College of Pharmacists
of British Columbia

Board Meeting
June 18th and 19th, 2015
200-1765 West 8th Avenue,
Vancouver, BC

MINUTES

Thursday, June 18th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Blake Reynolds, Vice-Chair & District 4 Board Member
Oswald Chu, District 1 Board Member
Ming Chang, District 2 Board Member *(present for items 10(c) to 14)*
John Shaske, District 3 Board Member
Bob Craigue, District 5 Board Member
Aleisha Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
Norman Embree, Public Board Member
Kris Gustavson, Public Board Member *(present for items 1 to 9(a))*
Jeremy Walden, Public Board Member
George Walton, Public Board Member

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Mary O'Callaghan – Chief Operating Officer
Ashifa Keshavji, Director – Practice Reviews and Competency
Doreen Leong, Director – Community Pharmacy Practice and Registration
Mykle Ludvigsen, Director – Public Accountability and Engagement
Kitty Chiu, Executive / Human Resources Coordinator
Lori Tanaka, Executive Assistant to the Deputy Registrar
Tien Huynh, Business and Systems Analyst

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1. WELCOME & CALL TO ORDER

Chair Dossa called the meeting to order at 9:15am on June 18th, 2015. Registrar Nakagawa welcomed Registrar and CEO Diane O'Conner and Deputy Registrar Cameron Cowper both of the College of Speech and Hearing Health Professionals of BC as observers to the meeting.

2. CONFIRMATION OF AGENDA (Appendix 1)

It was moved and seconded that the Board:

Approve the June 18 – 19, 2015 Draft Board Meeting Agenda as circulated.

CARRIED

3. APPROVAL OF MINUTES (Appendix 2)

It was moved and seconded that the Board:

Approve the Draft April 16 – 17, 2015 Board Meeting Minutes as circulated.

CARRIED

4. BOARD MEETING EVALUATION FEEDBACK

Chair Dossa reviewed the results of the Board Meeting Evaluation Feedback from the April 2015 Board meeting **(Appendix 3)**.

5. CHAIR'S REPORT

Chair Dossa provided a report of her activities since the last Board meeting **(Appendix 4)**.

6. REGISTRAR'S REPORT

a) Activity Report
Registrar Nakagawa provided a report of his activities since the last Board meeting **(Appendix 5)**.

b) Action Items & Business Arising
Information was distributed in the briefing package **(Appendix 6)**.

c) Strategic Plan Items for this Board Meeting
Registrar Nakagawa presented an update on the status of the strategic plan objectives **(Appendix 7)**.

7. NAPRA REPORT

NAPRA Board Representative Bob Craigue reported on information as distributed in the briefing package **(Appendix 8)**.

8. ADVANCED PRACTICE PHARMACIST TASK GROUP

a) Membership Appointment
Chair Dossa declared a conflict of interest relating to this item. The Chair was turned over to Vice-Chair Reynolds, and she left the room.

It was moved and seconded that the Board:

Appoint Jackson Stewart and Hafeez Dossa as members of the Advanced Practice Pharmacist Task Group.

CARRIED

Upon return to the meeting, the Chair was returned to Chair Dossa.

9. PRACTICE REVIEW COMMITTEE

a) Membership Appointment

It was moved and seconded that the Board:

Appoint Helen Singh as a member of the Practice Review Committee.

CARRIED

b) Practice Review Program: Phase 2

Paul Tier, a contracted resource tasked with managing the development and implementation of Phase 2 of the Practice Review Program (PRP), gave a presentation on the background of the PRP **(Appendix 9)** and the information as distributed in the briefing package **(Appendix 10)**.

It was moved and seconded that the Board:

Approve the high-level design and scope of the Practice Review Program – Phase 2 Hospital Pharmacies as described in the Key Elements as circulated.

CARRIED

It was moved and seconded that the Board:

Approve the Policies/Processes recommended by the Practice Review Committee for Phase 2 Hospital Pharmacies as circulated.

CARRIED

10. LEGISLATION REVIEW COMMITTEE

a) Pharmacy Operations and Drug Scheduling Act (PODSA) Forms Update

Board member and Chair of the Legislation Review Committee Bal Dhillon presented information as distributed in the briefing package **(Appendix 11)**.

It was moved and seconded that the Board:

Approve the draft PODSA Forms for public posting for a period of 90 days, with the following amendment:

- *Replace "The following must be submitted at least 2 weeks prior to opening" with "The following must be submitted prior to licensure" on page 2 of Form 1A – Application for New Pharmacy (Community) and Form 1B – Application for New Pharmacy (Hospital).*

CARRIED

b) Drug Schedule Regulation Changes: Acyclovir, Adrenocortical Hormones, Azelaic Acid, Hydrocortisone, Hydrocortisone Acetate, Naproxen, Triamcinolone Acetonide (Appendix 12)

It was moved and seconded that the Board:

RESOLVED THAT, in accordance with the authority established in section 22(1) of the Pharmacy Operations and Drug Scheduling Act*, and subject to filing with the Minister as required by section 22(2) of the* Pharmacy Operations and Drug Scheduling Act*, the board amend the Drug Schedules Regulation, B.C. Reg. 9/98, as set out in the schedule attached to this resolution.*

CARRIED

c) Community Pharmacy Security Resource Guide (PPP-74)

Deputy Registrar Suzanne Solven presented information as circulated in the briefing package **(Appendix 13)**.

It was moved and seconded that the Board:

Approve the Community Pharmacy Security Resource Guide with the following amendments:

- *Remove the 'Question and Answer' box from page 15,*
- *Add to the Definitions, the definition of 'Security Barriers',*
- *Add the Policy Statement and Clarification on PPP-74 requirement 1(D) Security Barriers,*
- *Replace Appendix A PPP-74 with the version approved at the February 2015 Board meeting, and*
- *Add Appendix I General Information about Protecting Personal Information.*

CARRIED

It was moved and seconded that the Board:

Rescind Professional Practice Policy-5 Pharmacy Security, effective September 15, 2015.

CARRIED

d) Proposed Bylaw Changes Feedback

Board member and Chair of the Legislation Review Committee Bal Dhillon presented information as distributed in the briefing package **(Appendix 14)**.

11. ACADEMIC DETAILING IN BRITISH COLUMBIA

Dr. Terryn Naumann Director of Evaluation, Drug Intelligence and Optimization, Medical Beneficiary and Pharmaceutical Services Division of the BC Ministry of Health gave a presentation entitled Academic Detailing in British Columbia **(Appendix 15)**.

12. AUDIT AND FINANCE COMMITTEE

a) 2014/2015 Audited Financial Statements (Appendix 16)

It was moved and seconded that the Board:

Approve the audited financial statements for fiscal year 2014/15 as presented.

CARRIED

b) Auditor's Report (Appendix 17)

Board member and Chair of the Audit and Finance Committee John Shaske and Chief Operating Officer Mary O'Callaghan presented information as distributed in the briefing package **(Appendix 15)**.

c) Reappointment of Auditors

It was moved and seconded that the Board:

Direct the Registrar to reappoint Grant Thornton LLP for the 2015/16 and 2016/17 year end audits.

CARRIED

d) April 2015 Financial Reports

Board member and Chair of the Audit and Finance Committee John Shaske and Chief Operating Officer Mary O'Callaghan presented information as distributed in the briefing package **(Appendix 18)**.

e) Board Policy 2.11 – Reimbursement of Expenses to Board and Committee Members (Appendix 19)

It was moved and seconded that the Board:

Approve the proposed changes to the Board Policy 2.11 – Reimbursement of Expenses to Board and Committee Members with the following amendments:

- *Increase the maximum preparation time for Board and committee members to 8 hours,*
- *Add 'whenever possible' after 'Air travel is to be booked through the College-specified travel agent…'*

CARRIED

13. IN-CAMERA: FINANCIAL

As per HPA Bylaws section 13(7)(a):

'financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public'

It was moved and seconded that the Board:

Direct the Registrar to negotiate a five-year contract not to exceed $800,000 for IT Managed Services with Xyfon Solutions Inc.

CARRIED

14. IN-CAMERA: LEGAL ADVICE

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

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

ADJOURN FOR THE DAY

The meeting adjourned for the day at 4:10pm.

College of Pharmacists of British Columbia

Friday, June 19th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Blake Reynolds, Vice-Chair & District 4 Board Member
Oswald Chu, District 1 Board Member
Ming Chang, District 2 Board Member
John Shaske, District 3 Board Member
Bob Craigue, District 5 Board Member
Aleisha Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member
George Walton, Public Board Member

Regrets:
Norman Embree, Public Board Member

Invited Guest:
Mitch Prasad, UBC Pharmacy Undergraduate Society – President

Staff:
Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Mary O'Callaghan – Chief Operating Officer
Ashifa Keshavji, Director – Practice Reviews and Competency
Doreen Leong, Director – Community Pharmacy Practice and Registration
Mykle Ludvigsen, Director – Public Accountability and Engagement
Kitty Chiu, Executive / Human Resources Coordinator
Lori Tanaka, Executive Assistant to the Deputy Registrar
Tien Huynh, Business and Systems Analyst

CALL TO ORDER

Chair Dossa called the meeting to order at 9:31am on June 19th, 2015 and welcomed President of the UBC Pharmacy Undergraduate Society Mitch Prasad to the table.

15. ATTRIBUTION OF MOTIONS IN BOARD MEETING MINUTES

It was moved and seconded that the Board:

Approve that the College of Pharmacists of BC no longer identify the names of movers and seconders within Board meeting minutes.

CARRIED

16. METHADONE MAINTENANCE TREATMENT (MMT) ACTION PLAN (Appendix 20)

It was moved and seconded that the Board:

Direct the Registrar to take the following actions as outlined in the MMT Action Plan:

- *Develop, plan and implement new undercover investigations,*
- *Conduct priority inspection of identified MMT dispensing pharmacies,*
- *Continue to build and maintain collaborative relationships with key stakeholders, and*
- *Provide recommendations to the Board to strengthen legislation and licensure requirements.*

CARRIED

17. 125TH ANNIVERSARY WORKING GROUP (Appendix 21)

It was moved and seconded that the Board:

Approve the Terms of Reference for the 125th Anniversary Working Group.

CARRIED

It was moved and seconded that the Board:

Approve the recommended members of the 125th Anniversary Working Group:

- *Ming Chang (Chair)*
- *Jimi Galvao*
- *Yonette Harrod*
- *Loree Marcantonio*
- *Cesilia Nishi*

CARRIED

18. IN-CAMERA: PERSONNEL MATTERS

It was moved and seconded that the Board:

Approve a maximum of $20,000 to obtain an external HR consultant to conduct an evaluation of the Registrar.

CARRIED

19. ADJOURNMENT

Chair Dossa adjourned the meeting at 11:58am.

College of Pharmacists of British Columbia

BOARD MEETING
June 18 - 19, 2015

Thursday, June 18 – Day 1

9:00	**1.0**	Welcome & Call to Order	Chair Dossa
9:00 – 9:05	**2.0**	Confirmation of Agenda **[DECISION]**	Chair Dossa
9:05 – 9:10	**3.0**	April 16 - 17, 2015 Board Meeting Minutes **[DECISION]**	Chair Dossa
9:10 – 9:15	**4.0**	Board Meeting Evaluation Feedback	Chair Dossa
9:15 – 9:25	**5.0**	Chair's Report	Chair Dossa
9:25 – 9:35	**6.0**	Registrar's Update a) Activity Report b) Action Items & Business Arising c) Strategic Plan Items for this Board Meeting	Registrar Nakagawa
9:35 – 9:40	**7.0**	NAPRA Report	Bob Craigue
9:40 – 9:45	**8.0**	Advanced Practice Pharmacist Task Group a) Membership Appointment **[DECISION]**	John Shaske
9:50 – 10:35	**9.0**	Practice Review Committee a) Membership Appointment **[DECISION]** b) Practice Review Program: Phase 2 **[DECISION]**	Bob Craigue Bob Craigue / Paul Tier
10:35 – 10:50		***BREAK***	
10:50 – 12:15	**10.0**	Legislation Review Committee a) Pharmacy Operations and Drug Scheduling Act (PODSA) Forms Update **[DECISION]** b) Drug Schedule Regulation Changes: Acyclovir, Adrenocortical Hormones, Azelaic Acid, Hydrocortisone, Hydrocortisone Acetate, Naproxen, Triamcinolone Acetonide **[DECISION]** c) Community Pharmacy Security Resource Guide (PPP-74) **[DECISION]** d) Proposed Bylaw Changes Feedback	Bal Dhillon
12:15 – 1:15		***LUNCH***	

College of Pharmacists of British Columbia

BOARD MEETING
June 18 - 19, 2015

1:15 – 1:45	**11.0**	Academic Detailing in British Columbia	Terryn Naumann
1:45 – 2:30	**12.0**	Audit and Finance Committee a) 2014/2015 Audited Financial Statements **[DECISION]** b) Auditor's Report c) Reappointment of Auditors **[DECISION]** d) April 2015 Financial Reports e) Board Policy 2.11 - Reimbursement of Expenses to Board and Committee Members **[DECISION]**	John Shaske
2:30 – 2:45		***BREAK***	
2:45 – 3:00	**13.0**	In-Camera: Financial **[DECISION]**	
3:00 – 4:00	**14.0**	In-Camera: Legal Advice	
4:00		**ADJOURN FOR THE DAY**	

Friday, June 19 – Day 2

9:30		Welcome & Call to Order	Chair Dossa
9:30 – 9:45	**15.0**	Attribution of Motions in Board Meeting Minutes **[DECISION]**	Chair Dossa
9:45 – 10:45	**16.0**	Methadone Maintenance Treatment (MMT) Action Plan **[DECISION]**	Suzanne Solven
10:45 – 11:00		***BREAK***	
11:00 – 11:10	**17.0**	125th Anniversary Working Group **[DECISION]**	Ming Chang
11:10 – 11:40	**18.0**	In-Camera: Personnel Matters	
11:40		**CLOSING COMMENTS AND ADJOURNMENT**	Chair Dossa
11:40 – 12:30		***LUNCH-TO-GO (Provided)***	

**Board members please complete online meeting evaluation survey.*

College of Pharmacists of British Columbia

Board Meeting
April 16th and 17th, 2015
200-1765 West 8th Avenue,
Vancouver, BC

MINUTES

Thursday, April 16th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Oswald Chu, District 1 Board Member
Ming Chang, District 2 Board Member
John Shaske, District 3 Board Member
Blake Reynolds, District 4 Board Member
Bob Craigue, District 5 Board Member
Aleisha Enemark, District 7 Board Member *(via videoconference for items 9 to 12)*
Bal Dhillon, District 8 Board Member
Norman Embree, Public Board Member
George Walton, Public Board Member

Regrets:
Kris Gustavson, Public 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

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1. WELCOME & CALL TO ORDER

Chair Dossa called the meeting to order at 1:36pm on April 16th, 2015.

2. WELCOME TO NEW BOARD APPOINTEES

- Chair Dossa welcomed newly appointed Board Members Oswald Chu, District 1 and John Shaske, District 3.

3. CONFIRMATION OF AGENDA

It was MOVED (N. Embree) and SECONDED (J. Shaske) that the Board:

Approve the April 16 - 17, 2015 Draft Board Meeting Agenda meeting as amended.

CARRIED

4. APPROVAL OF MINUTES

a) February 19 – 20, 2015 (Appendix 1)

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

Approve the February 19 – 20, 2015 Draft Board Meeting Minutes as circulated.

CARRIED

b) March 16, 2015 (Appendix 2)

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

Approve the March 16, 2015 Draft Board Teleconference Minutes as circulated.

CARRIED

5. 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.

6. CHAIR'S REPORT

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

- Continue getting up to speed on the duties and responsibilities of the position
- Participated in regular meetings with the Registrar regarding Board and College issues
- Chaired Audit and Finance Committee
- Chaired Legislative Committee
- Discussions re: Committee composition and approach
- Attended monthly Canadian Society of Hospital Pharmacists council meetings and discussed:
    - Advanced Practice Pharmacist Designation
    - 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
    - Robbery prevention task group update
    - Thanked them for their collegial response to the CBC Marketplace broadcast
    - Legislative changes and public posting procedure update
    - Addition of Technology Advisory Committee, Interdisciplinary Advisory Committee
    - Practice Review update
- Met with Board members Ming, Blake, John (goal is to meet with Board members on an ongoing basis)
- Received media training

- Interviewed with CBC Marketplace
- Met with consultant regarding practice reviews in hospital
- Provided College update at the Canadian Society of Hospital Pharmacists Harrison Leadership Conference
- Attended the UBC Donor Celebration
- Met with the President and Vice President of McKesson Canada

7. REGISTRAR'S REPORT

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

- Attended the CSHP Harrison conference with Chair Dossa and Board Member Dhillon on Feb 27th.
- Met with Associate Dean Zed about the new models of care project.
- Presented at the CSHP Western Branches Banff Seminar on changes to pharmacy practice in my life.
- Participated in the technicians' integration into community practice workshop.
- Attended inquiry panel.
- Attended the BC Chain Drug store meeting.
- Attended a Ministry of Health briefing on their new policy papers.
- Met with Nick Shaw, visiting professor from the University of Queensland.
- Met with Chair Dossa and the President of McKesson Canada, Alain Champagne. He apologized for the correspondence on tobacco sales that they were a signatory to.
- Presented on a panel at the Execs and Registrars luncheon with the Bar Association and APEG on dealing with high profile media issues. I spoke about the CBC marketplace issue.
- Administered Oaths of Office to John Shaske and Oswald Chu.
- Prepared the Registrar's report for the Annual Report.
- Prepared a Registrar's message for ReadLinks.
- Met with Barb Walman, ADM and Mitch Moneo, Executive Director from the Ministry of Health re: methadone review.
- Numerous meetings and phone calls with Chair Dossa.
- Several budget preparation meetings with staff.

a) Action Items & Business Arising

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

b) Strategic Plan Items for this Board Meeting (Appendix 3)

Registrar Nakagawa presented an update on the status of strategic plan objectives

8. POLICY: BOARD CORRESPONDENCE FROM THE PUBLIC

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

Approve the amended Board Policies regarding the redirection of enquiries to the Registrar, as follows:

In fulfilling their responsibilities as a Board member of the College, they will:

2.1.23 only issue oral or written statements on behalf of the College if authorized to do so by the Board. Individual Board members will re-direct enquiries from registrants, members of the public, and media to the Registrar, so that proper action can be taken.

DEFEATED

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

Approve the amended Board Policies regarding the redirection of enquiries to the Registrar, as follows:

In fulfilling their responsibilities as a Board member of the College, they will:

2.1.23 Only issue oral or written statements on behalf of the College if authorized to do so by the Board.
2.1.24 Individual Board members will re-direct enquires from members of the public, and media to the Registrar, and copy the Board Chair, so that proper action can be taken.

CARRIED

9. REQUEST FOR SUPPORT

Emergency Physician Corinne Hohl and Clinical Pharmacist Kathrin Badke gave a presentation on an enhanced PharmaNet-based adverse drug event reporting platform entitled *Pill Talk – Generating Data on Adverse Drug Events to Improve Safety* **(Appendix 4)**.

It was MOVED (J. Shaske) and SECONDED (M. Chang) that the Board:

Approve a grant of $315,500 for the 'Implementation of an Enhanced PharmaNet-Based Adverse Drug Event Reporting Platform' project.

CARRIED

10. FINANCE REPORT

a) Fiscal 2014/15 12-Month Financials (unaudited) (Appendix 5)
Board member Norman Embree presented.

b) Budget 2015/16 (Appendix 5)
Board member Norman Embree presented.

It was MOVED (N. Embree) and SECONDED (J. Shaske) that the Board:

Approve the 2015/16 budget totaling $10,244,111 as presented.

CARRIED

11. COMMITTEES AND TASK GROUPS

a) Membership (Appendix 6)

It was MOVED (J. Shaske) and SECONDED (M. Chang) that the Board:

Approve committee volunteer appointments for terms beginning May 1, 2015 and ending April 30, 2016, as circulated.

CARRIED

b) Annual Reports (Appendix 7)

College committee and task group annual reports were provided to the Board for information.

c) Terms of Reference Updates (Appendix 8)

It was MOVED (N. Embree) and SECONDED (J. Shaske) that the Board:

Approve the amended Terms of Reference for each committee as circulated.

CARRIED

12. REVIEW OF THE 2014 ONLINE VOTING PROCESS (Appendix 9)

Board member Ming Chang presented results of a review of the 2014 online voting process.

ADJOURN FOR THE DAY

The meeting adjourned for the day at 5:03pm.

Friday, April 17th, 2015

Members Present:
Anar Dossa, Chair & District 6 Board Member
Oswald Chu, District 1 Board Member
Ming Chang, District 2 Board Member
John Shaske, District 3 Board Member
Blake Reynolds, District 4 Board Member
Bob Craigue, District 5 Board Member
Aleisha Enemark, District 7 Board Member *(via videoconference for items 14, and 18 to 25)*
Bal Dhillon, District 8 Board Member
Norman Embree, Public Board Member
Kris Gustavson, Public Board Member *(via teleconference for items 14, 18, 19, and 25)*
Jeremy Walden, Public Board Member
George Walton, 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

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13. CALL TO ORDER

Chair Dossa called the meeting to order at 9:04am on April 17th, 2015.

14. ELECTION OF VICE-CHAIR

Chair Dossa called for nominations:

- Bob Craigue nominated Blake Reynolds, and
- George Walton nominated Bal Dhillon

After 12 votes were cast and tallied electronically, Blake Reynolds was declared Vice-Chair by majority vote. His term as Vice Chair will conclude at the start of the November 2015 Board meeting.

15. LEGISLATION REVIEW COMMITTEE

a) Drug Schedule Regulation Changes: bisacodyl, minoxidil topical, diclofenac topical and omeprazole

It was MOVED (J. Shaske) and SECONDED (M. Chang) that the Board:

RESOLVED THAT, in accordance with the authority established in section 22(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 22(2) of the Pharmacy Operations and Drug Scheduling Act, the board amend the Drug Schedules Regulation, B.C. Reg. 9/98, as set out in the schedule attached to this resolution.

CARRIED

b) PODSA – ownership provisions (Appendix 10)
Deputy Registrar Suzanne Solven presented the information that was provided in the briefing package.

16. COLLEGE BOARD COMPOSITION

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

Direct the Registrar to further explore potential College Board composition adjustments, and provide a recommendation at the September 2015 Board Meeting.

CARRIED

17. METHADONE MAINTENANCE PAYMENT PROGRAM REVIEW
Barb Walman, Assistant Deputy Minister of the Pharmaceutical Services Division of the Ministry of Health and Mitch Moneo, Executive Director of Policy and Outcomes Evaluation and Research also with the Ministry of Health gave a presentation on their review of the Methadone Maintenance Payment Program.

18. MINIMUM PRACTICE HOURS AND STRUCTURED PRACTICAL TRAINING REQUIREMENTS – RECOMMENDATIONS FROM TRI-COMMITTEES MEETING (Appendix 11)
Chair of the Registration Committee Ray Jang presented the recommendations from the Tri-Committees meeting.

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

Directs the Quality Assurance Committee to change their policies as follows:
If an individual has been in the non-practicing registration category and/or former status for more than 90 days but less than six years, the following is required:

- *Successful completion of at least 15 CE units per year or partial year of absence, up to 45 CE units. A minimum of 1/3 (up to 15 units) of the CE units must be accredited.*
- *All CE units are required to be completed in the year immediately prior to application*

CARRIED

19. INTEGRATION OF PHARMACY TECHNICIANS INTO COMMUNITY PRACTICE (Appendix 12)
Facilitator of the *Evaluation of Pharmacy Technician Regulation* Focus Group, Sam Louie, and Focus Group participant Maria Ton along with Board member Bal Dhillon updated the Board on the College's work regarding integrating pharmacy technicians into community practice.

20. NON-REGULATED PHARMACY EMPLOYEE REGISTRATION

Board member Jeremy Walden presented information for consideration by the Board.

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

Direct the Registrar to further explore the issue of non-regulated pharmacy staff.

CARRIED

21. REQUEST FOR SUPPORT – PRIMARY CARE INITIATIVE (Appendix 13)

Associate Professor and Associate Dean of Practice Innovation at the Faculty of Pharmaceutical Sciences at UBC, Peter Zed, and Barbara Gobis the Director of the UBC Pharmaceutical Science's Pharmacists Clinic presented.

It was MOVED (J. Shaske) and SECONDED (N. Embree) that the Board:

Endorse the proposal from UBC entitled 'Pharmacists in Community-based Primary Health Care Teams in British Columbia' as presented.

