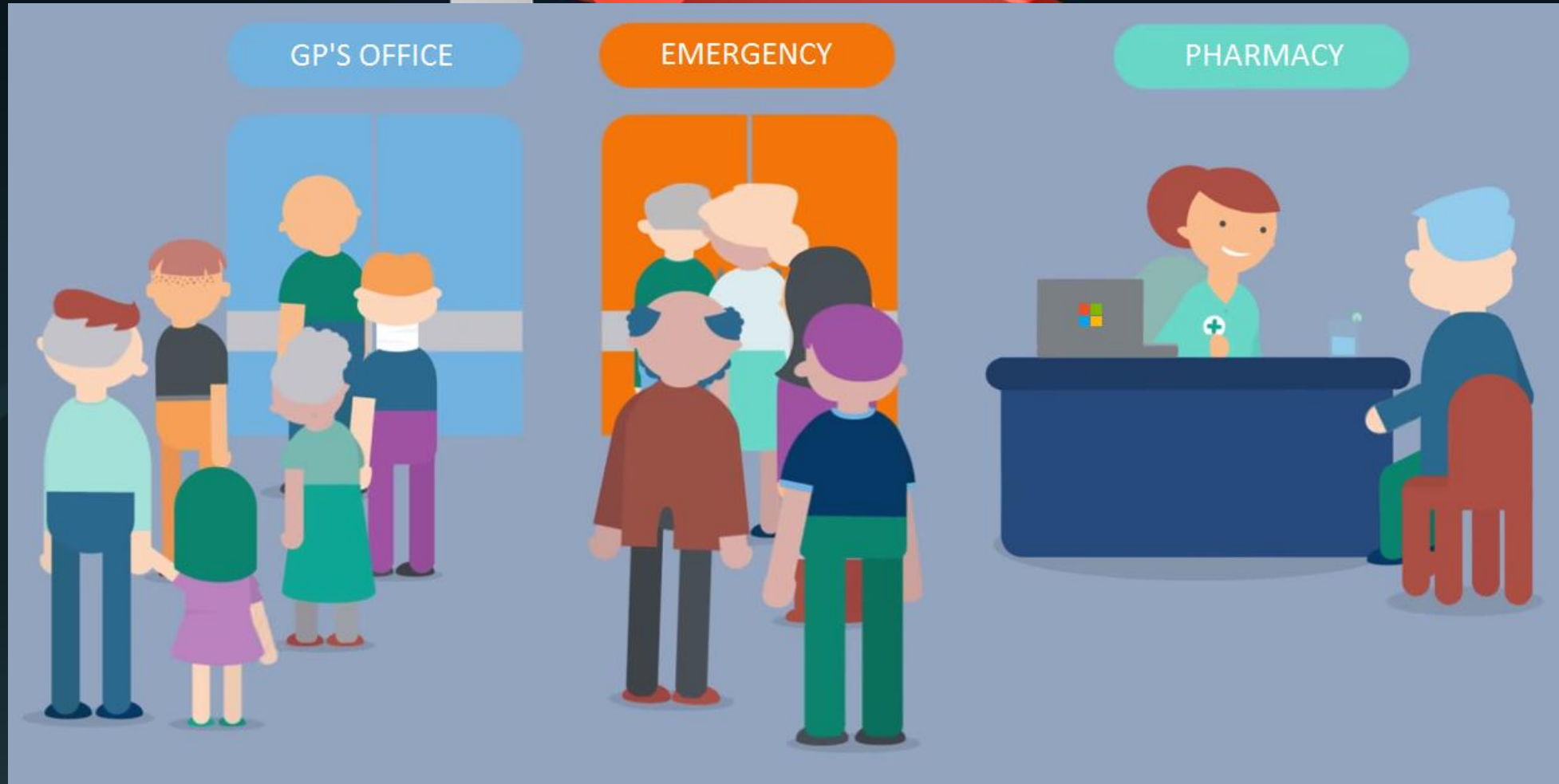
Province-wide Outreach

- Build upon existing network of pharmacies and pharmacists

- Infrastructure and training available throughout BC

Project Deliverables

- Standard Operating Procedures for assessing SGAs and genomics ✅

- Saliva sample protocol for DNA analysis ✅

- Syllabus of pharmacogenomic CE modules ✅

- Detailed preliminary study to build upon ✅ ✅ ✅