CARRIED

22. PRACTICE REVIEW PROGRAM UPDATE (Appendix 14)

Board member Bob Craigue provided an update of the Practice Review Program.

23. BOARD SELF-EVALUATION TOOL KIT

Board member Bal Dhillon provided an update of the progress of the Board Self-Evaluation Task Group in developing a Board Self-Evaluation tool that will be piloted in fall 2015.

24. ADVANCED PRACTICE PHARMACIST – UPDATED PROJECT PLAN (Appendix 15)

Board member John Shaske provided an updated project plan on the Advanced Practice Pharmacist strategic goal.

25. A REVIEW OF PROFESSIONAL DEVELOPMENT FOR COLLABORATIVE PRACTICE WORKSHOPS – ROLES AND VALUES ANALYSIS AND OPTIONS FOR NEXT STEPS

Victoria Da Costa instructor of the Life and Careers Programs at the University of British Columbia presented an overview of the Professional Development Program for Collaborative Practice

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

Approve the 'Professional Development Program for Collaborative Practice' as presented.

CARRIED

26. ADJOURNMENT

Chair Dossa adjourned the meeting at 3:33pm.

College of Pharmacists of British Columbia

BOARD MEETING
June 18 – 19, 2015

4. Board Meeting Evaluation Feedback

INFORMATION ONLY

Eight (8) Board members completed the online Board Meeting Evaluation Survey at the conclusion of the April 16 – 17, 2015 Board Meeting. Question results are recorded in the below table:

QUESTIONS:	BOARD MEMBERS:	1	2	3	4	5	6	7	8
1. There was sufficient time to responsibly deal with all items on the agenda.		4	4	5	4	5	5	4	4
2. Discussions stayed on track during the meeting.		5	4	5	4	5	5	5	4
3. All Board members were given the opportunity to contribute to the discussions.		5	5	3	4	5	5	5	4
4. The agenda items for this meeting were mostly governance policy matters.		3	5	4	4	5	4	3	3
5. Diversity of opinion was welcomed and respected.		5	5	5	4	5	5	5	4
6. Discussions were kept pertinent to the issues.		5	4	5	4	5	5	5	4
7. The decisions made in this meeting were based on information and facts rather than on personal prejudices or special interest groups.		5	4	4	4	5	5	5	4
8. The process we used for making decisions was effective.		5	5	4	4	5	5	4	3
9. We were all given the same amount of time to speak to the items on the agenda.		5	5	3	4	5	5	4	4
10. Board members, rather than the Registrar, provided most of the input for the items on the agenda.		4	5	5	4	5	5	4	3

RESPONSE SCALE:

Never = 1	Rarely = 2	Sometimes = 3	Frequently = 4	Always = 5

COMMENTS

1. **What worked well?**
   - Candid exchange of opinions and thoughts
   - Openness between Board members and the ability share opinions in a positive manner
   - Organization and background information
   - Able to juggle agenda to accommodate others

2. **What did not work well?**
   - During some topics, we drifted away from the topic
   - All good

3. **What I would like to see change:**
   - All good

College of Pharmacists of British Columbia

BOARD MEETING
June 18 – 19, 2015

5. Chair's Report

INFORMATION ONLY

Since the April Board meeting, I have been involved in the following activities:

- Participated in regular meetings with the Registrar and Vice-Chair regarding Board and College issues including retreat planning
- Participated in Robbery Prevention Town Hall as a panel member
- Attended Canadian Society of Hospital Pharmacists Council meeting
    - Discussed clinical skills development course
    - Advanced practice pharmacist discussion and update
- Attended "Optimizing scope of practice – new models of care for a new healthcare system"- Canadian Academy of Health Sciences
    - We train then constrain, whereas physicians feel they train and expand beyond scope
    - Practicing to full scope vs optimal scope (this takes into account flexibility and what the community needs)
- Attended hospital practice review stakeholder engagement meeting
- Attended National Association Boards of Pharmacy meetings
- Attended BC Pharmacy Association Conference
    - 2 College sessions
        - Technician scope of practice
        - Panel discussion (College, BCPhA, CPhA)
- Attended Canadian Pharmacists Association Conference
- Met with Alberta College registrar and president
- Met with Ontario College Registrar
- Met regarding potential for including technicians in College name

College of Pharmacists of British Columbia

BOARD MEETING
June 18 – 19, 2015

6. Registrar's Update
a) Activity Report

INFORMATION ONLY

Since my last report to the Board in April, I have been active with the following:

- Regular meetings with the Board Chair and Vice Chair to update and discuss College issues and activities;
- Participated in the Conference of Pharmacy Registrars of Canada (CPRC) meeting, as well as the National Association of Pharmacy Regulatory Authorities. I was elected as the Chair of CPRC for the next 2 years;
- Attended the U.S. National Association of Boards of Pharmacy AGM and meetings;
- Hosted a speaker at the Execs and Registrar's luncheon. David Loukidelis presented on privacy and FOI issues;
- Attended a regular meeting of the Health Profession Regulators of BC. This includes the Registrars of all the Health Regulatory Colleges in BC;
- Attended the BC Pharmacy Conference. This is the showcase meeting for the BC Pharmacy Association. The College is a major sponsor. We hosted a booth at the trade show, a panel discussion on technicians and I participated in a panel discussion about scope of practice;
- Attended the Canadian Pharmacists Association meeting. This year's event was held in conjunction with the Ontario Pharmacists' Association meetings. There were over 1000 attendees. I gave a presentation with Marshall Moleschi, Registrar of the Ontario College of Pharmacists on Practice Review Programs in our respective jurisdictions;
- Holidays;
- Numerous discussions about UBC's proposal for primary care pharmacy services that was endorsed by the Board at its last meeting;
- Participated in several discussions about the hospital pharmacy practice reviews with staff and committees;
- Participated in the Primary and Community Care Forum, an invitational event hosted by the Ministry of Health;
- Meeting with BRDO re: government appointments to the CPBC Board;
- Met with the BCPhA Board and the Hospital Pharmacy Regional Directors to provide updates on CPBC activities.

College of Pharmacists of British Columbia

BOARD MEETING
June 18 – 19, 2015

6. Registrar's Update
b) Action Items & Business Arising

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UDPATE
Motion: Approve the amended Board Policies regarding the redirection of enquiries to the Registrar.	Apr 2015	COMPLETED
Motion: Direct the Registrar to continue to take active measures to ensure the College remains in compliance with Federal Anti-Spam Legislation.	Sep 2014	COMPLETED Jun 2015 Board Mtg
Motion: Direct the Registrar to develop a method to obtain consent to allow the College to continue to send commercial electronic messages to those who wish to receive them.	Sep 2014	COMPLETED Jun 2015 Board Mtg
Motion: Approve the Board Self Evaluation Task Group's recommendation for a pilot test in Fall 2013 following revisions to the tool over the summer.	Jun 2013	IN PROGRESS Sep 2015 Board Mtg
Motion: Direct the Registrar to further explore potential College Board composition adjustments, and provide a recommendation.	Apr 2015	IN PROGRESS Sep 2015 Board Mtg
Motion: Direct the Quality Assurance Committee to change their policies as follows: If an individual has been in the non-practicing registration category and/or former status for more than 90 days but less than six years, the following is required: • Successful completion of a least 15 CE units per year or partial year of absence, up to 45 CE units. A minimum of 1/3 (up to 15 units) of the CE units must be accredited. • All CE units are required to be completed in the year immediately prior to application.	Apr 2015	IN PROGRESS Sep 2015 Board Mtg
Motion: Direct the Registrar to further explore the issue of non-regulated pharmacy staff.	Apr 2015	IN PROGRESS

Strategic Milestones – Reporting Process

Review milestone status at each Board meeting

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

At end of year (Feb 2016 Board meeting)

- **12 month summary for 2015/16**
- **Review forward looking milestones for 2016/17**
  - Align with 2016/17 fiscal plan (approved in Feb meeting)

1. Public Expectations

Milestone	Board Meeting	Status
1a) Role and value of profession		
Decision: Board refine plan based on outcomes of 2nd year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb ’16	
1b) Public Awareness Strategy		
Update: Results of baseline public awareness survey available for Board review	Sep ’15	
Decision: Board endorse plan for public awareness program in 16/17	Nov ’15	
Decision: Board approves launch of program	Feb ’16	

2. Interdisciplinary Relationships

Milestone	Board Meeting	Status
2a) Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.		
Update: Report on outcomes of collaborative opportunities program	Nov ’15	
Decision: Options presented to Board on refinements to program	Feb ‘16	
2b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding each other’s role.		
Update: Report on outcomes of pharmacist / pharmacy technician networking sessions	Feb ’16	

3. Scope of Practice

Milestone	Board Meeting	Status
3a) Support pharmacists and pharmacy technicians to practice to their current scope		
3(a)(i) Enhance availability of continuing education tools and programs		
Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov ’15	
3(a)(ii) Encourage BC pharmacists to enrol in programs that support best practices		
Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov '15	

3. Scope of Practice

Milestone	Board Meeting	Status
3a) Support pharmacists and pharmacy technicians to practice to their current scope		
3(a)(iii) Provide UBC 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		
Update: Report on process developed for tracking changes in legislation and jurisprudence exam results, and advising educational institutions	Jun ’15	FYI 1.0
Update: Report on changes noted in legislation and jurisprudence exam results that will be communicated to educational institutions	Jun ’16	

3. Scope of Practice

Milestone	Board Meeting	Status
3a) Support pharmacists and pharmacy technicians to practice to their current scope		
3(a)(iv) Encourage uptake of registered pharmacy technicians into community practice settings		
Decision: Board reviews/approves action plan for further registration	Nov ’15	

3. Scope of Practice

Milestone	Board Meeting	Status
3b) Develop and update legislation, policy, and tools to support future scope of practice		
3(b)(i) Improve the quality of current adaptations by updating the standards, limits and conditions		
Decision: Board approves updated standards, limits and conditions and policy changes (Phase 1)	Nov ’15	
Update: Report on progress of Phase 1	Jun ’16	

3. Scope of Practice

Milestone	Board Meeting	Status
3b) Develop and update legislation, policy, and tools to support future scope of practice		
3(b)(ii) Changes to standards/limits/conditions for injection authority		
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	
Decision: Board approves filing of bylaw changes	Jan ’16	
Update: Legislation in force	Apr ’16	

3. Scope of Practice

Milestone	Board Meeting	Status
3b) Develop and update legislation, policy, and tools to support future scope of practice		
3(b)(iii) Advanced Pharmacist Practice certification		
Update: Report on Board Chair meeting with Minister of Health in Spring 2015 (to include proposed regulation submission)	Jun ’15	Sep ’15
Update: Results of request for regulation changes from MoH.	Nov ’15	
Decision: Board approve public posting of proposed bylaw changes supporting APP certification	Jun ’16	

4. Standards

Milestone	Board Meeting	Status
4a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency		
Decision: Board approve filing of proposed bylaw changes updating 6 standards	May ’15	Nov ’15
Update: Package of legislation in force	Sep ’15	Mar ’16
4b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards		
Decision: Board approve policy guide for publication incorporating standards and indicators for standards of 4(a)	Sep ’15	Nov ’15
Update: Report on Tools and communication plan developed to support standards of 4(a)	Feb ’16	

4. Standards

Milestone	Board Meeting	Status
4c) Develop standards for pharmacy workload		
Decision: Board approve filing of bylaw changes of standards for pharmacy workload	May ’15	Nov ’15
Update: Legislation in force for new standards for pharmacy workload	Sep ’15	Mar ’16

4. Standards

Milestone	Board Meeting	Status
4d) Strengthen enforcement to improve compliance		
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	
Update: Confirmation of Hospital Pharmacy Pilot Program launch	Nov ’15	
Update: Report on results from Hospital Pharmacy Pilot Practice Reviews	Feb ’16	
Update: Report on Practice Review Program results, metrics, learnings	Feb ’16	

4. Standards

Milestone	Board Meeting	Status
4e) Align CE requirements with evolving practice and standards		
Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Nov ’15	
4f) Prohibit tobacco products in premises where a pharmacy is located		
Update: Legislation in place that prohibits tobacco products in premises where a pharmacy is located	Feb ’15	On Hold
4g) Prohibit use of loyalty programs related to the provision of pharmacy services		
Update: Summary report on loyalty point prohibition complaints for 2015/16	Feb ’15	N/A

5. Technology

Milestone	Board Meeting	Status
5a) Act as a key stakeholder in order to facilitate enhancements to the PharmaNet database such that a more complete drug history is available for clinicians		
Update: Report on status of request to MoH for enhancements to PNet	Apr ’16	
5b) Provide e-access to current and comprehensive drug information		
Update: Report on results of survey on uptake and effectiveness of e-library. Review if any changes required.	Nov ’15	

5. Technology

Milestone	Board Meeting	Status
5c) Provide e-access to view patient lab information		
Update: Outcomes of discussions with Ministry of Health regarding access to lab data	Jun ’15	FYI 2.0
Decision: Board approve public posting of proposed bylaw changes supporting access to lab data	Apr ’16	

7. NAPRA Report

Bob Craigue

NAPRA Board Member for CPBC

8. APP Task Group
a) Membership Appointment

John Shaske

Advanced Practice Pharmacist Task Group Chair

MOTION:

Appoint Jackson Stewart and Hafeez Dossa as members of the Advanced Practice Pharmacist Task Group.

9. Practice Review Committee
a) Membership Appointment

Bob Craigue

Practice Review Committee Chair

MOTION:

Appoint Helen Singh as a member of the Practice Review Committee.

9. Practice Review Committee
b) Practice Review Program: Phase 2

Bob Craigue
Practice Review Committee Chair

Paul Tier
Practice Review Program Project Manager

9. Practice Review Committee

b) Practice Review Program: Phase 2

MOTIONS:

1) Approve the high-level design and scope of the Practice Review Program – Phase 2 Hospital Pharmacies as described in the Key Elements as circulated.

2) Approve the Policies/Processes recommended by the Practice Review Committee for Phase 2 Hospital Pharmacies as circulated.

10. Legislation Review Committee

Bal Dhillon

Legislation Review Committee Chair

10. Legislation Review Committee
a) PODSA Forms Update

MOTION:

Approve the draft PODSA Forms for public posting for a period of 90 days, as circulated.

10. Legislation Review Committee

b) Drug Schedule Regulation Changes: Acyclovir, Adrenocortical Hormones, Azelaic Acid, Hydrocortisone, Hydrocortisone Acetate, Naproxen, Triamcinolone Acetonide

MOTIONS:

RESOLVED THAT, in accordance with the authority established in section 22(1) of the *Pharmacy Operations and Drug Scheduling Act*, and subject to filing with the Minister as required by section 22(2) of the *Pharmacy Operations and Drug Scheduling Act*, the board amend the Drug Schedules Regulation, B.C. Reg. 9/98, as set out in the schedule attached to this resolution.

10. Legislation Review Committee

d) Proposed Bylaw Changes Feedback

11. Academic Detailing in BC

Terryn Naumann

BC Provincial Academic Detailing (PAD) Service

12. Audit and Finance Committee

John Shaske

Audit and Finance Committee Chair

2014/15 Audit

- **Clean audit**
- **Statement of Financial Position**
  - Joint Venture is recorded as an investment at historical cost.
  - Deferred Revenues are primarily pro-rated fees.
  - Net Assets decreased a bit due to the small deficit but are still substantial.
- **Revenue and Expenditures**
  - Small deficit but not as much as budgeted.
- **Discussion about changes re Societies. Grant Thornton will be watching to see if there are any implications for the College.**

12. Audit and Finance Committee

a) 2014/15 Audited Financial Statements

MOTION:

Approve the audited financial statements for fiscal year 2014/15 as presented.

12. Audit and Finance Committee

b) Auditor's Report

12. Audit and Finance Committee

c) Reappointment of Auditors

MOTION:

Direct the Registrar to reappoint Grant Thornton LLP for the 2015/16 and 2016/17 year end audits.

12. Audit and Finance Committee

d) April 2015 Financial Reports

Statement of Financial Position – April 2015

Assets	$
Current Assets	10,719,314
Investment in Joint Venture	1,646,420
Development Costs	107,476
Property and Equipment	738,646
	13,211,856

Statement of Financial Position – April 2015

Liabilities and Net Assets	$
Liabilities	
Current Liabilities	3,785,868
Capital Lease Obligations	80,850
	3,866,718
Net Assets	
Opening Balance	9,282,421
Unrestricted Surplus	62,717
Closing Balance	9,345,138
	13,211,856

Statement of Financial Position – April 2015

	2015/16 YTD BUDGET	2015/16 ACTUAL	Variance (BUD vs ACT) $
REVENUE			
Licensure	981,057	924,143	- 56,914
Non Licensure	312,797	362,481	49,684
Total Revenue	1,293,854	1,286,624	- 7,230
Transfer from Balance Sheet	318,332	-	- 318,332
TOTAL REVENUE	1,612,186	1,286,624	- 325,562

Statement of Financial Position – April 2015

	2015/16 YTD BUDGET	2015/16 ACTUAL	Variance (BUD vs ACT) $
EXPENSES			
Program Expenses	644,293	296,642	- 347,651
Finance and Administration	225,738	207,471	- 18,267
Salaries and Benefits	734,897	688,168	- 46,729
TOTAL EXPENSES BEFORE AMORTIZATION	1,604,928	1,192,281	- 412,647
NET SURPLUS (DEFICIT) BEFORE AMORTIZATION	7,258	94,343	87,085
Amortization	48,109	31,626	- 16,483
TOTAL EXPENSES AFTER AMORTIZATION	1,653,037	1,223,907	- 429,130
NET SURPLUS (DEFICIT)	- 40,851	62,717	103,568

Board Policy – Reimbursement

- Permits honoraria to all committee members
- Mileage reimbursement linked to CRA rates
- Air travel to be booked using College travel agent
- Board or committee members staying with friends or family can be reimbursed for a gift for their host
- Clarification around honoraria when traveling, prep time, etc.

12. Audit and Finance Committee

e) Board Policy 2.11 – Reimbursement of Expenses to Board and Committee Members

MOTION:

Approve the proposed changes to the Board Policy 2.11 - Reimbursement of Expenses to Board and Committee Members.

13. In-Camera: Financial

14. In-Camera: Legal Advice

Welcome & Call to Order

Anar Dossa

Board Chair

Friday, June 19, 2015

10. Legislation Review Committee

c) Community Pharmacy Security Resource Guide (PPP-74)

MOTION:

Approve the *Community Pharmacy Security Resource Guide* with the following amendments:

- Remove the 'Question and Answer' box from page 15,
- Add to the Definitions, the definition of 'Security Barriers',
- Add the Policy Statement and Clarification of PPP-74 requirement 1(D) Security Barriers,
- Replace Appendix A PPP-74 with the version approved at the February 2015 Board meeting, and
- Add Appendix I General Information about Protecting Personal Information.

10. Legislation Review Committee

c) Community Pharmacy Security Resource Guide (PPP-74)

MOTION:

Rescind *Professional Practice Policy-5 Pharmacy Security*, effective September 15, 2015.

13. In-Camera: Financial

MOTION:

Direct the Registrar to negotiate a five-year contract not to exceed $800,000 for IT Managed Services with Xyfon Solutions Inc.

15. Attribution of Motions in Board Meeting Minutes

Anar Dossa

Board Chair

MOTION:

Approve that the College of Pharmacists of BC no longer identify the names of movers and seconders within Board meeting minutes.

16. Methadone Maintenance Treatment Action Plan

Suzanne Solven

Deputy Registrar

MOTION:

Direct the Registrar to take the following actions as outlined in the MMT Action Plan:

- Develop, plan and implement new undercover investigations,
- Conduct priority inspections of identified MMT dispensing pharmacies,
- Continue to build and maintain collaborative relationships with key stakeholders, and
- Provide recommendations to the Board to strengthen legislation and licensure requirements.

17. 125th Anniversary Working Group

Ming Chang
Board Member

MOTIONS:

1) Approve the Terms of Reference for the 125th Anniversary Working Group.

2) Approve the recommended members of the 125th Anniversary Working Group.

Ming Chang *(Chair)*	Yonette Harrod	Jimi Galvao
Cesilia Nishi	Loree Marcantonio	

18. In-Camera: Personnel Matters

MOTION:

To approve a maximum of $20,000 to obtain an external HR consultant to conduct an evaluation of the Registrar.

18. In-Camera: Personnel Matters

Closing Comments and Adjournment

Anar Dossa

Board Chair

Board Meeting Evaluation

Board members please access the Board Meeting Evaluation link on your iPads and complete the brief survey before leaving today.

Thank you.

College of Pharmacists of British Columbia

BOARD MEETING
June 18 – 19, 2015

7. NAPRA Report

INFORMATION ONLY

Report to the CPBC Board on the NAPRA Board of Directors Meeting on April 25th and 26th, 2015 by Bob Craigue (NAPRA Board member for CPBC):

The Board of Directors reviewed the audited financial statements for the year ended December 31st, 2014 and appointed new auditors Collins Barrow Ottawa LLP for the year 2015. Collins Barrow have a large portfolio of non-profits like NAPRA and though the change of auditors will cost slightly more, it was felt that a new set of eyes will be useful in detecting items of interest. The last auditors Borts Schins Ltd was in place for over ten years. The Audit Committee also suggested to the Executive Committee that they look at ways to increase revenues from our Reserve and Contingency Funds and the Executive Committee is acting on this.

Draft Model Standards for Pharmacy Sterile Compounding (hazardous and non-hazardous) are nearing completion. Soon progress will be made on Standards for Non Sterile Compounding.

Bylaw #1 Canada Not for Profit Corporations Act was amended to address an instance where a Director resigned or was unable to serve. The Board approved the motion (Filling Vacancies) In the event of a vacancy due to a resignation or inability to serve, so long as there is a quorum in place at the time, such position may be left vacant until the next annual meeting of the Members or alternatively the Board may name a replacement Director to complete the unexpired portion of the term of the Director in question.

Financial Policy on amounts over $5,000 needing one or more signatures was made using email confirmation of the second signature as authorization.

We received reports for information from the President Tracy Wiersema, the Executive Directors Report by Carole Bouchard and the Executive Committee Report by Craig Connelly. We also received Reports from NAPRA Committees Audit, CPRC, NDSAC National Drug Scheduling Advisory Committee, The National Committee on Regulated Pharmacy Technicians NCRPT, the National Advisory Committee on Pharmacy Practice NACPP, the National Drug Scheduling Review Ad Hoc Steering Committee, the Nominating Committee, and the Ad Hoc Committee on Pharmacy Compounding. These Reports are available on the NAPRA website.

Other Committee Reports for Information were received from CCAPP, CNAR, Blueprint for Pharmacy Steering Committee, National Advisory Committee on Prescription Drug Misuse, AFPC Canada Experiential Education Project Steering Committee which are also on the website. Discussed at length was the .pharmacy qTLD Committee and their lack of results. The NABP, the US equivalent of NAPRA has asked us to vet Canadian pharmacies that dispense internationally

so that these pharmacies may use the domain name .pharmacy. This will allow the NABP and border states that allow drugs to be accessed from Canada to differentiate between valid Canadian pharmacies and impostors. NAPRA is the organization that is in place to address this type of national issue and we have been remiss in not taking action sooner. We intend to ensure that Canadian pharmacies using the .pharmacy domain name meet our national standards and meet our international obligations.

CCAPP came under criticism for offering accreditation to Universities in the Middle East. Students are claiming that since they graduated from a University accredited by CCAPP, that they should be treated the same as Canadian graduates for licensure. This is unacceptable. The NAPRA representative to CCAPP, Marshall Moleschi, who is the Ontario Registrar, was in line to be the next Chairman of CCAPP. As a result of the criticism he indicated that he would decline taking the Chair and would resign as the NAPRA representative. NAPRA then appointed Sam Lanctin, the New Brunswick Registrar to represent NAPRA on CCAPP. NAPRA feels that we should continue as Canadians to offer our expertise to international Universities when asked, but that this should not be misconstrued or misrepresented in the way that it has.

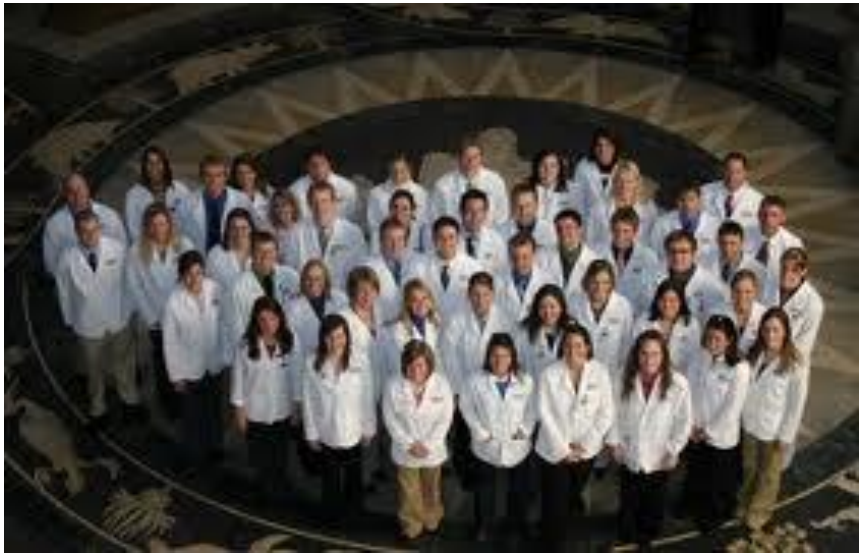
Sunday consisted of the Annual Members Meeting and a housekeeping agenda. After this we had the Special Board Meeting electing President Craig Connolly, Nova Scotia, Vice President Anjli Acharya, Alberta and a Director to the Executive Committee Linda Hensman, Newfoundland and Labrador as well as two new members to the Audit Committee Angela Macdougall Prince Edward Island and Barry Lyons Saskatchewan.

One item not noted earlier was that we conducted a mini strategic planning session. It involved two sessions of individual Directors giving written feedback on directions, which were quantified and reported back to the Directors as a whole. Strategic Planning is always a long and painful process and the best part of it is when you finish.

COLLEGE of PHARMACISTS of BRITISH COLUMBIA

Practice Review Program

Phase 2 – Hospital Pharmacy
Proposed Scope – For Approval



June 19, 2015
College Offices (Henderson Room)

Agenda

1. **Introductions** — **Bob C.**
2. **Overview of Practice Review Program** — **Paul**
    1. Background & Phase 1 (Community)
    2. Project Plan & Phasing
    3. High Level Processes & Policies
3. **Phase 2 (Hospital) Proposed Scope** — **Paul**
    1. Principles & Minimum Standards
    2. Pharmacy Review
    3. Proposed Focus Areas and Roles
        1. Patient Identification
        2. Patient Oriented Pharmacy Practice
        3. Documentation
        4. Communication
        5. Product Processing
    4. Results Delivery & Sharing
    5. Scheduling
4. **Questions** — **Paul/Cam**

Practice Review Program (PRP) Rationale

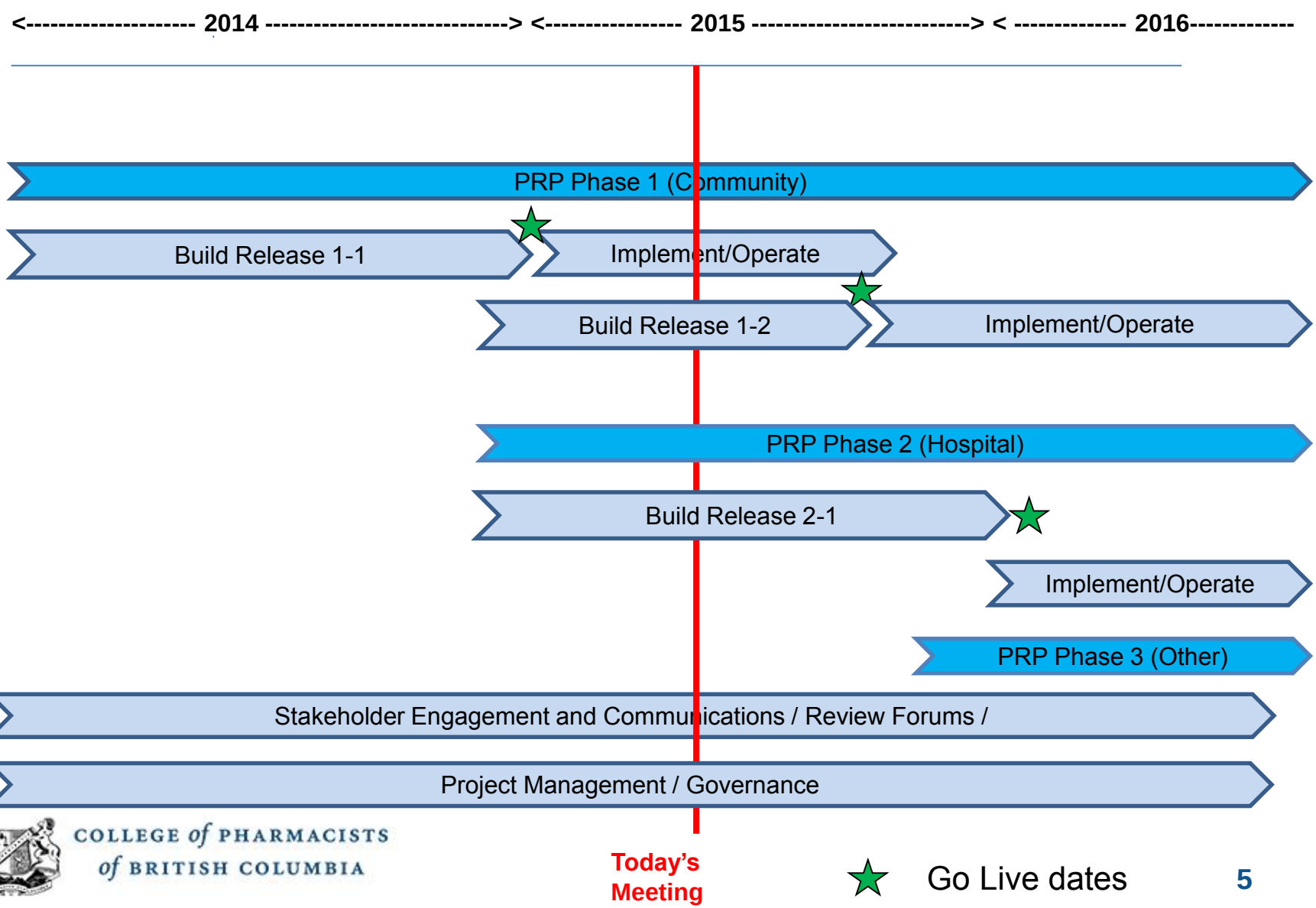
College of Pharmacists of British Columbia

- Directed by the Board
  - Overseen by Practice Review Committee
  - Project reports to College Working Committee
- Directly assesses practice
- Focused on critical standards with greatest impact on public safety and quality enhancement
- Based on known areas of need
- Varies depending on practice type (Community/Hospital/Other)

PRP Principles

- Comprehensive in Scope (every pharmacy, every registrant, at least once every 6 years)
- Fair, Equitable and Consistent Process
- Prioritized by Known Areas of Need
- Demonstrated Value
- Not Unreasonably Disruptive to Pharmacy Operations or the Public
- Contributes to Cohesive College Processes

PRP Project Plan – Phases and Milestones



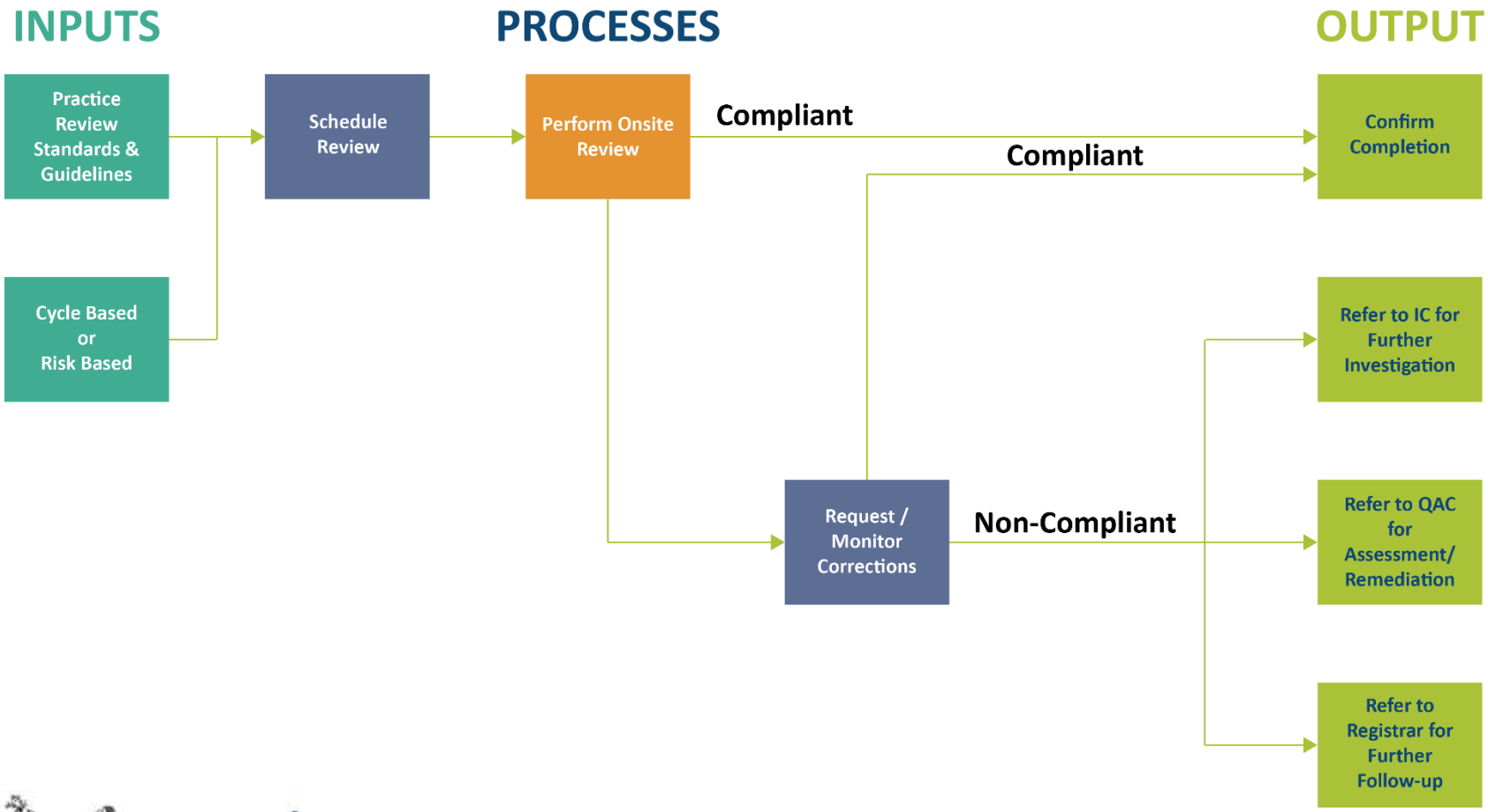
Practice Review Program (PRP)

- At least once every 6 years
- Pre-notification to Pharmacy Manager (PM) including PM Pre-Review form completion

Pharmacy
(Pharmacy Review)

Pharmacists & Pharmacy Technicians
(Pharmacy Professionals Review)

Program Schematic



COLLEGE of PHARMACISTS of BRITISH COLUMBIA

Scheduling Practice Reviews (Community Pharmacies)

- Over **1200** Community Pharmacies
- Over **3700** Community Pharmacy Professionals

Prioritization Policies

- Cycle based – the scheduling of approximately **60% of the reviews will be driven to meet the review cycle of at least once every 6 years** and will include revisits and new pharmacy openings/relocations.

- Risk based – the scheduling of approximately **40% of the reviews will be driven by complaints and other documented risk factors**.

Note: These prioritization policies have been developed for community pharmacies only.

Scheduling Practice Reviews

Role of Pharmacy Manager (PM):

- PM completes Pre-Review Form
- CPBC provides estimated duration and month of Practice Reviews
- PM specifies unavailable date(s) during month of scheduled reviews
- PM confirms hours of op, specialty services, regulated staff employed, email addresses; provides copy of typical staff schedule
- PM ensures all regulated staff are present during Practice Reviews

Scheduling Practice Reviews

Scheduling Policies

- **The College provides *30 calendar days of advance notice* to Pharmacy Managers of the scheduled Practice Reviews**

- **If the proposed scheduled date is inconvenient, the new date must be within the *following month***

Note: To be re-evaluated after Pilot Phase

Non-Regulated Employees Policy

Pharmacy Employees may be:

- Registered Pharmacist
- Registered Pharmacy Technicians
- Non-regulated employees

Note: Compliance Officers <u>will not</u> attempt to perform Pharmacy Professionals' Reviews on non-regulated pharmacy employees.

Pharmacy Review

Segments / Areas of Review:

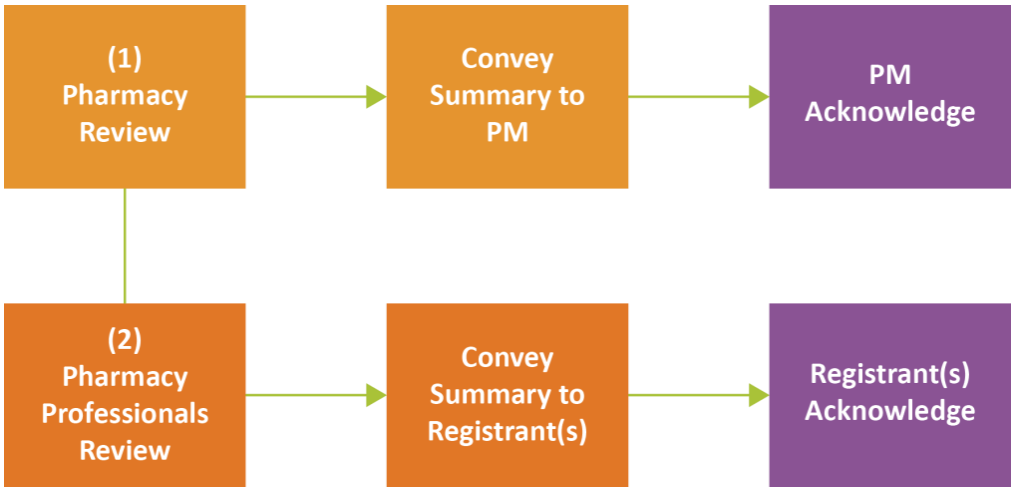
- External to dispensary
- Dispensary
- Prescriptions
- Confidentiality
- Equipment
- Inventory management
- Security measures

Pharmacy Professionals' Review Community Pharmacies

- In community practice, the initial focus areas are:
  - Patient Identification Verification
  - PharmaNet Profile Check
  - Counselling
  - Documentation

- Observe and assess pharmacists in all 4 focus areas
- Observe and assess pharmacy technicians in focus areas applicable to their scope

Onsite Practice Reviews

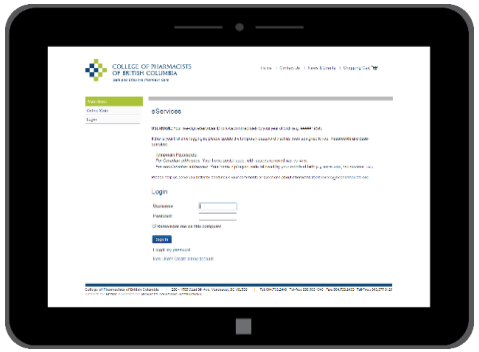


- Compliance Officers (COs) will perform reviews using electronic forms on a tablet through web application
- CO will conduct the Pharmacy Review prior to Pharmacy Professionals Review(s)
- Pharmacy Manager and registrants will acknowledge their review results through eServices

Review Results

A summary report will be generated for each review:

- All non-compliant items are noted as action items
  - Supported by observation and documentation, if applicable
- Standardized corrections along with consistent deadlines will be provided



Conveying and acknowledging results:

- CO will convey Pharmacy Review results to PM and they must acknowledge through eServices
- CO will convey Pharmacy Professionals Review results to each registrant and they must acknowledge through eServices

Appeals Process to be developed during detailed design of Phase 2 (Hospital)

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Disclosure of Practice Review Results Policies

- Results of a Pharmacy Review will be disclosed by the Compliance Officer to the Pharmacy Manager only
- Results of a Pharmacy Professional's Review will be disclosed by the Compliance Officer to that registrant only
- Any sharing (disclosure) of practice review results between a Pharmacy Manager and a registrant is at the discretion of those parties; the College bears no responsibility for such disclosure.

Compliance Officers (COs) Phase 1 - Community

New role within the College:

- Replaces old Inspector role

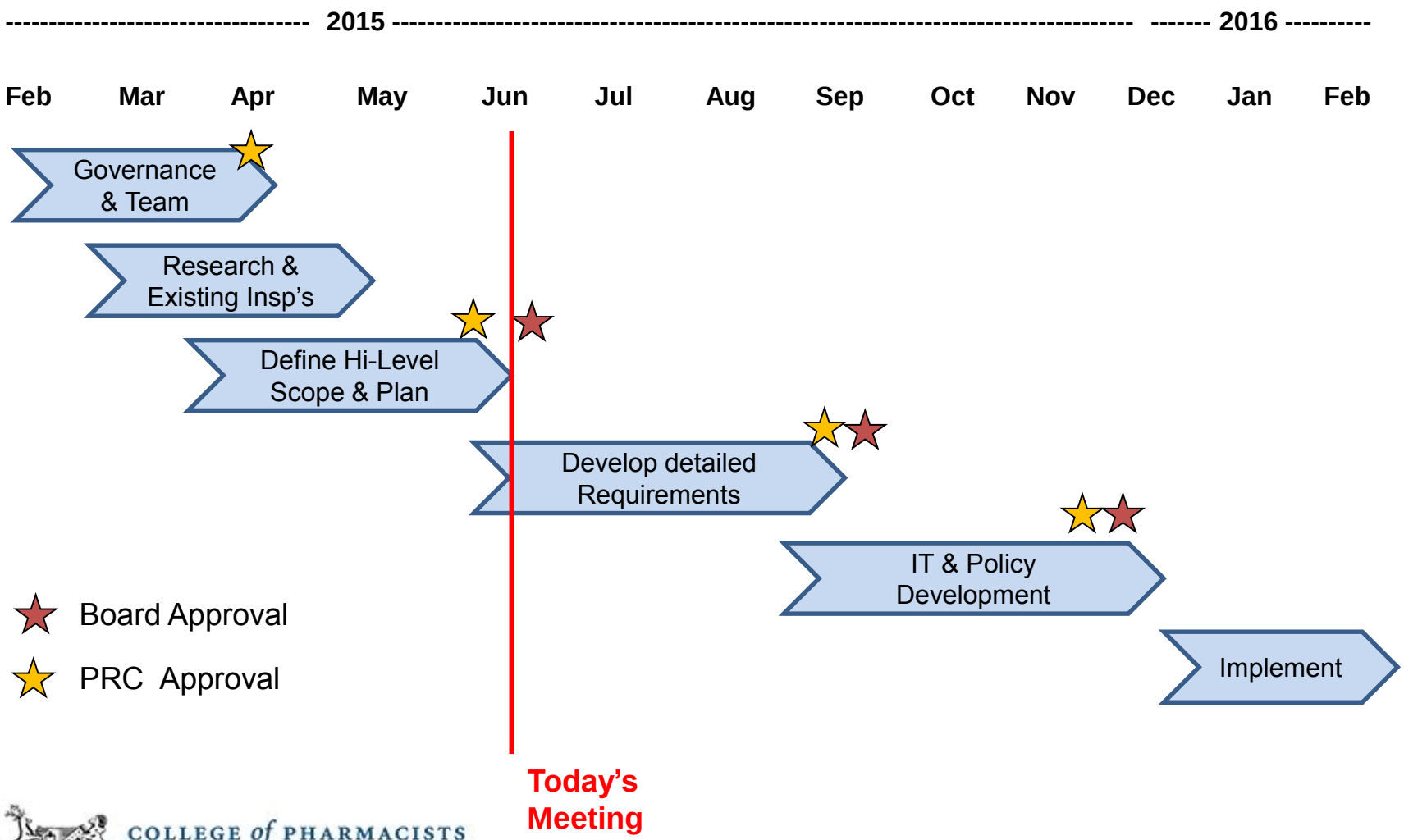
All COs for community phase are pharmacists

- Extensive experience in community pharmacy
- Hired for proactive, positive attitudes

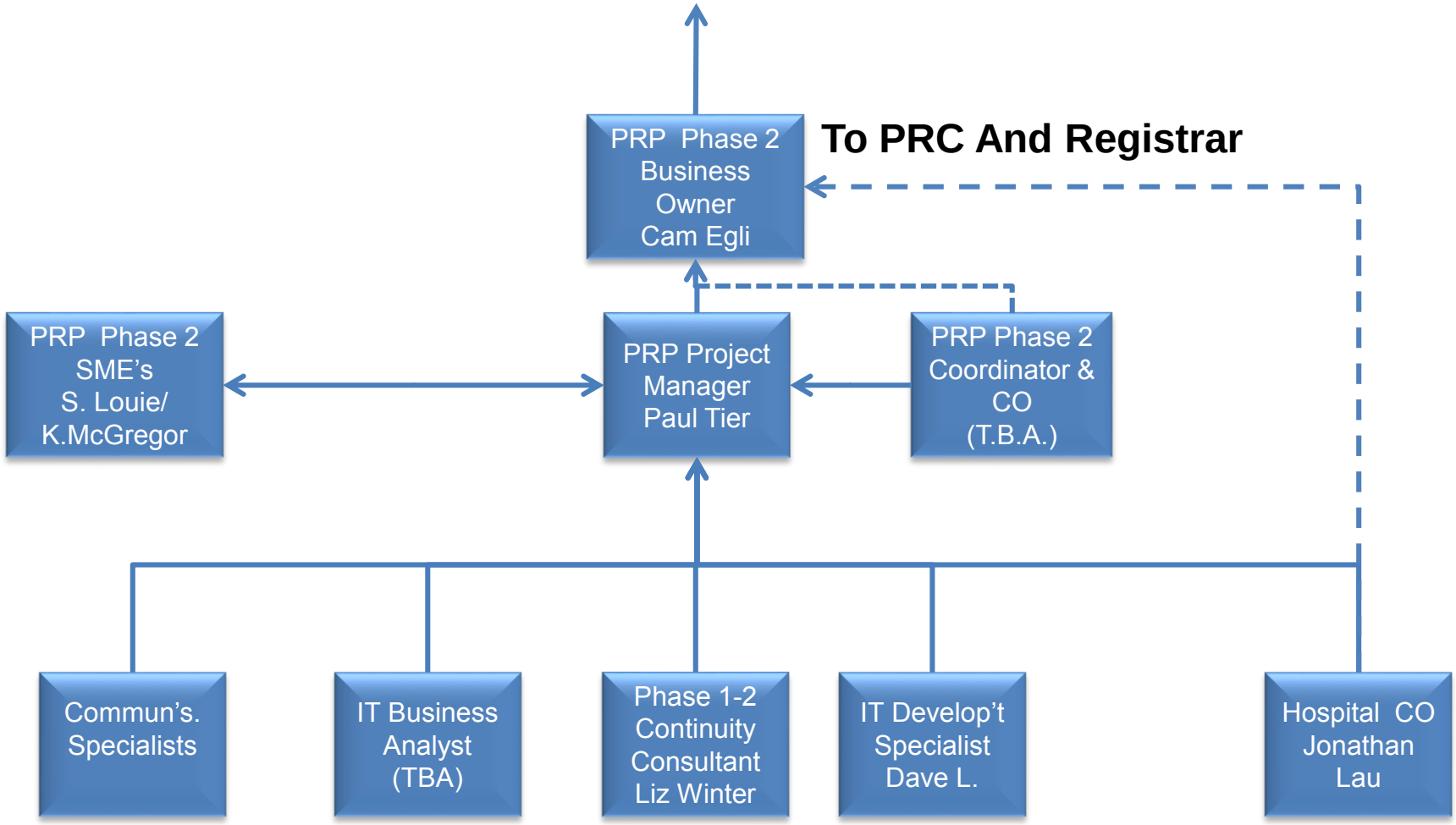
COs received extensive College training program:

- Role of College, and departments
- Understanding of legislation
- Practice review program policies & procedures
- Interviewing, reviewing skills

PRP Phase 2 Preliminary Schedule



PRP Phase 2 (Hospital) Project Team



Compliance Officers Phase 2 (Hospital)

New role within the College (Replaces old Inspector role)

Hospital COs may be either Pharmacists or Pharmacy Technicians:

- Extensive experience in pharmacy
- Hired for proactive, positive attitudes

Will be provided with extensive College training program:

- Role of College, and departments
- Understanding of legislation
- Practice review program policies & procedures
- Interviewing, reviewing skills

Duties:

- COs who are Pharmacy Technicians can review Pharmacy (physical site) and other Pharmacy Technicians
- COs who are Pharmacists can perform entire PRP Review