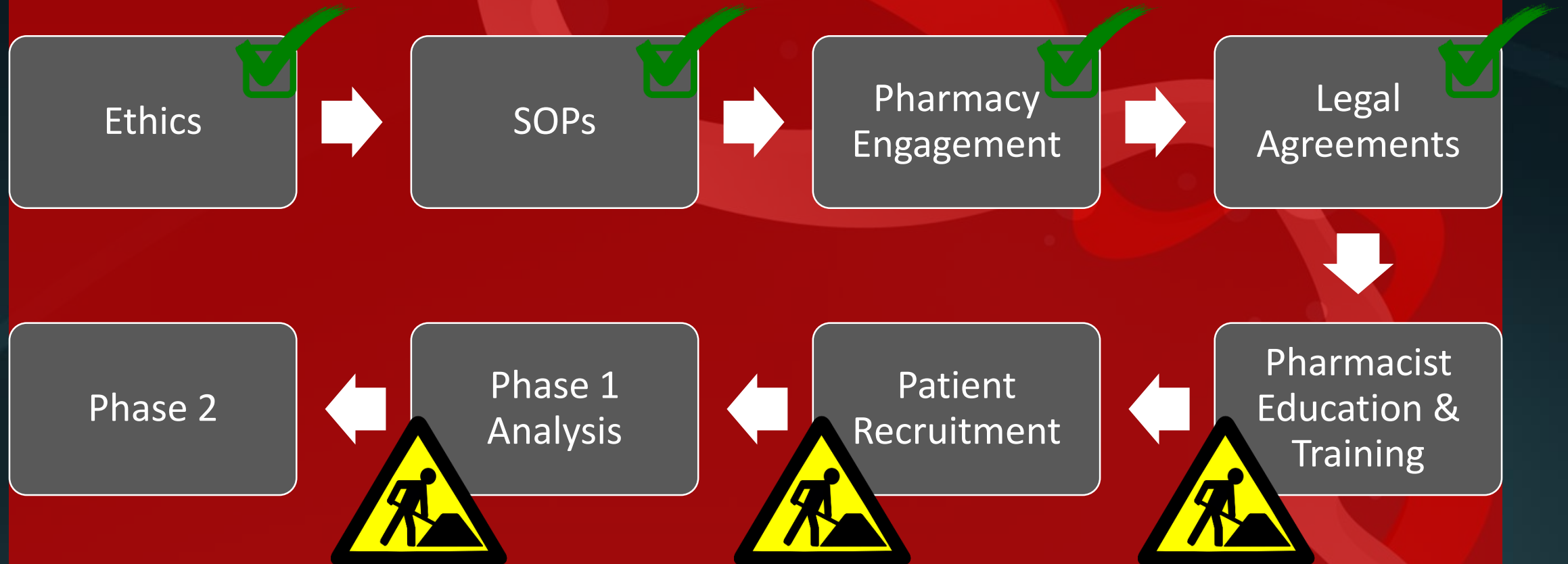- 200 full exomes from patients on SGAs ⚠️

Lessons Learned

- There is a public appetite for genomics in practice
- Education is key to changing perception
- The pharmacists is well positioned to engage patients on SGAs
- Pharmacists are best positioned to lead pharmacogenomics implementation
- We're not going to do it alone

What is UPP-007?
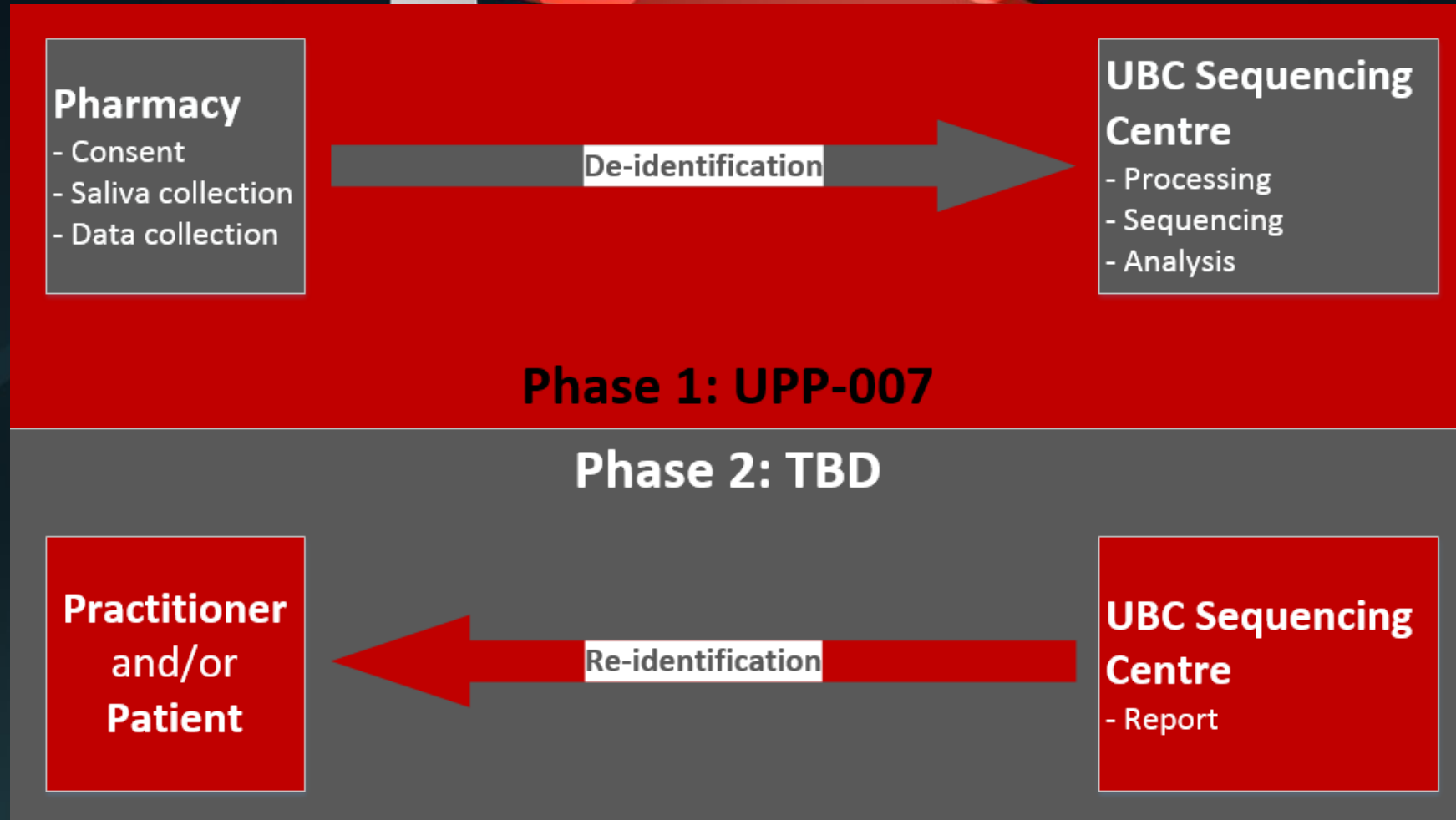
We couldn't have done it without you, thank you.