Hospital Pharmacy Practice Reviews

- **72** Hospital Pharmacies
- Over **1,380** Hospital Pharmacy Professionals
  - 860+ Pharmacists
  - 520+Pharmacy Technicians

PRP – Phase 2 (Hospital)

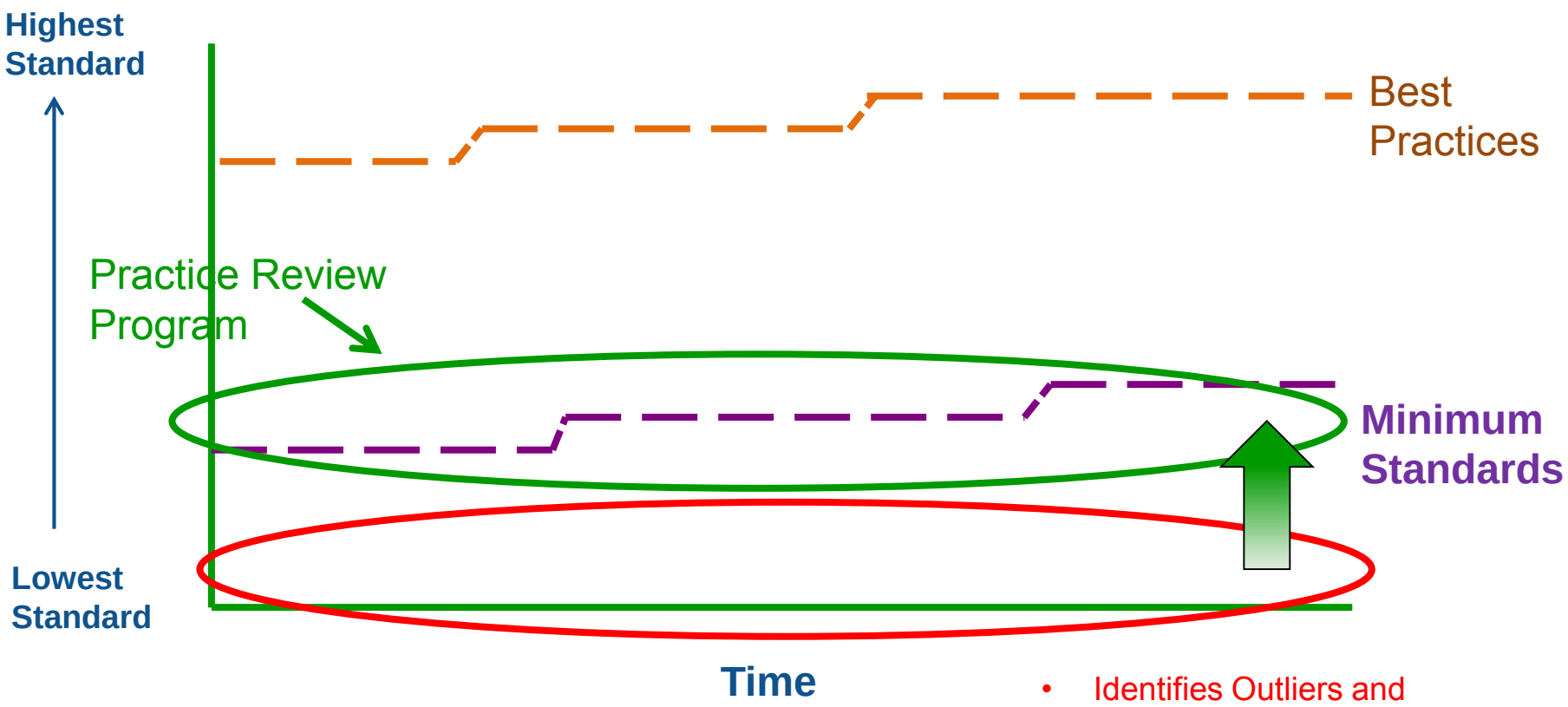
Wide Variety:

- Small community hospitals
- Large Tertiary Care Hospitals
- Some very sophisticated and/or specialized
- Most strive for “Gold Standard”

PRP Phase 2 (Hospitals) – Principles

- **Need parallel processes for Pharmacy and Pharmacy Professionals reviews**
  - Further segmented into clinical versus distribution roles
- **Reviews must assess *compliance* against minimum standards (not gold standard, or best practices)**
- **Focus areas for hospital reviews should be driven by known areas of need (patient safety drivers)**
- **Must be seen by hospital pharmacists to be equitable to community practice reviews**
- **Should have support of Health Authorities as well as College's Hospital Pharmacy Advisory Committee (HPAC)**

Minimum Standards vs Best Practices



- Identifies Outliers and
- Moves them back into Compliance

What are Basic/Minimum Safe Practices?

1. **Patient Identification**
2. **Patient Oriented Pharmacy Practice:**
   - Profile/allergy/contraindication checking
   - Detect/prevent DRP's
3. **Documentation**
4. **Communication:**
   - Direct Patient Counselling
   - Indirect Counselling via Collaborative Practice Team
5. **Product Processing**

The focus areas explained:

Focus Area	Phase 1 (Community)	Phase 2 (Hospital)
1. Ensure the ***Right Patient*** gets the right medication and/or services	- Legislated ID checking procedures	- Accreditation - verify 2 identifiers - Product processing, final checks
2. For each patient, ensure all ***medications work safely together***	- PharmaNet profile check - handling of alerts for allergies and contraindications	- In-house profile check - handling of alerts for allergies/contraindications - detect/solve DRP's
3. Ensure there are ***accurate records*** of prescribing, dispensing, and care team interactions	- Legislated documentation completion (accurate, current, complete)	- Legislated documentation requirements (accurate, current, complete)
4. ***Patient understands*** what they are taking, why they are taking it, and how to safely take it	- Legislated counselling	- Communications, both direct and indirect (via care team) - Includes counselling
5. Ensure ***right drug*** for right patient ***leaves the dispensary***	- Covered at patient counselling time	- Product processing including final checking

Practice Review Grid

Pharmacy Review	Pharmacy Professional Review			
(Build on existing Inspections)	**Topic/Focus Area**	**Distribution Pharmacist**	**Pharmacy Technician**	**Clinical Pharmacist**
Focused on facility and equipment, administration and site policies.	Patient Identification	• Two factor id before fill	• Two factor id before fill	• Two factor id before patient care service
	Patient Oriented Pharmacy Practice	• Direct via Hospital CIS	• Direct via Hospital CIS	• Direct via Hospital CIS
	Documentation	• Per published standards	• Per published standards	• Per published standards
	Communication	• Direct Pt Counselling • Via Health Care Team	• Direct Pt education	• Direct Pt Counselling
	Product Processing	• Final product checking	• Final product checking	• N/A

Practice Review Grid

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	Product Processing	• Final product checking	• Final product checking	• N/A

Pharmacy Reviews

Hospital	Community
Segments / Areas of Review (based on existing inspections): • Administration, Policies and Procedures • Facility and Equipment • Patient record and Documentation • Medication Management (Handling, Storage and Documentation) • Patient record and Documentation • Security and confidentiality • Sterile & non-sterile compounding	Segments / Areas of Review (based on previous inspections): • External to dispensary • Dispensary • Prescriptions • Security and Confidentiality • Equipment • Inventory management • Security and Confidentiality measures

Pharmacy Reviews

Hospital	Community
Segments / Areas of Review (based on existing inspections): • Administration, Policies and Procedures • Facility and Equipment • Patient record and Documentation • Medication Management (Handling, Storage and Documentation) • Patient record and Documentation • Security and confidentiality • Sterile & non-sterile compounding	Segments / Areas of Review (based on previous inspections): • External to dispensary • Dispensary • Prescriptions • Security and Confidentiality • Equipment • Inventory management • Security and Confidentiality measures • Sterile & non-sterile compounding

Deferred pending outcome of separate initiative

Practice Review Grid

Pharmacy Review	Pharmacy Professional Review			
(Build on existing Inspections)	**Topic/Focus Area**	**Distribution Pharmacist**	**Pharmacy Technician**	**Clinical Pharmacist**
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	Product Processing	• Final product checking	• Final product checking	• N/A

Professional Practice Review Process

Focus Area: **Patient Identification**
Volume: **Must review processing at least 5 patients Rx's**

Item #	Authority Source	Applies to:	Review Process	Notes
1	Accreditation Canada, Required Organizational Practices Handbook, 2016	***Distribution Pharmacist;*** ***Pharmacy Technician***	Observe registrant confirming identification of the patient ***before*** entering or filling order, or when accessing patient PCIS or PharmaNet record: - Confirm two person-specific identifiers used to verify dealing with the ***right patient***	Could be working from Addressograph or Label or electronic order. The two identifiers can be any two of: - Hospital No., Pt Name; DOB, or PHN Two of those id's match what PT record is used to access the Pt's profile, and enter the order

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Professional Practice Review Process

Focus Area: **Patient Identification**
Volume: **Must review processing at least 5 patients Rx's**

Item #	Authority Source	Applies to:	Review Process	Notes
1	Accreditation Canada, Required Organizational Practices Handbook, 2016	***Clinical Pharmacist***	Observe pharmacist confirming identification of the patient ***before*** entering into clinical discussion with patient or when accessing patient PharmaNet record • Confirm two person-specific identifiers used to verify dealing with the ***right patient***	Can Be: • Check bracelet & ask name • Ask name and birthdate • Confirm from chart, patient identifier, physician name, DOB, and diagnosis • Name and face if Pt is in continuing care and Pt is familiar to the Pharmacist
			• If Pt not present, verify with other health care team professionals, obtaining at least 2 cross-checked identifiers from the doctor, nurse, etc.	• - Any two of name, DOB, Hospital ID, PHN,

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Practice Review Grid

Pharmacy Review	Pharmacy Professional Review			
(Build on existing Inspections)	**Topic/Focus Area**	**Distribution Pharmacist**	**Pharmacy Technician**	**Clinical Pharmacist**
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	Documentation	• Per published standards	• Per published standards	• Per published standards
	Communication	• Direct Pt Counselling • Via Health Care Team	• Direct Pt education	• Direct Pt Counselling
	Product Processing	• Final product checking	• Final product checking	• N/A

Professional Practice Review Process

For Focus Area: **Patient Oriented Pharmacy Practice**
Volume: **Must review interactions with at least 5 patients' medication orders**

Item #	Authority Source	Applies to:	Review Process	Notes
1	HPA Bylaw Schedule F Part 2 section 12, 13, 16	***Distribution Pharmacist*** ***Pharmacy Technician***	Ensure that when entering or verifying an order, registrant has reviewed patient profile on hospital CIS	• Ensure details of current med's are checked • Check Pt allergies
2	HPA Bylaw Schedule F Part 2 section 12, 13, 16	***Distribution Pharmacist*** ***Pharmacy Technician***	When new Rx is entered, ensure registrant * reviews computer alerts and appropriately responds to: • Allergy alerts • Interactions and contraindications • Therapeutic duplication, dosage, • etc.	• CO not second guessing clinical decision, only that all alerts appropriately responded to • * see additional info for technician

Professional Practice Review Process

For Focus Area: **Patient Oriented Pharmacy Practice**
Volume: **Must review interactions with at least 5 patients' medication orders**

Item #	Authority Source	Applies to:	Review Process	Notes
3	HPA Bylaw Schedule F Part 2 section 12, 13, 16	***Pharmacy Technician***	* Ensure that Tech, follows the pharmacy's policies regarding advising Pharmacist on allergy and other alerts	
4	HPA Bylaw Schedule F Part 2 section 12, 13, 16	***Pharmacy Technician***	Refers to pharmacist for any question or issue that potentially requires patient assessment, clinical analysis or application of therapeutic knowledge (i.e. not practicing out of scope)	

Professional Practice Review Process

For Focus Area: **Patient Oriented Pharmacy Practice**
Volume: **Must review interactions with at least 5 patients**

Item #	Authority Source	Applies to:	Review Process	Notes
5	HPA Schedule F, Part 2, section 13, subsection 5,6	***Clinical Pharmacist***	Ensure that prior to providing pharmacy services, the pharmacist has reviewed complete Patient record whether that be available on hospital CIS, manual chart and/or the MAR	• Ensure details of current med's are checked • Ensure any allergies are assessed
6	HPA Schedule F, Part 2, section 13, subsection 5,6	***Distribution Pharmacist*** ***Clinical Pharmacist***	Observe evidence that Pharmacist has detected drug-related problems	CO is not looking to second guess clinical decision of pharmacist, but that an appropriate process has been followed
7	HPA Schedule F, Part 2, section 13, subsection 5,6	***Distribution Pharmacist*** ***Clinical Pharmacist***	Observe evidence that Pharmacist has resolved or prevented drug-related problems	CO is not looking to second guess clinical decision of pharmacist, but that an appropriate process has been followed

Practice Review Grid

Pharmacy Review	Pharmacy Professional Review			
(Build on existing Inspections)	**Topic/Focus Area**	**Distribution Pharmacist**	**Pharmacy Technician**	**Clinical Pharmacist**
Focused on facility and equipment, administration and site policies.	Patient Identification	• Two factor id before fill	• Two factor id before fill	• Two factor id before patient care service
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	Documentation	• Per published standards	• Per published standards	• Per published standards
	Communication	• Direct Pt Counselling • Via Health Care Team	• Direct Pt education	• Direct Pt Counselling
	Product Processing	• Final product checking	• Final product checking	• N/A

Professional Practice Review Process

For Focus Area: **Documentation**
Volume: **Must review what is recorded with at least 5 patients**

Item #	Authority Source	Applies to:	Review Process	Notes
1	HPA Bylaws Schedule F, Part 2, 16 (2)	***Pharmacy Technician*** ***Distribution Pharmacist*** ***Clinical Pharmacist***	• Ensure that record of any of the following is kept either on the order or within the CIS patient record ➢ consultations with Dr or other care team members ➢ Changes in drug order ➢ Changes and additions to allergies ➢ Any overrides to alerts from the pharmacy system	
2		***Pharmacy Technician*** ***Distribution Pharmacist***	• Ensure that records maintained are accurate, relevant and current, and meet legal and professional requirements (e.g. narcotic and controlled drug documentation)	CO is not assessing the clinical validity of the notes and documentation, but is ensuring the currency, accuracy and completeness

Practice Review Grid

Pharmacy Review	Pharmacy Professional Review			
(Build on existing Inspections)	**Topic/Focus Area**	**Distribution Pharmacist**	**Pharmacy Technician**	**Clinical Pharmacist**
Focused on facility and equipment, administration and site policies.	Patient Identification	• Two factor id before fill	• Two factor id before fill	• Two factor id before patient care service
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	Documentation	• Per published standards	• Per published standards	• Per published standards
	Communication	• Direct Pt Counselling • Via Health Care Team	• Direct Pt education	• Direct Pt Counselling
	Product Processing	• Final product checking	• Final product checking	• N/A

Professional Practice Review Process

For Focus Area: **Communication**
Volume: **Must review interactions with at least 5 patients?**

Item #	Authority Source	Applies to	Review Process	Notes
1	HPA Bylaws, Schedule F, Part 2, 13 (7) and 13 (8)	***Distribution Pharmacist*** ***Clinical Pharmacist***	• Ensure that all drug counselling duties as described in HPA Schedule F Part 2, subsection 7 and 8 are being performed.	Applicable only to distribution pharmacists who counsel outpatients as a routine function, (e.g. ambulatory pharmacies, Home IV, etc)
2	HPA Bylaws, Schedule F, Part 2, 13 (6 b) and (7)	***Distribution Pharmacist*** ***Clinical Pharmacist***	• Communicates with physicians, nursing or other health professionals to: - discuss drug related problems - provide drug information	

Professional Practice Review Process

For Focus Area: **Communication**
Volume: **Must review interactions with at least 5 patients**

Item #	Authority Source	Applies to	Review Process	Notes
3	Model Standards of Practice for Canadian Pharmacy Technicians, Section 1-13 & 1-14 NAPRA 2011	***Pharmacy Technicians***	Observe Pharmacy tech's, when it is part of their job, (within current hospital policy) performing counselling for Inhalers, Blood Glucose Monitoring, Medical Devices, etc.	
4	Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice Section 7, NAPRA 2014	***Pharmacy Technicians***	• Establish and maintain effective communication skills • Use safe, effective and consistent communication systems.	

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Practice Review Grid

Pharmacy Review	Pharmacy Professional Review			
(Build on existing Inspections)	**Topic/Focus Area**	**Distribution Pharmacist**	**Pharmacy Technician**	**Clinical Pharmacist**
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	Product Processing	• Final product checking	• Final product checking	• N/A

Professional Practice Review Process

For Focus Area: **Product Processing**
Volume: **Must review at least ??? prescriptions**

Item #	Authority Source	Applies to	Review Process	Notes
1	HPA Shed F part 2, Sections 10 (1) d & e	***Pharmacy Technician*** ***Distribution Pharmacist***	• Ensure the accuracy of a dispensed prescription (filled with correct product) • Correct drug and dosage form • Correct strength	
2			• Ensure that the prescription is correct at final check (performing checking process) • Correct drug and dosage form • Correct strength	

Results Delivery & Sharing

Pharmacy Review results delivered to PM:

- **Must be acknowledged**

Registrants Results delivered to Registrant:

- **As review is completed**
- **Must be acknowledged**

Registrants' results NOT shared with PM:

- **Consistent with Phase 1 (Community)**

Scheduling Hospital Pharmacy Practice Reviews

CPBC Objectives:

- **Minimize travel and repeat visits**
- **Ensure Pharmacy Manager and registrants all know clearly what will be reviewed ahead of time**
  - No surprises
  - Maximize chance of clean review

Hospital Objectives:

- **Minimize disruption to workflow**
- **Minimize disruption to staff scheduling**
- **Cannot happen concurrent with Accreditation**
- **Reducing anxiety of registrants prior to review**

Scheduling Policies

Advance Notice	Hospital (Phase 2)	Community (Phase 1)
Advance Notice	The College provides *30 calendar days of advance notice* to Pharmacy Managers of the scheduled Practice Reviews	The College provides *30 calendar days of advance notice* to Pharmacy Managers of the scheduled Practice Reviews
Reschedule Requests	If the proposed scheduled date is inconvenient: • May negotiate multiple dates (large hospital pharmacies) • May negotiate new start date but must be within following month	If the proposed scheduled date is inconvenient, the new date must be within the *following month*

Prioritization Policies

	Phase 2 - Hospital	Phase 1 - Community
Cycle based prioritization, to meet targets of all pharmacies and registrants within 6 years, oldest “last inspections date” priority	**80%** of the reviews will be driven to meet the review cycle of at least once every 6 years, including revisits and new pharmacy openings/relocations.	**60%** of the reviews will be driven to meet the review cycle of at least once every 6 years, including revisits and new pharmacy openings/relocations.
Risk based prioritization driven by complaints and other documented risk factors	**20%** of the reviews will be driven by complaints and other documented risk factors (e.g. PSLS data, Ministry requests).	**40%** of the reviews will be driven by complaints and other documented risk factors (e.g. PharmaNet data).

Scheduling - Proposed Principles

- **Contact from PRP (Hospital) Coordinator will be with the Pharmacy Manager named on the license (at the College)**
- **Will attempt to review all registrants at one visit, when possible:**
  - Larger hospitals will likely require multiple visits
  - Some registrants (on holidays, mat leave, etc.) will need to be picked up on a future revisit
- **PRP (Hospital) Coordinator will work with Pharmacy Manager to establish a schedule that works for all concerned**
- **PRP (Hospital) Coordinator will be tracking every registrant, to ensure that a practice review takes place within the 6 year target PRP window**

Summary -PRP Phase 2 (Hospitals) Project activities to-date

- **Established governance and Phase 2 Team**
- **Internally developed proposed processes and focus areas and roles**
- **Presented to Phase 2 Scope Forum on May 5th, 2015**
  - Revised materials
- **Presented to HPAC on May 20th, 2015**
  - Revised materials
- **Presented to Practice Review Committee on May 26th, 2015**
  - Revised materials
- **Now presenting scope and high level design of Phase 2 of program to the Board for approval to proceed**

Summary – Phase 1 & 2 Processes

Process	PRP-1 (Comm.)	PRP-2 (Hosp.)
Prioritize reviews based on 6 year cycle	60%	80%
Prioritize reviews based on risk	40%	20%
Schedule in advance: - 1 month leeway - Allow multiple visits for large sites	✓ ✓	✓ ✓ ✓
Send site pre-review self assessment	✓	✓
Schedule Registrant & inform of detailed process	✓	✓

Summary – Phase 1 & 2 Processes
(Cont'd.)

Process	PRP-1 (Comm.)	PRP-2 (Hosp.)
Pharmacy on-site review: - Action items assigned for non-compliance - Review Summary Report with Pharmacy Manager	✓ ✓	✓ ✓
Pharmacy Professional on-site review: - Action items assigned for non-compliance - Review summary report with registrant	✓ ✓	✓ ✓
Monitor Action Items: - Complete in allotted time, or escalate - Notify when compliant - Non-compliance escalates to QAC or IC	✓ ✓ ✓	✓ ✓ ✓
PRP Administration – periodic reporting	✓	✓
College CQI – feedback to other departments	✓	✓

Question & Answer Session

9. Practice Review Committee
b) Practice Review Program: Phase 2

MOTIONS:

1) Approve the high-level design and scope of the Practice Review Program – Phase 2 Hospital Pharmacies as described in the Key Elements as circulated.

2) Approve the Policies/Processes recommended by the Practice Review Committee for Phase 2 Hospital Pharmacies as circulated.

Recommendation from the Practice Review Committee re: Phase 2 of the Practice Review Program for Hospital Pharmacy Practice Program Components

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1. People

The College has defined the role of a Compliance Officer (CO) to conduct on-site practice reviews, and a Hospital Practice Reviews Coordinator. The required CO for Phase 2 will be staffed by the existing Hospital Inspector, who will receive additional in-depth training. Hiring is currently underway for the Coordinator role, a registered pharmacy technician who will also be trained, and be authorized to perform pharmacy and pharmacy technicians' professional reviews. Job descriptions are complete for these positions, and training to be delivered in the November 2015 timeframe will include knowledge of legislation, use of new custom technology to support the program, extensive guidance in soft skills, business processes for reviews and follow-up, as well as College administrative tasks and accountability reporting.

2. Communications

A communications plan has been developed covering both Phase 1 and Phase 2, and is currently being executed, including ongoing communications for Phase 1, and new specific targeted communications for Phase 2 (Hospitals). All registrants have received regular updates through online articles, video clips, presentations, forums, and articles in professional publications. Public facing communication has thus far been limited to information handouts and signage in the pharmacies, however there will be more extensive information published in the coming months.

3. Processes and Policies

- **Practice Review Scheduling and Administration**
  College staff will centrally schedule all hospital pharmacies for the two review components, the Pharmacy Review and the Pharmacy Professionals Reviews, ensuring that all pharmacies and pharmacy professionals are reviewed at least once every 6 years. Scheduling will be prioritized according to the following factors:
    - Program timeline – the schedule of practice reviews will ensure that all pharmacies are reviewed within 6 years, with the oldest date-of-last-inspection driving the priority
    - Risk based priorities – the scheduling of approximately 20% of the reviews for hospital pharmacies will be driven by complaints and other documented risk factors. The final methodology for risk factor prioritization of hospital pharmacies will be reviewed and submitted for approval by the PRC in September of 2015.

  Scheduling will accommodate CO availability, as well as seasonal travel restrictions, in order to minimize travel and maximize cost efficiency.

  Individual pharmacies will be notified 30 days in advance of their scheduled review. Pharmacy Managers will have the opportunity to request an adjustment to actual dates

based on staff scheduling, or to delay a review for up to one calendar month for reasons of extended manager/ staff vacations and medical leaves. For hospitals with very large numbers of registrants working there, it is anticipated that multiple visits over several months, might prove the most efficient method of scheduling practice reviews that include all staff.

Pharmacy Managers will be notified of all review criteria in advance, and will complete a self-assessment to maximize the effectiveness of actual practice review visits and decrease repeat visits. Individual registrants will also be notified of their scheduled review, as well as the criteria as it applies to the four focus areas (patient identification verification, Patient Oriented Pharmacy Practice standards, documentation, and communications) which will be reviewed by the Compliance Officer.

- **Performing Practice Reviews/ Results Delivery**
  Compliance Officers will visit each scheduled pharmacy and perform the Pharmacy Review first. Review criteria are based on legislated standards and guidelines, and closely align with existing inspection processes. Where non-compliance is observed, it will be electronically documented and action items will be assigned to the Pharmacy Manager with a specified completion date, typically within 30 days.

  Next, the CO will perform the Pharmacy Professionals Reviews, observing each pharmacy professional in their own setting while concentrating on the approved focus areas. Where non-compliance is observed, it will be electronically documented and action items will be assigned to the individual registrant with a specified completion date, typically within 30 days.

  If the non-compliance presents risk to public safety, follow-up will be immediate as per current College processes.

  All review criteria are standardized and based on established College standards and guidelines. Almost all action items to be assigned will be standardized and pre-coded. This level of standardization is designed to ensure consistency, defensibility and fairness of the PRP, and will enable more meaningful program operations reporting.

- **Action Item Management and Escalation**
  Compliance Officers will be responsible to monitor the progress of each assigned action item. Reminders will be sent automatically and upon expiry of the completion date, outstanding action items will be escalated to the Director of Hospital Pharmacy. The Director will issue further communications, advising the Pharmacy Manager and/or the pharmacy professional that the outstanding action items must be complete within 5 days. If the outstanding action items are not completed after 5 more days, the matter will be escalated to the Registrar's attention. A final communication will then be sent, advising that any outstanding action items beyond 2 more days will be forwarded to the Inquiry Committee for investigation as per usual College processes

4. Technology

The PRP is designed around and is supported by the use of leading-edge but low risk, standard web-based technology. Since the application to support PRP must be fully

integrated with existing College business systems, the new systems are being developed in-house using dedicated resources, under the oversight of a contracted Project Manager.

The application for Phase 2 supports head-office functions such as scheduling and management reporting on new databases residing on the College's secure servers. Interfaces which supply necessary data from other College systems such as investigations and registration are being incorporated.

The application supports Compliance Officers in the field, with tablet computers that interact with the PRP databases, capturing practice review details live as they happen, with the capability for off-line capture of data, when telecommunications are not available, such as in very remote areas, or during infrequent network outages.

All interactions with Registrants and Pharmacy Managers, will be done using standard email notifications, with practice review results available via the secure and private College registrants' web access to College databases. Privacy compliance will continue to be ensured in Phase 2, and the Privacy Impact Assessment which was completed for Phase 1, will be updated and approved and approved prior to Phase 2 of the system going live.

5. Budget

The PRP Project to create the program under the PRC's direction is currently operating within the budget as approved by the Board. Current project projections are that the PRP Program – Phase 2 (Hospital) will successfully start its pilot phase, within approved budget, by end of the fiscal year.

6. Timeline

Dates	Activities
June 2015	• Board approval of Phase 2 (Hospital) scope and high level design
June - October 2015	• Continued operation of PRP – Phase 1 (Community) • Continuing stakeholder engagement • Develop Phase 2 (Hospital) processes/procedures • Develop IT tools – Phase 1 enhancements, and Phase 2 application • Develop Training for Phase 2 – Compliance Officers
October - December 2015	• Hiring/Training of Compliance Officer (as needed) • System Acceptance Test
January - February 2016	• Pilot Phase / Limited Rollout (fine tuning of processes and IT)
March 2016- Onwards	• Continued Full Rollout – Community Pharmacy • Full Rollout – Hospital Pharmacy

Practice Review Committee Recommendations for Board Approval

Scheduling policies:
Provide 30 calendar days of advance notice to the Pharmacy Manager of the scheduled Practice Reviews.

If the proposed scheduled date is inconvenient, the new Practice Review dates must be within the following month.

Scheduling for large pharmacies over multiple scheduled visits will be permitted, within guidelines for such scheduling approved by the Board prior to going live.

Prioritization process for Phase 2 (Hospital):
Cycle based: the scheduling of approximately 80% of the reviews will be driven to meet the review cycle of at least once every 6 years and will include revisits and new pharmacy openings/relocations.

Risk based: the scheduling of approximately 20% of the reviews will be driven by complaints and other documented risk factors. The final methodology for risk factor prioritization will be reviewed and submitted for approval by the PRC in September 2015.

Policy in regards to non-regulated pharmacy employees:
Compliance Officers of the PRP will not attempt to perform Pharmacy Professionals' Reviews on non-regulated pharmacy employees, will apply to hospital pharmacy reviews as well as community pharmacy reviews.

Disclosure of Practice Review results policies (same as Community Pharmacy – Phase 1):
Results of a Pharmacy Review will be disclosed by the Compliance Officer to the Pharmacy Manager only.

Results of a Pharmacy Professional's Review will be disclosed by the Compliance Officer to that Pharmacy Professional only.

Any sharing (disclosure) of results between the Pharmacy Manager and the Pharmacy Professionals will be at the discretion of those parties, and the College will bear no responsibility for such disclosure.

Action items policies (same as Community Pharmacy – Phase 1):
Pharmacy Managers and pharmacy professionals have 30 calendar days for the correction of a majority of assigned action items; exception conditions as approved by the Director Hospital Pharmacy Practice and Technology may override the 30 day standard response time.

After 30 days have expired without correction, escalated notice will be sent to action item owner from Director, giving 5 more days to complete.

After the 5 days have expired without correction, escalated notice sent from Registrar, indicating if action item not resolved in 2 days the issue will be forwarded to Inquiry Committee.

If unresolved after the 2 days (total 37 days), the issue will be forwarded to Inquiry Committee. Responsibility for forwarding to Inquiry Committee to be delegated by the PRC to the Director of Practice Reviews and Competency.

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

APPLICANT INFORMATION

☐ Corporation ☐ Sole proprietor/Partnership Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____
Postal Code

Director (majority must be BC registered pharmacists)	*Pharmacist*	*Director (majority must be BC registered pharmacists)*	*Pharmacist*
_____	☐	_____	☐
_____	☐	_____	☐

PROPOSED PHARMACY INFORMATION

Operating name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ _____ Contact* _____
Postal Code

Opening date _____ Tel _____

Software vendor _____ Fax _____

*If manager is not available before opening

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

- The Pharmacy is in compliance with the *Health Professions Act*, the *Pharmacy Operations and Drug Scheduling Act*, the *Pharmacists Regulation* and the *Bylaws* of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.
- I will maintain a valid business licence for the duration of the pharmacy licence.

_____ _____
Name (please print) Signature

_____ _____
Position Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office at least 85 business days prior to the proposed opening date.

The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles

The following must be submitted prior to licensure:

- Acknowledgement of Completion of Confidentiality Form
- Copy of valid business licence

DIAGRAM REQUIREMENT CHECKLIST

The following information must be included on the diagram:
scale: ¼ inch = 1 foot

- Dispensary area size - minimum 15 m^2 (160 sq. ft.)
- Dispensary area counters - minimum 3 m^2 (30 sq. ft.)
- Storeroom space - minimum 4 m^2 (40 sq. ft.) of shelf space
- Description of the front counter and shelf height
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Time-delay lock safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft.) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

The following information must be provided:

Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

_____

_____

_____

Description of the method used to make the dispensary inaccessible to the public:

_____

_____

_____

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Community

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____/_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	1,331.00
GST	66.55
Total	**$1,397.55**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Community

APPLICANT INFORMATION

☐ Corporation ☐ Sole proprietor/Partnership Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____
Postal Code

Director (majority must be BC registered pharmacists)	*Pharmacist*	*Director (majority must be BC registered pharmacists)*	*Pharmacist*
_____	☐	_____	☐
_____	☐	_____	☐

PROPOSED PHARMACY INFORMATION

Operating name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ _____ Contact* _____
Postal Code

Opening date _____ Tel _____

Software vendor _____ Fax _____

*If manager is not available before opening

~~PAYMENT OPTION~~

~~☐ Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ~~☐ VISA~~ ~~☐ MasterCard~~

~~Card #~~ _____ ~~Exp~~ ____/____

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

~~Initial licence fee~~	~~1,331.00~~
~~GST~~	~~66.55~~
~~**Total**~~	~~**$1,397.55**~~

~~GST # R106953920~~

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

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I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.
☐ I will maintain a valid business licence for the duration of the pharmacy licence.

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Community

Name (please print)	Signature
Position	Date

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office at least ~~10~~85 business days ~~weeks~~ prior to the proposed opening date.

The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles
- ~~Copy of valid business licence~~

The following must be submitted ~~at least 2 weeks~~ prior to ~~opening~~ licensure:

- Acknowledgement of Completion of Confidentiality Form
- Copy of valid business licence

DIAGRAM REQUIREMENT CHECKLIST

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

The following information must be included on the diagram:
scale: ¼ inch = 1 foot

- Dispensary area size - minimum 15 m^2 (160 sq. ft.)
- Dispensary area counters - minimum 3 m^2 (30 sq. ft.)
- Storeroom space - minimum 4 m^2 (40 sq. ft.) of shelf space
- Description of the front counter and shelf height
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- ~~Drug storage cabinet and/or s~~Time-delay lock -safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft.) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

The following information must be provided:

Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

_____

_____

_____

Description of the method used to make the dispensary inaccessible to the public:

_____

_____

_____

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Community

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	1,331.00
GST	66.55
Total	**$1,397.55**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Hospital

APPLICANT INFORMATION

☐ Corporation Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____
Postal Code

Director (majority must be BC registered pharmacists)	*Pharmacist*	*Director (majority must be BC registered pharmacists)*	*Pharmacist*
_____	☐	_____	☐
_____	☐	_____	☐

PROPOSED PHARMACY INFORMATION

Operating name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ _____ Contact* _____
Postal Code

Opening date _____ Tel _____

Software vendor _____ Fax _____

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

- The Pharmacy is in compliance with the *Health Professions Act*, the *Pharmacy Operations and Drug Scheduling Act*, the *Pharmacists Regulation* and the *Bylaws* of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____
Name (please print) Signature

_____ _____
Position Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Hospital

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office <u>at least 85 business days</u> prior to the proposed opening date.

The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
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- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles

The following must be submitted prior to licensure:

- Acknowledgement of Completion of Confidentiality Form

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scale: ¼ inch = 1 foot

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- Dispensary area counters - minimum 3 m^2 (30 sq. ft.)
- Storeroom space - minimum 4 m^2 (40 sq. ft.) of shelf space
- Description of the front counter and shelf height
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Drug storage cabinet and/or safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft.) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

The following information must be provided:

Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

_____

_____

_____

Description of the method used to make the dispensary inaccessible to the public:

_____

_____

_____

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Hospital

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____/_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	1,331.00
GST	66.55
Total	**$1,397.55**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Hospital

APPLICANT INFORMATION

☐ Corporation Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____
Postal Code

Director (majority must be BC registered pharmacists)	*Pharmacist*	*Director (majority must be BC registered pharmacists)*	*Pharmacist*
_____	☐	_____	☐
_____	☐	_____	☐

PROPOSED PHARMACY INFORMATION

Operating name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ _____ Contact* _____
Postal Code

Opening date _____ Tel _____

Software vendor _____ Fax _____

*If manager is not available before opening

~~PAYMENT OPTION~~

~~☐ Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ~~☐ VISA~~ ~~☐ MasterCard~~

~~Card #~~ _____ ~~Exp ____ / ____~~

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

~~Initial licence fee~~	~~1,331.00~~
~~GST~~	~~66.55~~
~~**Total**~~	~~**$1,397.55**~~

~~GST # R106953920~~

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

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I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

Name (please print)	Signature
Position	Date

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office at least 85 ~~weeks~~ business days prior to the proposed opening date.

The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles

The following must be submitted ~~at least 2 weeks~~ prior to ~~opening~~ licensure:

- Acknowledgement of Completion of Confidentiality Form

DIAGRAM REQUIREMENT CHECKLIST

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

The following information must be included on the diagram:
scale: ¼ inch = 1 foot

- Dispensary area size - minimum 15 m^2 (160 sq. ft.)
- Dispensary area counters - minimum 3 m^2 (30 sq. ft.)
- Storeroom space - minimum 4 m^2 (40 sq. ft.) of shelf space
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- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Drug storage cabinet and/or safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft.) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

The following information must be provided:

Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

_____

_____

_____

Description of the method used to make the dispensary inaccessible to the public:

_____

_____

_____

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Hospital

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	1,331.00
GST	66.55
Total	**$1,397.55**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Education Site

APPLICANT INFORMATION

☐ Corporation ☐ Sole proprietor/Partnership Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____
Postal Code

PROPOSED PHARMACY INFORMATION

Institution name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ _____ Contact* _____
Postal Code

Opening date _____ Tel _____

Fax _____

*If manager is not available before opening

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

- The Pharmacy is in compliance with the *Health Professions Act*, the *Pharmacy Operations and Drug Scheduling Act*, the *Pharmacists Regulation* and the *Bylaws* of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____
Name (please print) Signature

_____ _____
Position Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Education Site

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	315.00
GST	15.75
Total	**$330.75**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Education Site

APPLICANT INFORMATION

☐ Corporation ☐ Sole proprietor/Partnership Cert. of Incorporation # _____

Company name _____ Incorporation date _____

Address _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____
Postal Code

PROPOSED PHARMACY INFORMATION

Institution name _____ Tel _____

Address _____ Fax _____

_____ Manager _____

_____ _____ Contact* _____
Postal Code

Opening date _____ Tel _____

Fax _____

*If manager is not available before opening

~~PAYMENT OPTION~~

~~☐ Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ~~☐ VISA~~ ~~☐ MasterCard~~

~~Card #~~ _____ ~~Exp~~ ____/____

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

~~Initial licence fee~~	~~315.00~~
~~GST~~	~~15.75~~
~~**Total**~~	~~**$330.75**~~

~~GST # R106953920~~

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Education Site

Name (please print)	Signature
Position	Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY
Education Site

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Initial licence fee	315.00
GST	15.75
Total	**$330.75**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY SERVICES

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal Code

PROPOSED REMOTE SITE

Operating name _____ Tel _____

Address _____ Fax _____

_____ Email _____

_____ _____

Postal Code

Hours of operation for Telepharmacy _____

_____

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

- The Pharmacy is in compliance with the *Health Professions Act*, the *Pharmacy Operations and Drug Scheduling Act*, the *Pharmacists Regulation* and the *Bylaws* of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY SERVICES

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office <u>at least 60 business days</u> prior to the planned operation of the pharmacy.

Application must be approved PRIOR to commencement of telepharmacy services.

The following must be submitted together with this application:

- Diagram detailing the layout of the telepharmacy services at the remote site
- Copy of the final Policy and Procedure Manual which outlines specific telepharmacy operations

PharmaNet connection for both sites? ☐ Yes ☐ No

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY SERVICES

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	210.00
GST	10.50
Total	**$220.50**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY SERVICES

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal Code

PROPOSED REMOTE SITE

Operating name _____ Tel _____

Address _____ Fax _____

_____ Email _____

_____ _____

Postal Code

Hours of operation for Telepharmacy _____

_____

~~PAYMENT OPTION~~

~~☐ Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ~~☐ VISA~~ ~~☐ MasterCard~~

~~Card #~~ _____ ~~Exp ____ / ____~~

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

~~Initial licence fee~~	~~210.00~~
~~GST~~	~~10.50~~
~~**Total**~~	~~**$220.50**~~

~~GST # R106953920~~

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____

Name (please print) Signature

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY SERVICES

_____	_____
Position	Date

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY SERVICES

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office at least 60 business days prior to the planned operation of the pharmacy.

Application must be approved PRIOR to commencement of telepharmacy services.

The following must be submitted together with this application:

- Diagram detailing the layout of the telepharmacy services at the remote site
- Copy of the final Policy and Procedure Manual which outlines specific telepharmacy operations ~~(see template on College website at www.bcpharmacists.org)~~
-

PharmaNet connection for both sites? ☐ Yes ☐ No

College of Pharmacists of British Columbia

APPLICATION FOR TELEPHARMACY SERVICES

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	210.00
GST	10.50
Total	**$220.50**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Pharmacy manager _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal Code

PROPOSED REMOTE SITE

Remote site address, including name of pharmacy _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____

Postal Code

Hours of operation for Satellite _____

_____

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

- The Pharmacy is in compliance with the *Health Professions Act*, the *Pharmacy Operations and Drug Scheduling Act*, the *Pharmacists Regulation* and the *Bylaws* of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office <u>at least 60 business days</u> prior to the planned operation of the hospital satellite.

Application must be approved PRIOR to commencement of hospital satellite service.

The following must be submitted together with this application:

- Diagram detailing the layout of the hospital pharmacy satellite

PharmaNet connection for both sites? ☐ Yes ☐ No

College of Pharmacists of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	210.00
GST	10.50
Total	**$220.50**

GST # R106953920

College of Pharmacists of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

APPLICANT INFORMATION

Company name _____

Central pharmacy _____

Pharmacy manager _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal Code

PROPOSED REMOTE SITE

Remote site address, including name of pharmacy _____ Tel _____

_____ Fax _____

_____ Email _____

_____ _____

Postal Code

Hours of operation for Satellite _____

_____

~~PAYMENT OPTION~~

~~☐ Cheque/Money order *(payable to College of Pharmacists of BC)*~~ ~~☐ VISA~~ ~~☐ MasterCard~~

~~Card #~~ _____ ~~Exp ____ / ____~~

~~Cardholder name~~ _____

~~Cardholder signature~~ _____

~~Initial licence fee~~	~~210.00~~
~~GST~~	~~10.50~~
~~**Total**~~	~~**$220.50**~~
~~GST # R106953920~~	

Pursuant to s.54(2) of the *Health Professions Act – Bylaws*, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the *eServices* section of our website.

I attest that:

☐ The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

☐ I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

College of Pharmacists of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

Name (please print)	Signature
Position	Date

College of Pharmacists of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office at least 60 business days prior to the planned operation of the hospital satellite.

Application must be approved PRIOR to commencement of hospital satellite service.

The following must be submitted together with this application:

- Diagram detailing the layout of the ~~telepharmacy~~ hospital pharmacy satellite~~services at the remote site~~
- ~~Copy of the final Policy and Procedure Manual which outlines specific telepharmacy operations (see template on College website at www.bcpharmacists.org)~~

PharmaNet connection for both sites? ☐ Yes ☐ No

College of Pharmacists of British Columbia

APPLICATION FOR HOSPITAL SATELLITE

PAYMENT OPTION

Legal Name _____
Last name (Surname) *First name* *Other name(s)*

Pharmacy Name _____

☐ Cheque/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Initial licence fee	210.00
GST	10.50
Total	**$220.50**

GST # R106953920

APPENDIX

1 ***The Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules***

(a) by striking out the following:

3 Acyclovir and its salts (in topical preparations in concentrations of 5% or less)

1 Acyclovir and its salts (except in topical preparations in concentrations of 5% or less)

1 Adrenocortical hormones and their salts and derivatives[v] (except

(a) hydrocortisone or hydrocortisone acetate, when sold as a single medicinal ingredient in a concentration that provides 0.5% or less hydrocortisone in preparations for topical use on the skin, and

(b) clobetasone butyrate, when sold in a concentration of 0.05% clobetasone butyrate in cream preparations for topical use on the skin)

2 Azelaic acid

1 Hydrocortisone[v] (except when sold as a single medicinal ingredient in a concentration that provides 0.5% hydrocortisone in preparations for topical use on the skin)

3 Hydrocortisone (when sold as a single medicinal ingredient in a concentration that provides 0.5% hydrocortisone in preparations for topical use on the skin)

1 Hydrocortisone acetate[v] (except when sold as a single medicinal ingredient in a concentration that provides 0.5% hydrocortisone in preparations for topical use on the skin)

3 Hydrocortisone acetate (when sold as a single medicinal ingredient in a concentration that provides 0.5% hydrocortisone in preparations for topical use on the skin)

1 Naproxen and its salts (except when sold for oral use with a daily dosage of 440 mg) , ***and***

(b) by adding the following:

1 Acyclovir and its salts

1 Adrenocortical hormones and their salts and derivatives[v], including, but not limited to, hydrocortisone, hydrocortisone acetate, hydrocortisone valerate, hydrocortisone sodium succinate, clobetasone butyrate, difluprednate and triamcinolone acetonide (except

(a) hydrocortisone or hydrocortisone acetate, when sold as a single medicinal ingredient in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin,

(b) hydrocortisone or hydrocortisone acetate, when sold in combination with any other non-prescription medicinal ingredient that provides 1% or less hydrocortisone in preparations for topical use on the skin,

(c) clobetasone butyrate, when sold in a concentration of 0.05% clobetasone butyrate in cream preparations for topical use on the skin, and

(d) triamcinolone acetonide in an aqueous nasal spray that delivers 55 mcg per metered spray for adults and children 12 years of age and older)

1 Azelaic acid

1	Hydrocortisone or hydrocortisone acetate[v] (except when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin, for adults and children 2 years of age and over, and in package sizes containing no more than 30 g)
3	Hydrocortisone or hydrocortisone acetate (when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin, for adults and children 2 years of age and over, and in package sizes containing no more than 30 g)
1	Naproxen and its salts (except when sold as naproxen sodium 220 mg per oral dosage unit)
2	Triamcinolone acetonide in an aqueous nasal spray that delivers 55 mcg per metered spray for adults and children 12 years of age and older, in package sizes containing more than 120 metered sprays
3	Triamcinolone acetonide in an aqueous nasal spray that delivers 55 mcg per metered spray for adults and children 12 years of age and older, in package sizes containing no more than 120 metered sprays .

[May 4, 2015]

[For administrative purposes only - R/309/2015/33]

College of Pharmacists of British Columbia

Community Pharmacy Security Resource Guide (2015)

A companion document to
Professional Practice Policy – 74 Community Pharmacy Security.

TABLE OF CONTENTS

1.0 FOREWORD

In response to the increasing number of pharmacy robberies in British Columbia, in both frequency and severity, the College Board has determined that a higher level of security measures are required in community pharmacies to protect the public as well as pharmacy employees. When a robbery occurs pharmacy employees are put at risk of physical and psychological harm. The public becomes vulnerable to identity theft as well their safety becomes compromised as the stolen drugs are sold illicitly on the streets.

In 2013, the Board established a Robbery Prevention Working Group (RPWG) to develop security requirements to prevent robbery and break and enter in community pharmacies in BC. The RPWG was tasked with providing recommendations to the Board regarding pharmacy security standards, policies, and/or bylaws.

The working group met four times between September 2013 and February 2015. During which time, the RPWG drafted a security policy entitled *Professional Practice Policy-74 Community Pharmacy Security* (PPP-74) (Appendix A) which outlines the minimum security requirements for community pharmacies in BC. In drafting the policy, the working group was cognizant of the differences in community pharmacy premises and focused on ensuring that only the minimum requirements were listed that would be feasible to implement at all pharmacy premises while at the same time aiming to achieve the goal of decreasing robbery and break and enter occurrences. The policy supplements existing applicable legislation (Appendix B). PPP-74 was approved by the Board at their February 2015 Board meeting with an implementation date of September 15, 2015 to allow for transition.

In order to effectively implement the requirements, it is highly recommended that all pharmacies contact a security specialist for assistance.

2.0 HOW TO USE THE GUIDE

This guide is a companion to *Professional Practice Policy-74 Community Pharmacy Security (PPP-74).* The intention of the guide is to provide pharmacy owners, directors, managers and registrants with further detail and clarity, as well as useful tools and resources to assist in the implementation of the policy.

2.1 Disclaimer

This document is not intended to cover all possible security measures or scenarios. It is highly recommended that all pharmacy owners and directors contact a security specialist for assistance.

2.2 Acknowledgement

The development of PPP-74 and this Guide involved a collaborative and consultative process with input and feedback gathered from the volunteer members of the RPWG, and the support of the Vancouver Police Department (VPD). The RPWG was composed of registrants, corporate and health authority

representatives, and representatives from the VPD. Feedback was also sought from security and privacy experts as well as academia.

The College of Pharmacists of BC would like to sincerely thank each of these individuals and organizations for their invaluable feedback and expertise in the creation of PPP-74 and the companion resource guide.

2.3 Feedback

Questions and comments about this guide are welcome and can be sent to:

College of Pharmacists of British Columbia
200 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6
Web site: www.bcpharmacists.org
E-mail: PPP74@bcpharmacists.org

Telephone:
604-733-2440 or 800-663-1940
Facsimile:
604-733-2493 or 800-377-8129

3.0 Implementation Timeline

Effective September 15, 2015.

All necessary requirements set out in PPP-74 must have been implemented, unless otherwise stated.

4.0 DEFINITIONS

"Community Pharmacy" (PODSA bylaws)

Means a pharmacy licensed to sell or dispense drugs to the public
(note: this includes telepharmacy remote sites)

"Dispensary" (PODSA bylaws)

Means the area of a community pharmacy that contains Schedule I and II drugs.

"High Definition" (PPP-74)

Means a resolution that is substantially higher than that of standard definition therefore resulting in images that are sharper and have greater picture detail.

"Narcotic and Controlled Drugs" (PPP-74)

Means Schedule 1A drugs *(Triplicate/Duplicate Prescription Program)* for the purposes of this policy.

"Pharmacy" (PODSA)

Means the area of a premise licensed under PODSA where drugs or devices may be

a. stored, or
b. dispensed or sold to the public

"Safe" (PPP-74)

Means a strong, heavy metal "box" equipped with a time-delay lock, used for storing narcotics and controlled drugs.

"Security Barriers" (PPP-74)

Means a *physical* barrier, such as securely locked grillwork/gate, that provides an additional layer of security and deters and prevents:

1. Unauthorized access and disclosure (which includes sight) of all patient and personal health information including but not limited to:
    - Hard copies of prescriptions,
    - Filled prescriptions waiting to be picked up,
    - Labels, patient profiles, and any other personal health information documents waiting for disposal.

2. Unauthorized access, including but not limited to:
    - Computer hard drives,
    - All Schedule I, II and III drugs.

"Targeted narcotic and controlled drugs" (PPP74)

Means Schedule 1A drugs for the purpose of this policy.

"100% of the premise"

Means the community pharmacy licensed premise that includes the dispensary plus the professional products area (25').

5.0 Policy Statements and Clarifications

5.1 Policies and Procedures

Policy Statement

All pharmacy owner(s) and director(s) must:

- Ensure that written policies and procedures are developed, implemented and maintained to establish pharmacy security requirements for the prevention of robbery and break and enter.
  - The policies and procedures must incorporate the following minimum requirements (…)
- Ensure that critical stress debriefing and stress counseling are offered as soon as possible following an incident.

Clarification

Policies and procedures should incorporate all elements of PPP-74 and outline responsibilities and accountabilities for each requirement and be included in the pharmacy's policy and procedure document.

A sample list of resources for critical stress debriefing is available in Appendix C.

Employers should check with Worksafe BC regarding recent amendments to their legislation. The College is advised that the *BC Workers Compensation Amendment Act,* 2011 (WCAA) https://www.leg.bc.ca/39th4th/3rd_read/gov14-3.htm outlines that a worker who experiences a mental disorder as a reaction to "one or more traumatic events arising out of and in the course of the worker's employment" or which is "predominantly caused by a significant work-related stressor, or a cumulative series of significant work-related stressors" may be eligible for compensation under the WCAA.

5.2 Training

Policy Statement:

The pharmacy manager must:

- Ensure that existing staff and new hires undergo training on the above mentioned policies and procedures, PPP-74, and the Community Pharmacy Security Resource Guide and are retrained on a minimum yearly basis to maintain knowledge.

Clarification

Staff training is critical from a preventative perspective and also in the event of a robbery, should one occur. Training should incorporate formal training and ongoing maintenance of skills for the staff. Training should include: (a) operation of security-relevant equipment, such as security cameras, alarms, safes, etc., (b) what to do in the event of a robbery and (c) how to handle potential precursors to robbery (the presence of suspicious customers and fishing style phone calls).

5.3 Compliance

Policy Statement:

- Notify the pharmacy owner(s) and director(s) immediately if the minimum requirements are not being met and take immediate action to ensure compliance with this policy.

Clarification

If any of the security equipment is not functioning properly or there has been a breach of policy, the manager must make the owners and directors aware and ensure appropriate action is taken to resolve the issue(s).

5.4 Notifying the College of Non-Cooperation

Policy Statement:

- Notify the CPBC Complaints Resolution Department as soon as possible via the complaints line **778-330-0967** of non-cooperation of the pharmacy owner(s) and director(s) with this policy.

Clarification

If the manager has taken steps to address any deficiencies and is not able to comply with this policy due to non-cooperation of the owner(s) or director(s), then the manager must report this to the College as soon as possible.

5.5 Reporting an Incident

Policy Statement:

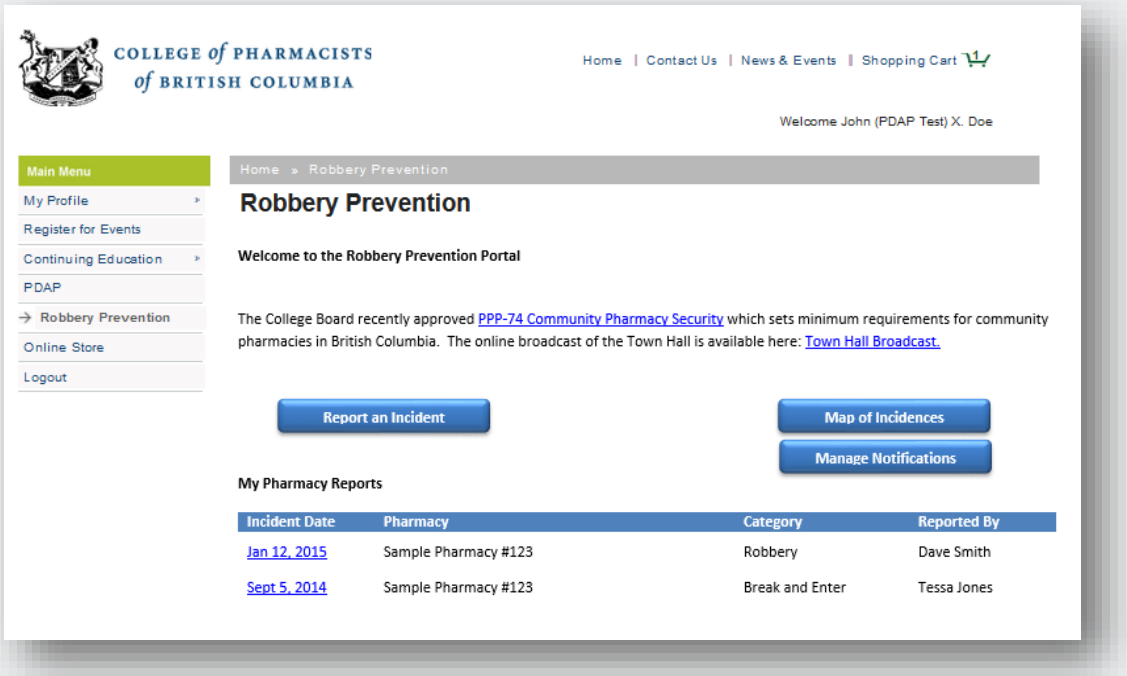
- Notify the College Registrar within 24 hours of an occurrence (via e-Services portal) of any of the following*:*
  - Robbery (armed/unarmed) or attempted robbery
  - Break and enter
  - Forgery
  - Theft
  - Drug loss (unexplained or adulterated)

  Note: If the pharmacy manager is not available, notification can be delegated by the pharmacy manager to a CPBC registrant.

Clarification

The occurrence should be reported through the *Robbery Prevention Portal* located in e-Services under the "report an incident" tab, which is only accessible to registrants, see Figure 1. *(Note: the following screen shots are mock versions of the Robbery Prevention Portal as of June 2015 and may differ slightly from the final live version.)*

Figure 1: Robbery Prevention Main Page



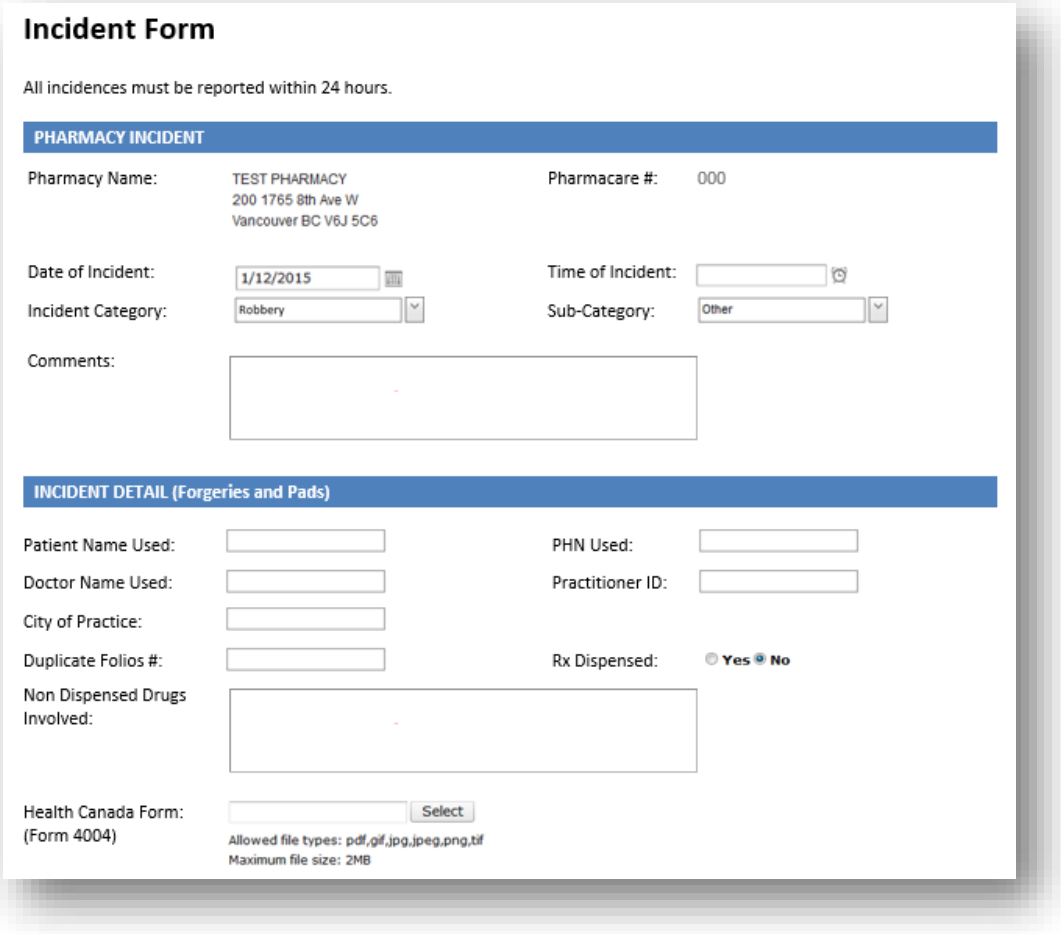
Policy Statement:

- Notify the College Registrar (via e-Services portal) of the name and count of the top 5 (by quantity) targeted narcotic and controlled drugs that were taken or diverted within 24 hours of an occurrence.

Clarification

In the *Robbery Prevention Portal* on e-Services click on the "report an incident" tab. Registrants are then prompted to complete an online *Incident Form* shown in Figure 2.

Figure 2: Incident Form



Incident Form

All incidences must be reported within 24 hours.

PHARMACY INCIDENT

Pharmacy Name: TEST PHARMACY
200 1765 8th Ave W
Vancouver BC V6J 5C6

Pharmacare #: 000

Date of Incident: 1/12/2015

Time of Incident:

Incident Category: Robbery

Sub-Category: Other

Comments:

INCIDENT DETAIL (Forgeries and Pads)

Patient Name Used:

PHN Used:

Doctor Name Used:

Practitioner ID:

City of Practice:

Duplicate Folios #:

Rx Dispensed: Yes No

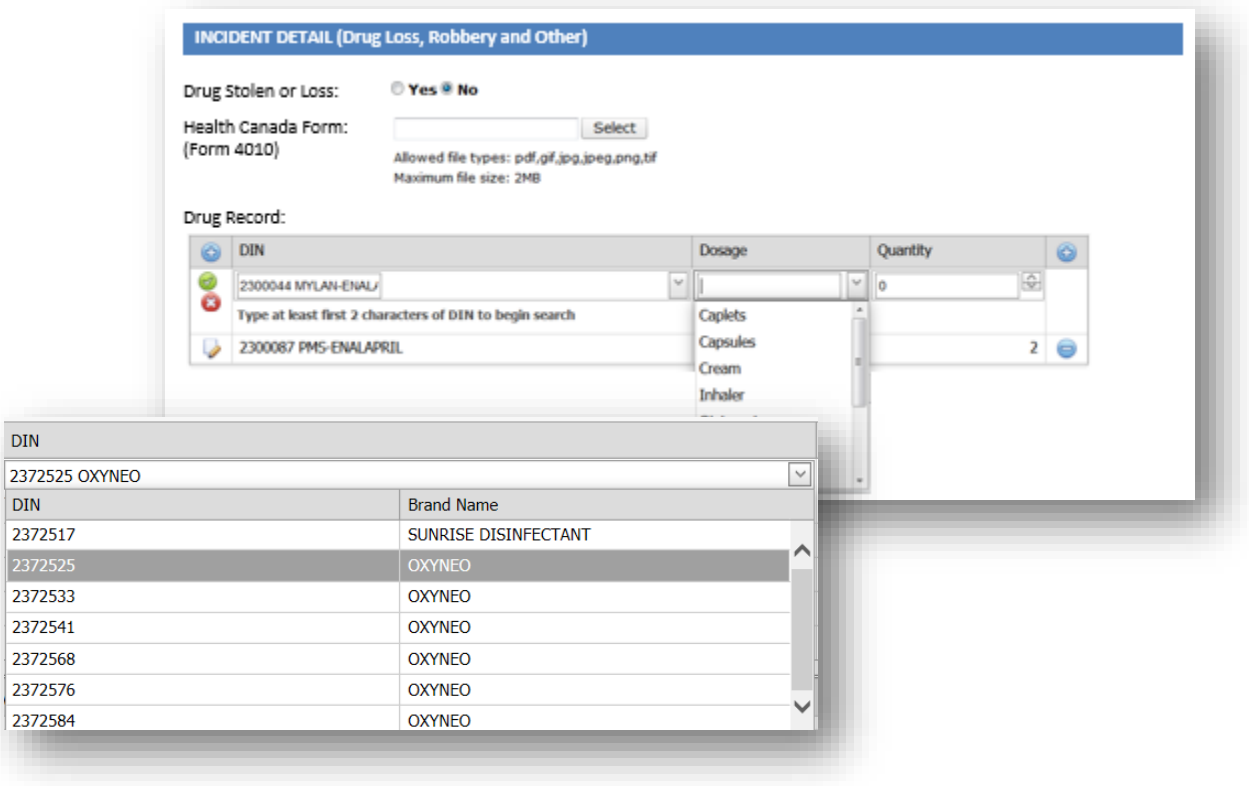
Non Dispensed Drugs Involved:

Health Canada Form: (Form 4004) Select

Allowed file types: pdf,gif,jpg,jpeg,png,tif
Maximum file size: 2MB

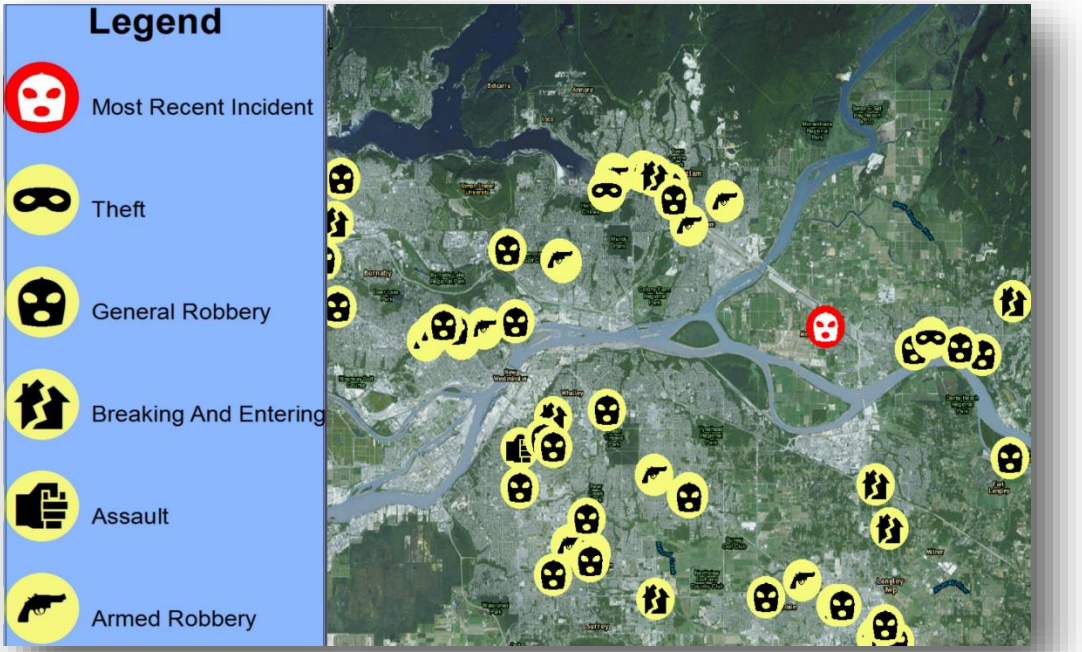
The online *Incident Form* will provide a drop down menu and search functions to assist in reporting the narcotic and controlled drugs stolen, see Figure 3.

Figure 3: Incident Form – Incident Detail (drug loss)



Once the information is entered into the online *Incident Form*, it will automatically populate a "robbery map", see Figure 4. This map will only be available to registrants via the *Robbery Prevention Portal.* It will provide real-time information regarding pharmacy crime as noted in the legend. This information will be available in addition to the usual fanouts sent to pharmacy managers through PharmaNet. Details regarding the crime can be found on the map, which will also highlight crime trends so that registrants can be well informed and take any necessary precautions.

Figure 4: Robbery Map



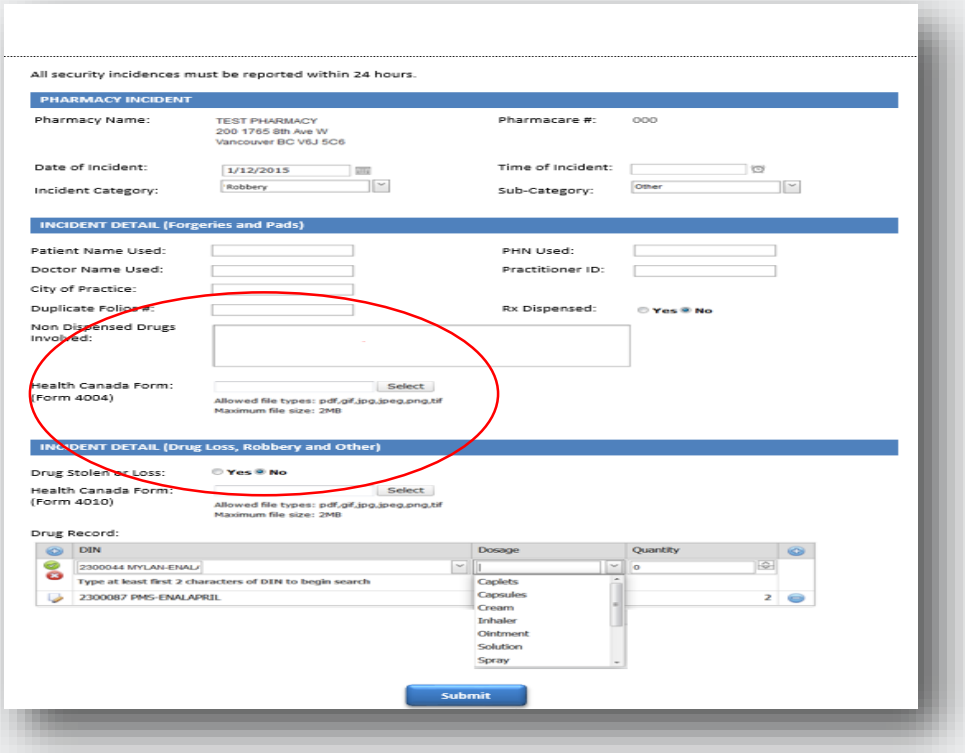
Policy Statement:

- Provide the College Registrar (via e-Services portal) a copy of the Health Canada report **(Form HC 4010 or HC 4004)** that provides the complete inventory of drugs (including the drug count) that were taken or diverted within 10 days of an occurrence.

Clarification

When the applicable Health Canada form (http://www.hc-sc.gc.ca/hc-ps/substancontrol/substan/compli-conform/loss-perte/index-eng.php) has been completed, a copy of the form should be uploaded through the robbery prevention portal via the online *Incident Form* to the section outlined in Figure 5.

Figure 5: Incident Form – Health Canada Form Upload



5.6 Security Equipment

The requirements of sections 1, 2 and 3 of PPP-74 have been established to reduce the attractiveness, or harden the target, of pharmacies for robbery, break and enter, drug diversion and privacy breaches. The requirements have been informed by the experience of law enforcement, security experts, researchers in crime prevention, privacy experts, as well as by pharmacy professionals.

The recommendations are driven by Situational Crime Prevention which is a preventative approach to reducing opportunities of crime, including the circumstances that allow particular types of crime. With the requirements of PPP-74, the College aims to make robbery, break and enter and drug diversion less appealing, and thus protect pharmacy professionals and the public. The policy requires layers of security to be implemented.

Experts advise that camera systems, motion detectors, and alarms alone are not security barriers. They assist in alerting authorities and owners to a potential crime in progress, and

cameras assist with investigations after the incident. Criminals factor in response times of law enforcement after an alarm is triggered. They are slowed down by physical security barriers such as high security locks on the front store doors, barrier gates around the pharmacy, and an actual safe. Therefore the criminal will either not commit the crime at a site with several layers of security, or the criminal may be caught at the scene of the crime given the additional time to break through the layers of security. The more barriers a criminal must face, the greater the psychological deterrent. A useful tool to better understand situational crime prevention, can be found in Appendix D.

5.6.1 Safe

Policy Statement:

1. Security Equipment
   The following security equipment must be installed and maintained in good working order:
   A. Safe (for storage of narcotic and controlled drugs) that must:
      1. have a time-delay lock(s) set at a minimum of 5 minutes
      2. be secured in place

Clarification

The safe must be an actual metal safe, not a "narcotics cabinet" and must be securely anchored in place, preferably to the floor.

Security experts have advised that as a minimum Underwriters Laboratories of Canada (ULC) rating of Class 1 is preferable but is dependent on many factors that may ultimately impact a pharmacy's choice of safe.

Time-delay lock

The safe must be locked at all times with a time-delay lock set at a minimum of 5 minutes, and known to the public to be locked except when items are being placed into or removed from the safe. ***It is never appropriate for the safe to be left open; this would defeat the purpose of the time-delay lock security measure*.** Owners and directors must ensure that policies and procedures are developed that support this requirement.

Storage of narcotic and controlled drugs

Narcotic and controlled drugs (the "drugs"), defined as Schedule 1A - *Triplicate/Duplicate Prescription Program* for the purposes of this policy, must be stored in the metal safe at all times. Schedule 1A can be viewed at http://www.bclaws.ca/civix/document/id/complete/statreg/9_98.

Alternate Requirement:

If narcotic and controlled drugs are NEVER stocked or dispensed at the pharmacy, a safe is not required and the following alternate requirements must be met:

1. The pharmacy owner(s)/director(s) and the pharmacy manager must sign a College provided declaration confirming narcotic and controlled drugs are never stocked or dispensed at the pharmacy and that they understand non-compliance with this declaration may result in referral to the Inquiry Committee, and
2. The pharmacy must display signage indicating that there are no narcotic or controlled drugs on the premises, to be provided by the College (see p.19-20 of this Guide),
3. In the event that the terms of the declaration in 1 above are no longer valid, the owner(s)/director(s) must notify the Registrar immediately and take action **in advance** to ensure a safe is installed consistent with section 1(A) of PPP-74.

5.6.2 Cameras

Policy Statement:

B. High Definition (HD) Security Camera System that must:
   1. have date/time stamp images, which must be archived and available for a minimum of 30 days
   2. be checked daily for proper operation

Note:

- *The requirements under 1(B) apply to all new installations and renovations from September 15, 2015 onward. All existing systems will be grandparented under this policy to allow a transition period until September 15, 2020, at which time these requirements must be met.*
- *A policy must be established on video surveillance consistent with the Office of the Information & Privacy Commissioner for British Columbia: https://www.oipc.bc.ca/*

Further to B(2):

Policies and procedures must be established that clearly identify responsibility and accountability for this check.

Clarification

For the purposes of this policy, "high definition" was used as a term to ensure that cameras were installed that provided clarity of image. This is important to ensure that images captured are sufficient to enable law enforcement to identify the criminals. In order to identify a person, specific individual features must be distinguishable. The term was defined in this generic way as it was acknowledged that technology changes quickly and the policy needs to be flexible.

Experts advise that camera systems are rated on frame rates per second and resolution. The higher the frame rate and resolution the better for detection and identification.

A helpful reference on this topic is located in Appendix E.

Cameras and Privacy

As per the British Columbia *Personal Information Protection Act* ("PIPA") pharmacies are required to post visible and clear signage informing customers that the premises is monitored by cameras (see p.17-18 of this Guide). Reasonable security measures and policies must be in place to protect personal information recorded by such systems from unauthorized access, disclosure, use or destruction. These include policies and measures restricting access to staff and others on a need to know basis and retention, and destruction policies for recorded images.

Guidance on the use of cameras, including security arrangements and policies, can be found at: https://ww.oipc.bc.ca/guidance-documents/1453

Question

I purchased and installed a CCTV system last year in my pharmacy – it would not be considered high definition – do I have to install a new system by September 15, 2015?

Answer

No, you would not. PPP-74 allows for pharmacies to transition to HD systems by September 15, 2020, or at such time as your current system needs replacing, whichever is sooner.

5.6.3 Monitored Alarm Systems

Policy Statement:

C. Monitored alarm systems:
   1. Premise
      a. Where the pharmacy comprises 100% of the total premises, there must be alarms at all windows and doors.
      b. Where the pharmacy does not comprise 100% of the total premises, the dispensary must be independently alarmed from the rest of the premises

Clarification

Independent alarms **are required** for the dispensary when:

1. No pharmacist (full registration category) is present, **AND**
2. The premise is accessible to non-registrants during or after regular store hours.

Alternate Requirement:

Independent alarms for the dispensary **are optional**, when:

1. A pharmacist is present **at all times**, **AND**
2. The pharmacy owner(s)/director(s) and the pharmacy manager sign a College provided declaration (Appendix G) confirming (a) above and that they understand non-compliance with this declaration may result in referral to the Inquiry Committee.
3. In the event that the terms of the declaration in (b) are no longer valid, the owner(s)/director(s) must notify the Registrar immediately and take action **in advance** to ensure alarms are installed consistent with section 1(C) of PPP-74.

Alarm Code

Policy Statement:

2. Alarm code
   a. Only the registrant staff can possess the alarm code
   b. Alarm code held on premises for emergency access is permitted providing that:
      - The alarm code is securely stored with the store manager
      - Each access is reported to the pharmacy manager immediately
      - Each access is documented

5.6.4 Security Barriers

Policy Statement:

D. Security barriers
   a. Where the pharmacy does not comprise 100% of the total premises, the dispensary must have security barriers preventing access to the dispensary during hours when the pharmacy is closed.
   b. Only the registrant staff can possess the key
   c. Key held on premises for emergency access is permitted providing that:
      - The key is securely stored with the store manager
      - Each access is reported to the pharmacy manager immediately
      - Each access is documented

Clarification

1. Security barriers **are required** when:
   a. No pharmacist (full registration category) is present, **AND**
   b. The premise is accessible to non-registrants during or after regular store hours.
2. Security barriers are highly recommended as an additional layer of security, but **are optional**, when:
   a. A pharmacist is present at all times, **AND**
   b. The pharmacy owner(s)/director(s) and the pharmacy manager sign a College provided declaration confirming (a) above and that they understand non-compliance with this declaration may result in referral to the Inquiry Committee.

c. In the event that the terms of the declaration in (b) are no longer valid, the owner(s)/director(s) must notify the Registrar immediately and take action **in advance** to ensure barriers are installed consistent with section 1(D) of PPP-74.

5.6.5 Motion Sensors

Policy Statement:

E. Motion sensors to detect movement in dispensary

Clarification

Security experts recommend that 360 degree motion detectors are installed on the ceiling as wall mounted motion detectors are vulnerable to blind spots.

5.7 Signage

Policy Statement:

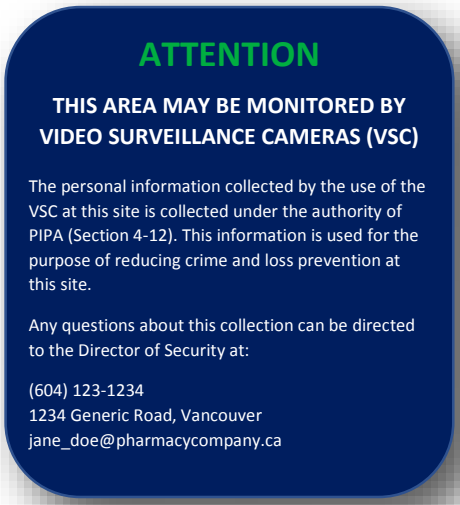
2. Pharmacy Signage

The pharmacy must display highly visible signage, including any signage provided by the College, which identifies the following information:

- A video surveillance system is used in the pharmacy
- Limited targeted drugs are on site
- Narcotics are stored in a time-delay lock safe

Clarification

Signage identifying that a video surveillance system is in use is required by PIPA. Community pharmacies are responsible for compliance with this Act. A sample sign is provided below:



If your pharmacy **never** stocks narcotic and controlled drugs, and you have met the alternate requirement of the safe, the College will provide you with signs that are specific to your situation.

The College provides signs to all licensed community pharmacies in the province that state "limited targeted drugs are on site" and "narcotics are stored in a time-delay lock safe". The signs **must** be posted at all external entrances to the premise as well as at the dispensary counter. This will provide a consistent province-wide message to criminals that additional layers of security are in place and therefore act as a deterrent. It is critical that all pharmacies are compliant with this requirement to ensure that their pharmacy does not become a "soft target". In addition, all new pharmacies will be sent the signs at the time of licensure approval.

Alternate Requirement:

Signage is not required indicating that limited targeted drugs are on site and that narcotics are stored in a time-delay lock safe when the following alternate requirements are met:

1. Narcotics and controlled drugs are NEVER stocked and dispensed at the pharmacy and,
    a. The pharmacy displays the College provided sign that indicates as such, and
    b. The pharmacy owner(s)/director(s) and the pharmacy manager sign a College provided declaration (Appendix G) confirming (a) above and that they understand non-compliance with this declaration may result in referral to the Inquiry Committee, and
    c. In the event that the terms of the declaration in (b) is no longer valid, the owner(s)/director(s) must notify the Registrar immediately and take action **in advance** to ensure that the appropriate signage is in place regarding time-delay lock safe and limited targeted drugs.

OR

2. The pharmacy has **no** external signage identifying it as a pharmacy and,
    a. The pharmacy is **never** open to the public, and

b. The pharmacy owner(s)/director(s) and the pharmacy manager sign a College provided declaration confirming (a) above and that they understand non-compliance with this declaration may result in referral to the Inquiry Committee, and
c. In the event that the terms of the declaration in (b) is no longer valid, the owner(s)/director(s) must notify the Registrar immediately and take action **in advance** to ensure that the appropriate signage is in place regarding time-delay lock safe and limited targeted drugs.

5.8 Inventory Control

Policy Statement:

3. Inventory Control
A minimum amount of *targeted narcotic and controlled drugs* must be kept in the dispensary at all times. "Minimum" is defined as the amount of narcotic and controlled drugs stocked on site based on the next available delivery and on pharmacy needs.

Clarification

Excessive stock of targeted narcotic and controlled drugs makes pharmacies vulnerable to diversion and theft. It is important that pharmacy managers ensure that only minimal amounts are kept on site at any one time. Policies and procedures must be established that clearly outline ordering procedures and accountabilities and alignment with *PPP-65 – Narcotic Counts and Reconciliations.*

Consideration should be given to developing policies for dealing with new prescriptions for narcotics, or "fishing" calls regarding onsite stock levels. This type of policy could direct staff members to ask standard questions regarding patients' names, care card numbers, their prescribing doctors information etc. In addition, policy could be developed to limit the volume of narcotics that any single patient can collect at one time, or to order their prescriptions in advance, or delay between initially placing an order and filling the prescription.

5.9 Emergency Response Kit

Policy Statement:

4. **Emergency Response Kit**
   Pharmacies must have an emergency response kit that provides a step-by-step guide on what to do in the event of a robbery or break and enter and it must be available to all pharmacy staff.

Clarification

A sample of content for an emergency response kit can be found in Appendix F.

5.10 Incident Review

Policy Statement:

5. **Incident Review**
   A review of security incident(s) must be conducted on an annual basis to determine security concerns and/or activity trends.

Clarification

Policies and procedures should be in place regarding a privacy breach response plan consistent with the HPA Section 79. The plan should include notification of affected individuals and other health care providers in appropriate cases. It should also include notification in such cases to the College and the Office of the Information and Privacy Commissioner of British Columbia.

A guide to creating your own privacy breach response plan, which is recommended, can be found at: https://www.oipc.bc.ca/guidance-documents/1428.

A checklist for responding to a privacy breach can be found at: https://www.oipc.bc.ca/media/15062/oipc_privacy_breach_checklist.pdf.

5.11 Pharmacy Security Evaluation

Policy Statement:

6. **Pharmacy Security Evaluation**
   A pharmacy security evaluation must be completed on an annual basis to identify areas of risk and improvements.

APPENDIX A: PROFESSIONAL PRACTICE POLICY-74

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-74**
POLICY FOCUS: **Community Pharmacy Security**

POLICY STATEMENT(S):

All pharmacy owner(s) and director(s) must:

- Ensure that written policies and procedures are developed, implemented and maintained to establish pharmacy security requirements for the prevention of robbery and break and enter.
  - The policies and procedures must incorporate the following minimum requirements as set out below.
- Ensure that critical stress debriefing and stress counseling are offered as soon as possible following an incident.

The pharmacy manager must:

- Ensure that existing staff and new hires undergo training on the above mentioned policies and procedures, PPP-74, and the Community Pharmacy Security Resource Guide and are retrained on a minimum yearly basis to maintain knowledge.
- Notify the pharmacy owner(s) and director(s) immediately if the minimum requirements are not being met and take immediate action to ensure compliance with this policy.
- Notify the College Registrar within 24 hours of an occurrence (via e-Services portal) of any of the following*:*
  - Robbery (armed/unarmed) or attempted robbery
  - Break and enter
  - Forgery
  - Theft
  - Drug loss (unexplained or adulterated)

Note: If the pharmacy manager is not available, notification can be delegated by the pharmacy manager to a CPBC registrant.

- Notify the College Registrar (via e-Services portal) of the name and count of the top 5 (by quantity) targeted narcotic and controlled drugs that were taken or diverted within 24 hours of an occurrence.

- Provide the College Registrar (via e-Services portal) a copy of the Health Canada report **(Form HC 4010 or HC 4004)** that provides the complete inventory of drugs (including the drug count) that were taken or diverted within 10 days of an occurrence.
- Notify the CPBC Complaints Resolution Department as soon as possible via the complaints line **778-330-0967** of non-cooperation of the pharmacy owner(s) and director(s) with this policy.

1. Security Equipment

The following security equipment must be installed and maintained in good working order:

A. Safe (for storage of narcotic and controlled drugs) that must:
   1. have a time-delay lock(s) set at a minimum of 5 minutes
   2. be secured in place

B. High Definition (HD) Security Camera System that must:
   1. have date/time stamp images, which must be archived and available for a minimum of 30 days
   2. be checked daily for proper operation

Note:

- *The requirements under 1(B) apply to all new installations and renovations from September 15, 2015 onward. All existing systems will be grandparented under this policy to allow a transition period until September 15, 2020, at which time these requirements must be met.*
- *A policy must be established on video surveillance consistent with the Office of the Information & Privacy Commissioner for British Columbia: https://www.oipc.bc.ca/*

C. Monitored alarm systems:
   1. Premise
      a. Where the pharmacy comprises 100% of the total premises, there must be alarms at all windows and doors.
      b. Where the pharmacy does not comprise 100% of the total premises, the dispensary must be independently alarmed from the rest of the premises.
   2. Alarm code
      a. Only the registrant staff can possess the alarm code
      b. Alarm code held on premises for emergency access is permitted providing that:
         - The alarm code is securely stored with the store manager
         - Each access is reported to the pharmacy manager immediately
         - Each access is documented

D. Security barriers
    a. Where the pharmacy does not comprise 100% of the total premises, the dispensary must have security barriers preventing access to the dispensary during hours when the pharmacy is closed.
    b. Only the registrant staff can possess the key
    c. Key held on premises for emergency access is permitted providing that:
        - The key is securely stored with the store manager
        - Each access is reported to the pharmacy manager immediately
        - Each access is documented
E. Motion sensors to detect movement in dispensary

2. Pharmacy Signage

The pharmacy must display highly visible signage, including any signage provided by the College, which identifies the following information:

- A video surveillance system is used in the pharmacy
- Limited targeted drugs are on site
- Narcotics are stored in a time-delay lock safe

3. Inventory Control

A minimum amount of targeted narcotic and controlled drugs must be kept in the dispensary at all times. “Minimum” is defined as the amount of narcotic and controlled drugs stocked on site based on the next available delivery and on pharmacy needs.

4. Emergency Response Kit

Pharmacies must have an emergency response kit that provides a step-by-step guide on what to do in the event of a robbery or break and enter and it must be available to all pharmacy staff.

5. Incident Review

A review of security incident(s) must be conducted on an annual basis to determine security concerns and/or activity trends.

6. Pharmacy Security Evaluation

A pharmacy security evaluation must be completed on an annual basis to identify areas of risk and improvements.

These standards supplement PODSA Bylaws 3 and 12

IMPLEMENTATION TIMELINE

Effective September 15, 2015

All necessary requirements set out in this policy must have been implemented, unless otherwise stated.

BACKGROUND:

Statistics Canada reported a 3 percent decline in national robbery rates from 2010 -2011. In British Columbia, there was little change in the number of pharmacy robberies and break and enters from 2011-2012; however, law enforcement reported a 200 percent increase in the Lower Mainland alone from 2012-2013.

The rate of pharmacy robberies continued to increase through 2014. Experts anticipate that this trend won't change until BC pharmacies implement adequate security measures to prevent robbery and break and enter. The risk of robbery and break and enter presents a growing concern for the safety and security of pharmacy staff and the public.

In 2014, the College Board established a working group to develop pharmacy security requirements to prevent robbery and break and enter in BC pharmacies. Once the process began, the working group expanded the scope of development to include forgery, theft, and loss, as it was recognized that these were also areas of increasing risk and frequency in recent years. The working group was tasked with providing recommendations to the Board regarding pharmacy security standards, policies, and/or bylaws.

APPENDIX B: RELEVANT LEGISLATION

Legislation	Relevant Sections
Benzodiazepines and Other Targeted Substances Regulations (SOR/2000-217)[1]	**Security and Reporting Loss or Theft** **7. (1)** The following persons must take any steps that are necessary to ensure the security of a targeted substance in their possession and any licence or permit in their possession with respect to a targeted substance and must, not later than 10 days after discovery, report to the Minister any loss or theft of a targeted substance or of a licence or permit: **(b)** a pharmacist
Food and Drug Regulations (C.R.C., c. 870)[2]	**Division 3: Pharmacists** **G.03.012** A pharmacist shall take all reasonable steps that are necessary to protect controlled drugs on his premises or under his control against loss or theft. **G.03.013** A pharmacist shall report to the Minister any loss or theft of a controlled drug within 10 days of his discovery thereof.
HPA Bylaws[3]	**74. Storage of Personal Information** A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored **(a)** at the pharmacy, or **(b)** off site. **77. Protection of Personal Information** **(1)** A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal. **(2)** A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part. **79. Remedying a Breach of Security** A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including **(a)** taking steps to recover the personal information or to ensure its disposal if it cannot be recovered, **(b)** taking steps to ensure that any remaining personal information is secured, **(c)** notifying

Note: *This is not intended to be an all-inclusive list.*

[1] http://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/index.html
[2] http://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._870/index.html
[3] http://library.bcpharmacists.org/D-Legislation_Standards/D-2_Provincial_Legislation/5076-HPA_Bylaws.pdf

	(i) anyone affected by the unauthorized access including patients and other health care providers, **(ii)** the college, and **(iii)** law enforcement officials, if criminal action may have contributed to the unauthorized action, and **(d)** modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.
Narcotics Control Regulations (C.R.C., c. 1041)[4]	**Pharmacists** **42.** A pharmacist shall report to the Minister any loss or theft of a narcotic within 10 days of his discovery thereof. **43.** A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft.
Personal Information and Protection Act (PIPA)[5]	**S.34 Protection of Personal Information** An organization must protect personal information in its custody or under its control by making reasonable security arrangements to prevent unauthorized access, collection, use, disclosure, copying, modification or disposal or similar risks.
Pharmacy Operations and Drug Scheduling Act (PODSA)[6]	**Part 4 — Bylaws and Drug Schedules** **Board bylaws** **21 (1)** The board may make bylaws respecting the following: **(a)** the collection, retention, maintenance, correction, protection, use and disclosure of prescription information and patient records including information and records intended for the purpose of prescribed information management technology under the Pharmaceutical Services Act; **(d)** the requirements for the licensing and operation of a pharmacy, including, but not limited to, **(ii)** the physical requirements for premises, **(iii)** the maintenance and disposal of records, including patient records and records concerning drug inventory, purchases and transfers, **(iv)** the equipment and things to be used in the operation of a pharmacy, and **(v)** the name, signage and other forms of public identification of the pharmacy; **(e)** the requirements for the dispensing, sale, storage or disposal of a drug or device listed or included by reference in the drug schedules; **(g)** the responsibilities of managers of pharmacies, owners of pharmacies or directors of corporations that own pharmacies;

Note: *This is not intended to be an all-inclusive list.*

[4] http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/FullText.html
[5] http://www.bclaws.ca/Recon/document/ID/freeside/00_03063_01
[6] http://www.bclaws.ca/civix/document/id/complete/statreg/03077_01

PODSA Bylaws[7]	**Part 1 - All Pharmacies** **Responsibilities of Pharmacy Managers, Owners and Directors** **3 (2)** A manager must do all of the following: **(j)** ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present; **(n)** ensure that confidentiality is maintained with respect to all pharmacy and patient records in accordance with all applicable legislation; **(o)** make reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises; **(s)** ensure that appropriate security is in place for the premises generally; **3 (4)** Owners and directors must comply with subsection (2) (j), (n), (o), and (s). **PART II – Community Pharmacies** **Community Pharmacy Manager – Quality Management** **10.** A community pharmacy's manager must develop, document and implement an ongoing quality management program that **(a)** maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a community pharmacy, **(b)** monitors staff performance, equipment, facilities and adherence to the Community Pharmacy Standards of Practice, and **(c)** includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies. **Operation without a Pharmacist** **12. (1)** Except as provided in subsection (2), a community pharmacy must not be open to the public unless a full pharmacist is present. **(2)** A community pharmacy that does not have a telepharmacy remote site licence may operate without a full pharmacist present if all the following requirements are met: **(a)** the registrar is notified of the hours during which a full pharmacist is not present; **(b)** a security system prevents the public, pharmacy assistants and other non-pharmacy staff from accessing the dispensary, the professional service area and the professional products area; **(c)** a pharmacy technician is present and ensures that the pharmacy is not open to the public; **(d)** Schedule I, II, and III drugs and controlled drug substances in a secure storage area are inaccessible to pharmacy assistants, other non-pharmacy staff and the public; **(e)** dispensed prescriptions waiting for pickup may be kept outside the dispensary if they are inaccessible, secure and invisible to the public and the requirements of section 12 of the Community Pharmacy Standards of

Note: *This is not intended to be an all-inclusive list.*

[7] http://library.bcpharmacists.org/D-Legislation_Standards/D-2_Provincial_Legislation/5082-PODSA_Bylaws.pdf

	Practice have been met; **(f)** the hours when a full pharmacist is on duty are posted.

Note: *This is not intended to be an all-inclusive list.*

Community Pharmacy Security Resource Guide (2015)

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY-5**

POLICY FOCUS: **Pharmacy Security**

POLICY STATEMENT(S):

1. Each pharmacy manager must create and document pharmacy security policies and procedures which demonstrate compliance with existing bylaws regarding patient record confidentiality and drug inventory security.

2. The following procedures must be followed when the store premises are occupied by non-registrant staff after normal hours of operation:

   (a) All dispensary area access points will be protected by locked doors, grillwork or similar secure barriers. (For emergency access, a key may be stored on the premises in a sealed envelope, provided that the pharmacy manager is notified each time emergency access to the dispensary is made.)

   (b) The dispensary area will be protected by an alarm system separate from the balance of the premises, and only the registrant staff may possess the alarm code. (For emergency access, the alarm code may be stored on the premises in a sealed envelope, provided that the pharmacy manager is notified each time emergency access to the dispensary is made.)

   (c) If the dispensary area is not protected by locked doors or similar barriers at all entry points or if it is not protected by a separate alarm system, a system must be established to prevent access to the dispensary area without the knowledge and consent of the pharmacy manager.

BACKGROUND:

The above policy statement is supplemental to PODSA Bylaw 12.

First approved: 13 Jun 1997 **PPP-5**

Revised: 20 Jun 2003 / 15 Apr 2011

Reaffirmed: 27 Mar 2009

APPENDIX C: RESOURCES FOR CRITICAL STRESS DEBRIEFING

Below are organizations which offer services related to critical incidents; which could be additional to employer provided assistance.

Justice Institute of British Columbia
Critical Incident Stress Management Program
This 14-day (7 credit) program is designed for frontline and management staff that support and assist individuals in coping with the immediate consequences of crime and trauma.
http://tinyurl.com/ojwahuq
Vancouver Police Department
Victim Services
Provides crime victims, witnesses, and their family members with professional, supportive and timely assistance, to lessen the impact of crime and trauma. Referrals to victim services are typically made by the officer on scene; however, individuals can self-refer to the program by contacting the Victim Services Unit. Staff are able to assist victims by providing emotional support, information and referrals, and assistance with Victim Impact Statements and Crime Victim Assistance forms. Provides services in the following areas: - Emotional Support, - General Information, - Justice Related Information, and - Other services.
http://vancouver.ca/police/crime-prevention/victim-services/index.html
VictimLink BC
VictimLink BC is a toll-free, confidential, multilingual telephone service available across BC and Yukon 24 hours a day, 7 days a week at 1-800-563-0808. It provides information and referral services to all victims of crime and immediate crisis support. VictimLink BC provides service in more than 110 languages, including 17 North American aboriginal languages. VictimLink BC is TTY accessible. Call TTY at 604-875-0885; to call collect, please call the Telus Relay Service at 711. Text at 604-836-6381. Email VictimLinkBC@bc211.ca
http://www.victimlinkbc.ca/
WorkSafe BC
Critical Incident Response Program
Provides critical incident intervention to workers and employers who have experienced a traumatic event in the workplace. The goal is to reduce the distress experienced immediately following an event and to prevent the development of further, more serious difficulties. Service can be provided up to three weeks from the date of the critical incident. The program is a free, confidential, and voluntary. It does not address labour relations issues or concerns regarding safety at the worksite.
http://www.worksafebc.com/claims/serious_injury_fatal/critical_incident_response/default.asp
BC Pharmacy Association
Pharmacist Program
Provides access to three one-hour counseling sessions in the aftermath of a critical incident or work-related traumatic event (e.g., robbery, assault, or direct threat). This is a confidential and voluntary service, and free to members.

APPENDIX D: SITUATIONAL CRIME PREVENTION TOOL

Situational Crime Prevention is a preventative approach to crime, focused on reducing opportunities of crime, including a focus on the circumstances that allow particular types of crime. The Center for Problem-Oriented Policing (POP) has developed a tool, *25 Techniques of Situational Crime Prevention,* to help the public better understand ways that they can prevent crime.

The tool is not specifically tailored to pharmacy crime, but provides insightful information. It can be viewed at: http://www.popcenter.org/25techniques/

APPENDIX E: CAMERA SYSTEMS REFERENCE

The Scientific Working Group Imaging Technology (SWGIT) was an expert group from the United States initiated in the 1990s at the request of the Federal Bureau of Investigation (FBI). SWGIT was developed in order to provide guidance and standards for imaging technology, including image quality and storage, as it was increasingly being used in the criminal justice system.

SWGIT developed the document *Recommendations and Guidelines for Using Closed-Circuit Television Security Systems in Commercial Institutions.* This document provides in-depth information for the use of closed-circuit television (CCTV) security systems in commercial institutions, such as banks, convenience stores and other facilities. It can be viewed here: http://tinyurl.com/obnenjc

APPENDIX F: EMERGENCY SECURITY KIT EXAMPLE

Below is an example of a step-by-step guide on what to do in the event of a robbery or break and enter.

1. **One set of Emergency Security Instruction Cards**
   Card 1: Instructions
   1. Pick up the telephone and call 911.
   2. Give your store's street address.
   3. Tell the dispatcher, "I have just been robbed."
   4. Stay on the line and answer questions from the dispatcher.

   When instructions have been completed, turn to the next card in the Robbery Kit.

   Card 2: Instructions
   1. Lock the entrance door. If possible, try not to let any customers leave or enter until the police have arrived. If a customer must leave,
   2. get his/her name, address, home and work phone numbers.
   3. Place the "We are closed temporarily due to an Emergency" sign on the entrance door

   When instructions have been completed, turn to the next card in the Robbery Kit.

   Card 3: Instructions
   1. Preserve the crime scene. Cover any glass, doors, fixtures, drawers, etc., which may have been touched by the robber(s), with a drop cloth in order to preserve fingerprints.

   When instructions have been completed, turn to the next card in the Robbery Kit.

   Card 4: Instructions
   1. Distribute "Suspect Description" forms to anyone witnessing the robbery with instructions that they are to complete it before discussing their observations with anyone else.
   2. Fill in the blanks on the form and give them to police when they arrive

   When instructions have been completed, turn to the next card in the Robbery Kit.

   Card 5: Instructions
   1. Refer all inquiries from the news media to the manager of the store. If asked for amount of the loss, by anyone other than police, just state that you do not have that information.
   2. Don't give out names of employees or other witnesses. You could inadvertently place them in danger.

2. **Temporary Closure Sign(s)**
   "We are temporarily closed due to an emergency."

3. **Armed Robbery Questionnaire**
   Ensure that a sufficient number copies of the questionnaire with pens are available in the emergency kit for all staff and customers.

APPENDIX G: DECLARATION FORMS

Safe Declaration

NO NARCOTICS AND CONTROLLED DRUGS ON-SITE

DECLARATION

I, _____, the _____ (position title) of _____ (legal pharmacy name), declare that,

1. Narcotic and controlled drugs are **never** stocked or dispensed at the above identified pharmacy, and I understand that non-compliance with this declaration may result in referral to the Inquiry Committee of the College of Pharmacists of BC.

2. College signage indicating that there are no narcotics or controlled drugs on the premise will be displayed.

3. In the event that the terms of the declaration above are no longer valid, I will notify the Registrar immediately and take action in advance to ensure a safe is installed consistent with section 1(A) of Professional Practice Policy-74 Community Pharmacy Security.

_____ Date (MM/DD/YYYY)

_____ Signature

Monitored Alarm Declaration

MONITORED ALARM

DECLARATION

I, _____, the _____ (position title) of

_____ (legal pharmacy name) declare that,

1. A pharmacist is present **at all times** when the above identified premise is accessible to any non-registrants, and

2. I understand that non-compliance with this declaration may result in referral to the Inquiry Committee of the College of Pharmacists of BC.

3. In the event that the terms of the declaration above are no longer valid, I will notify the Registrar immediately and take action in advance to ensure alarms are installed consistent with section 1(C) of Professional Practice Policy-74 Community Pharmacy Security.

_____ _____

Date (MM/DD/YYYY) Signature

APPENDIX H: ADDITIONAL RESOURCES

Note: *These resources are not tailored to pharmacy, but provide useful information.*

College of Pharmacists of BC. (2015, April). Town Hall of Robbery Prevention: Keeping our Communities Safe. Presented at the Town Hall held by the College of Pharmacists of BC at the Morris J. Wosk Centre for Dialogue. Available through e-Services.

Connor, Shawn. (2015, January 27). Common-sense measures the most effective for preventing home burglaries. *The Vancouver Sun.* Retrieved from http://www.vancouversun.com/story_print.html?id=10763342&sponsor=

Farrell, Graham. Tseloni, Andromachi. Tilley, Nick. (2011). The effectiveness of vehicle security devices and their role in the crime drop. *Criminology & Criminal Justice*, 11(1), pp. 21-35.

Guerette, Rob T., Bowers, Kate J. (2009). Assessing the extent of crime displacement and diffusion of benefits: a review of situational crime prevention evaluations. *American Society of Criminology*, 47(4), pp.1331-1368.

Health Canada, Government of Canada. (1999). *Directive on Physical Security Requirements for Controlled Substances.* Retrieved from, http://www.hc-sc.gc.ca/hc-ps/pubs/precurs/dealers-distrib/phys_securit_directive/index-eng.php#c1

Tseloni, Andromachi, et al. (2014). The effectiveness of burglary security devices. *Security Journal,* pp. 1-19.

APPENDIX I: GENERAL INFORMATION ABOUT PROTECTING PERSONAL INFORMATION

General information about legal obligations to protect personal information

1. The privacy practices of all pharmacies are regulated under the British Columbia *Personal Information Protection Act* ("PIPA"). In addition, Part VII of the College's HPA bylaws contain privacy requirements that apply to all registrants.
2. PIPA requires organizations to implement reasonable security arrangements to safeguard personal information from unauthorized access, disclosure, use or destruction. College bylaws require this as well. Personal Health Information is very sensitive, intimate information. The security measures to protect it must take this into account; greater protection is expected than for less sensitive personal information.
3. In case a privacy breach occurs, including through a robbery, a breach response plan must be in place including notification of affected individuals in appropriate cases. It should also include notification in such cases of the College and the Office of the Information and Privacy Commissioner of British Columbia.
4. A guide to creating a privacy breach response plan can be found here: https://www.oipc.bc.ca/guidance-documents/1428.
5. A checklist for responding to a privacy breach can be found here: https://www.oipc.bc.ca/media/15062/oipc_privacy_breach_checklist.pdf.

Specific requirements for protecting patient information

1. In light of the statutory requirement to protect personal information, the College expects patient prescription information, and other personal information, to be protected from unauthorized access, disclosure, use or destruction.
2. Patient records that are in paper form must be stored in a secure manner. Secure storage requires physical barriers to separate patient records from areas of the pharmacy that may be accessible to staff who are not permitted access, members of the public and intruders. These barriers can include secure locked storage cabinets and security screens or barriers keeping storage separate from the remainder of the pharmacy.
3. An added measure is the use of security video recording, often called CCTV. The College expects that, if CCTV is in use, its presence will be made known to staff and members of the public through visible and clear signage. The College also expects that reasonable security measures and policies will be in place to protect personal information recorded by such systems from unauthorized access, disclosure, use or destruction. These include policies and measures restricting access to staff and others on a need to know basis and retention and destruction policies for recorded images.
4. Guidance on the use of CCTV, including security arrangements and policies, can be found here: https://www.oipc.bc.ca/guidance-documents/1453.

5. Electronic patient records in systems other than PharmaNet must be protected by reasonable security arrangements that are robust against internal or external misuse and attack and that evolve, after regular review, as threats and risks evolve.

6. Guidance on securing personal information can be found here: https://www.oipc.bc.ca/guidance-documents/1439

7. Reasonable security arrangements include administrative controls that ensure that only pharmacy staff with a true need to have access to patient information have user permissions for the system. The College is of the view that only registrants, including pharmacy technicians, should have such access. Monitors should not be visible to the public.

8. Such systems should also be protected by strong password requirements (with regular enforced changes), timed log-out for users who have not used the system for a set period after log-in, and protection against external intrusion (including through firewalls, logical server separation and encryption).

May 26, 2015

College of Pharmacists of British Columbia
200 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Re: Consultation to Proposed Bylaw Changes (*Pharmacy Operations and Drug Scheduling Act Bylaws* and *Health Professions Act Bylaws – Community Pharmacy Standards of Practice)*

Thank you for the opportunity to provide feedback on the proposed changes to the *Pharmacy Operations and Drug Scheduling Act Bylaws* and the *Health Professions Act Bylaws – Community Pharmacy Standards of Practice.*

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) is a strong voice and the leading advocate for the business of neighbourhood pharmacy and its vital role in sustaining the accessibility, quality and affordability of patient care for Canadians where they work, live, and play.

We represent the operators of Canada's leading chain, banner and franchise neighbourhood pharmacies, as well as grocery chains and mass merchandisers with pharmacies.

We have provided our comments through referencing each section below for convenience.

Pharmacy Operations and Drug Scheduling Act Bylaws

As per the summary of proposed changes posted on the CPBC website, we reserve our comments to the proposed addition of sections 3(2)(e)(i) and (ii) to the *PODSA bylaws*.

Section 3(2)(e)(i) – A manager must…ensure that registrant and pharmacy assistant staff levels are sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice.

The delivery of patient care at community pharmacy locations in British Columbia is provided through a diverse network of pharmacies that are as unique as the populations and geographic locations they serve. Practice is no longer limited to traditional dispensing activities, but has also expanded to include: comprehensive medication therapy management and monitoring; disease state management; health promotion and prevention; and administration of vaccines, to name a few. As a result, community pharmacy has become a convenient destination for people to go to when they need immediate access to primary health care services.

Ease of access, however, while beneficial to patients, is not without its unintended consequences, specifically the inability to accurately predict human resources requirements at any given time. As a result of this ambiguity, we would assert that no community pharmacy manager could meet this requirement "at all times". Furthermore, while we support the oversight of the CPBC in ensuring that pharmacy managers work to meet patient care requirements in their pharmacies, it is our position that CPBC has neither the mandate nor the experience to establish benchmarks for pharmacy staffing levels or workload volumes at all the various community pharmacy practice sites in British Columbia.

Section 3(2)(e)(ii) – A manager must…ensure that meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics, or standards of practice.

Goal-setting is a common human resources principle embraced by all contemporary organizations. During the course of 30 years of research with 17 million employees, the Gallup organization found that knowing what was expected of them at work was critical to keeping employees engaged at work[1]. Making progress toward and achieving goals fosters both satisfaction and self-confidence. Goals also promote planning and, along with plans, interaction between managers and direct reports and among teams to align plans, monitor milestones, and make course corrections when needed.

Supporting pharmacists to fully embrace their role and professional responsibilities is an ongoing exercise in change management. Goal-setting is one way of engaging pharmacists to embrace these opportunities to use their knowledge and skills for the benefit of the public (in accordance with the CPBC Code of Ethics), and to create business success. The responsibility for human resources management clearly rests with individual organizations and does not fall under the authority of the provincial pharmacy regulator.

As per the CPBC website, we support the role of the CPBC "to protect public health by licensing and regulating pharmacists and pharmacy technicians and the places where they practice. We are responsible for making sure every pharmacist and pharmacy technician in B.C. is fully qualified and able to provide the public with competent care." *Sections 3(2)(e)(i) and (ii)* would now propose that the CPBC have purview over the business practices of pharmacy (workplace scheduling and human resources management). From our perspective, this would be beyond the delegated authority assigned to the CPBC through either the *Health Professions Act* or the *Pharmacy Operations and Drug Scheduling Act*. We do not support the inclusion of these sections within the *PODSA Bylaws*.

Health Professions Act Bylaws – Community Pharmacy Standards of Practice

As per the summary of proposed changes posted on the CPBC website, proposed changes to the *CPSOP* include sections 11(4), 12, and 13. There may be an opportunity to consider additional feedback at this time. We have provided comments accordingly.

[1] Gallup, James Harter, Frank Schmidt, Emily Killham, and Sangeeta Agrawal, "Q12 Meta-Analysis, The Relationship Between Engagement at Work and Organizational Outcomes," August 2009.

Section 12 Pharmacist/Patient Consultation

Throughout the document, there has been clear distinction made between a pharmacy technician, pharmacy assistant, registrant, and full pharmacist. In this new section, this is the first time that reference to a "pharmacist" has been made.

In the *Health Professions Act Bylaws, Part IV Registration*, the CPBC has defined specific categories of registrants, qualifications to be met for each registration category, and activities corresponding to each registrant. There is no registration category (or definition) for "pharmacist". The closest definition available is "practicing pharmacist", which includes a full, limited, temporary and student pharmacist. A temporary pharmacist may provide pharmacy services as if he/she were a full pharmacist; both a limited and student pharmacist may provide pharmacy services as if he/she were a full pharmacist while under the supervision of a full pharmacist.

We would request that the CPBC clarify which registrant is to perform the activities in Sections 12, 13(2), and 13(3). Furthermore, should this in fact be the "practicing pharmacist", as alluded to in the previous paragraph, then we would propose that the term "practicing pharmacist" replace "full pharmacist" in Sections 6(5), 11(3), and 11(4). If a practicing pharmacist is permitted to perform the pharmacist/patient consultation activity, it would be reasonable for a practicing pharmacist to perform all other activities in the sections referenced above. The use of the term "full pharmacist" should be reserved for those activities as defined in section 6(10) – renewing and adapting prescriptions.

We would also propose that reference to "patient's representative" be included in Section 12 for completeness. This term is used in the *Health Professions Act Bylaws, Part VII Registrant Records*, with references to several other pieces of pertinent legislation that clearly establish authority for a patient representative to act on behalf of the patient.

Thanks once again for the opportunity to provide feedback.

Yours sincerely,

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May 28, 2015

Bob Nakagawa
Registrar
College of Pharmacists of British Columbia
200 - 1765 West 8th Avenue , Vancouver, BC V6J 5C6

Dear Mr. Nakagawa:

Re: Proposed Amendments to Bylaws and Professional Practice Policies and other matters

The BC Pharmacy Association (BCPhA) thanks the College of Pharmacists of BC for the opportunity to provide this submission in respect to the proposed amendments to the HPA Bylaws and Professional Practice Policies. We have carefully reviewed the proposed amendments and other parts of Schedule F to the HPA Bylaws, sought input from legal counsel, and now share the following comments:

1. ***Health Professions Act*** **Bylaws Schedule F, Part 1: Community Pharmacy Standards of Practice**

- **Subsection 6(2)(f)**

The interval between refills is not always indicated on a prescription. For clarity, we suggest the words "if applicable" be moved to the end of the clause, so it would read:

> (f) refill authorizations, including the number of refills and the intervals between refills, if applicable;

- **Subsection 6(4)(g)**

We note that some of the steps listed in s. 6(4)(g)(i)-(vi) are not tasks which a pharmacy assistant is permitted to do (such as addressing the drug therapy problem in accordance with section 12), so we suggest that the words "as appropriate" be added.

- **Confusion caused by the definition of "refill"**

Schedule F Part 1, Section 2 defines "refill" as "a verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) ***pursuant to a prescription***" (italics added). This implies a "refill" is not a prescription but is some other kind of order.

In fact, a "prescription" is defined in the PODSA as **"**an authorization from a practitioner to dispense a specified drug or device for use by a designated individual or animal". Therefore a refill ***is*** a prescription, not something else made "pursuant to a prescription."

Defining a refill as something *other than* a prescription has led to significant confusion. For example, section 6(3) provides that "for the purposes of subsection (4) [what must be included on a prescription at the time of

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dispensing] a prescription includes a refill." This suggests that *except under ss. 6(4),* a refill is *not* a "prescription."

In other words, since a "refill" is included as a prescription *for the purpose of ss. 6(4), it* logically follows that a refill is *not a prescription* for the purposes of ss. 6(1), ss. 6(2), or ss. 6(5)-6(8), and that those subsections don't apply to refills. This conclusion is reinforced by the definition in section 2 that a refill is an "approval" made pursuant to a prescription.

Yet registrants have suffered substantial losses as a result of PharmaCare audits requiring refills to be treated as a "prescription" under ss. 6(2).

The same problems arise in subsections 6(6), 6(7) and 6(9), discussed next, where the vague use of undefined terms rather than the specific use of defined terms only serve to promote further confusion.

- **Subsection 6(6) – A registrant may receive a 'verbal prescription authorization' and Section 6(7) – a registrant must make a written record of a "verbal authorization" and include his or her signature**

The words "verbal prescription authorization" and "verbal authorization" are not defined anywhere. However, as stated above, ***any*** authorization from a practitioner to dispense a specified drug for use by a designated individual is, at law, a "***prescription***". Accordingly, a "verbal prescription authorization" or a "verbal authorization" is, simply, a prescription.

For the sake of clarity, in subsection (6)(6) the word "authorization" should be deleted, and in s. 6(7), "authorization" should be replaced with "prescription."

- **Subsection 6(9) – For refill authorizations, a registrant…**

The same problem arises here. Subsection 6(9) sets out the requirements a registrant must meet for "refill authorizations." Using the term "refill authorizations" supports the conclusion that a refill is something other than a prescription. However, as stated above, the word "authorization" is not defined and, in fact, a "refill authorization" is an authorization to dispense a drug and therefore **is** a prescription. We suggest that, at minimum, the word "authorization" be replaced with the word "prescription".

However, in our view these problems are so central to registrants understanding of their duties that a better solution would be to reconsider the definition of "refill", together with the requirements of section 6 in relation to ***all*** types of prescriptions, and make amendments as necessary to eliminate this confusion.

- **Subsection 8(2) – A prescription copy must contain**

The requirements for a prescription copy under this section are different from what is required on a prescription by ss. 6(2). For example, subsection 8(2)(c) states that the prescription copy must contain "…directions for use of the drug", while ss. 6(2)(e) requires "the dosage instructions including the frequency, interval or maximum daily dose". These sections must be amended so that they are consistent and impose the same requirements using the same language.

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- **Subsection 11(2)(p) – The identification of the prescribing practitioner**

Is the intention that a "prescribing practitioner" is different from a "practitioner"? Practitioner is defined under PODSA, and it would seem that "prescribing" is not required to be added to this term. Section 11(2)(p) should be amended to delete the word "prescribing".

- **Subsection 11(2)(s) and (t) – Recording the drug therapy problem and action taken on the patient record**

We note that the term "patient record" is not defined in the Legislation or the Bylaws. A patient record may comprise paper documents and/or electronic files, or both wherever and however maintained. It may reside in various files or dossiers or formats in different locations. There is no unanimity among our members as to what constitutes the "patient record." This poses risks to patient care and to professional practice. What the "patient record" is – and is not – is of fundamental importance to the practice of pharmacy. The College must define this term to allow registrants to understand and comply with their legal obligations and to determine their processing and storage procedures accordingly.

We propose that the College defines the term "patient record" , and when it does so, provides time for its registrants to determine what software changes pharmacies must make in order to comply.

- **Subsection 11(3)(c) – Compliance with drug regimen**

Subsection 11(3)(c) requires the pharmacist to record "compliance with the prescribed drug regimen". We suggest that the word "adherence" be used in place of the word "compliance". Where the patient's drug therapy is comprised of multiple drugs, there may be more than one drug regimen. Accordingly, we suggest pluralizing the term to "regimens."

Accordingly, we suggest the following amendment:
ss. 11(3)(c) **adherence** with the prescribed drug **regimens**.

- **Subsection 11(4)(h) – Any other potential drug related problems**

We note that the term "drug related problem" is used in the current ss. 11(4)(h), for which no amendment has been proposed. To avoid inconsistency and uncertainty, and in order to ensure clarity, **we suggest that ss. 11(4)(h) be amended to change the term "drug related problems" to "drug therapy problems".**

- **Subsection 12 – "Pharmacist/Patient Consultation"**

We have several recommendations for changes to this section. Given that the definition of "pharmacist" in the HPA means "a person who is currently registered under s. 20 as a member of the College", we believe that the intention of subsection 12 is to limit consulting authority to "practicing pharmacists" as defined in the HPA Bylaws (a full pharmacist, limited pharmacist, temporary pharmacist or student pharmacist) rather than to all registrants.

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Accordingly, for clarity we would suggest that the Bylaws be reviewed to determine where it is appropriate to add the term "practicing" to define "pharmacist" and that ss. 12(2) be amended as follows:
s. 12(1) A **practicing pharmacist** must consult with the patient at the time of dispensing…

s. 12(2) **Except where, in the practicing pharmacist's professional judgment, it is not practical to do so,** the pharmacist/patient consultation…

We also recommend the College consider whether it is appropriate to account for modern technological uses of telephones to account for the widespread use of cell phones with texting or video-phone functionalities, especially among younger patients, vulnerable populations or those in remote areas of the province (e.g., FaceTime or Skype) and the corresponding decline in the use of traditional voice-only landlines. Given the extremely rapid changes in communications technology, it would be prudent to be as technology agnostic as possible, and to specify whether communicating by text only, for example, is permitted or not. We would recommend that texting a consultation should be prohibited because it is more difficult to verify the identity of the individual sending the text. Accordingly we propose the following:

s. 12(3) If it is not practical to consult with the patient in person, the pharmacist/patient consultation may occur by live voice or video communications, but not by text messaging.

- **Subsection 12(5) – Patient consultation for new prescription**

We note that the requirements here are almost – but not entirely – the same as the requirements for obtaining patient consent for treatment under the *Health Care Consent and Care Facility (Admission) Act*. That Act requires the patient be given: information needed to understand the nature of their condition, the proposed care, the risks, benefits and alternatives, a chance to ask questions and a chance to get answers. Making subsection 12(5)(a)-(i) consistent with those requirements would better ensure that registrants understand their obligations around obtaining consent and ensure those obligations are met.

Therefore we suggest adding a new ss. 12(5)(h)(iv) and a new s.12(9):

s. 12(5)(h)(iv) appropriate alternatives (therapeutic or otherwise) where, in the pharmacist's professional judgment, it is appropriate to do so.

s. 12(9) after each consultation, the pharmacist must confirm that the patient understood the information provided and is given an opportunity to ask questions and receive answers.

- **Subsection 12(6) – Patient consultation for refills**

The reality of community practice is that there are many instances involving frequent dispensing where this level of detailed consultation would seriously disrupt the continuity of care, such as in some residential care environments or in street outreach (e.g., assertive community treatment).

It is also widely understood that patients who have been on the same medication therapy for extended periods of time are often highly resistant to in-depth counseling for what they believe to be "regular" medications.

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Forcing a pro forma consultation in such situations can undermine the pharmacist-patient relationship by rendering the refill consultation a rushed, "box-checking" exercise.

The BCPhA therefore submits that prior to imposing new requirements for refill consultations, a thorough stakeholder consultation with registrants and patient groups is appropriate, and a practice requirement be designed based on the results of such investigation. This will ensure that registrants will actually be able to provide patient-centered care to promote better health outcomes.

2. **PODSA Bylaws**

Subsections 3(2)(e)(i) and 3(2)(e)(ii) are ambiguous, overbroad and redundant. We are gravely concerned about the proposals in this section and respectfully submit that they have been developed on faulty and unproven assumptions.

Firstly, we want to be very clear that we support standards of pharmacy practice that support the best patient care. We welcome any fact-based review of current community pharmacy practice that may arise from concerns that pharmacists are in any way compromised in delivering the highest standards of care to their patients. With respect, we do not believe the College's workplace study provides such evidence. It provided a highly subjective snapshot of what some staff pharmacists viewed to be the pressures of their workplace. It understandably provided no evidence that the performance standards in community pharmacy in BC are extraordinary when compared to other industries or, more importantly, that patients were put in harm's way as a result of their employer's expectations.

We also have considerable concerns that workplace standards are not the purview of the College. While the College has a clear mandate to protect the public interest, its duties do not extend to managing workplace issues. We question the College's authority to regulate this area.

The proposed provisions add nothing to the duty to ensure quality patient care. This obligation is an overriding, fundamental obligation. Therefore any business practice which can be demonstrated, on the basis of reliable evidence, to undermine that fundamental duty is simply not permissible. There is simply no need for the College to single out specific business practices or tools. In doing so, while remaining silent on others, the College is acting beyond its authority and sowing the conditions for strife in the workplaces of pharmacies in this province. The BCPhA would welcome a thorough analysis of these issues and opposes the imposition of these ambiguous, redundant and overbroad provisions. Accordingly, we would urge the College to abandon these amendments.

3. **Other Matters**

- **Section 12(1) – Long-term or other residential environments not covered by Schedule F, Part 3**

The requirement under section 12 to consult with the patient *at the time of dispensing* for *all new and refill* prescriptions can pose a serious risk to the continuity of care in circumstances where the pharmacy is dispensing to patients living in residences not covered by Schedule F, Part 3, but where daily or weekly dispensing is required. Registrants require guidance on how to ensure compliance when the patient representatives are unavailable on the day the medications are delivered. It will be unacceptable to patients and their families for pharmacists to withhold delivery of medications. Therefore, a practical solution must be developed.

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- **Controlled Prescription Program**

With respect to the controlled prescription program (CPP), clarity is required as to whether all the elements on the CPP form are required in order to dispense a prescription, or whether only the "legal requirements" must be completed.

The College's statement on the Controlled Prescription Program[1] explains under "Dispensing Information" that: "Prescribers have been advised that failure to complete the prescription forms may result in rejection of the prescription by the pharmacist with resulting patient and prescriber inconvenience. **However, if the prescription includes all the information required in pharmacy legislation, the medication may be dispensed."** (emphasis added)

Neither the HPA nor the Bylaws require a prescription to include, for example, the patient's PHN, or date of birth.

Please clarify if the absence of information – such as the PHN – not required by pharmacy legislation invalidates the controlled prescription program form.

4. **Schedule F, Part 3 – Residential Care Facility and Homes Standards of Practice, subsection 6(8)(f). Refill Authorization, if applicable, including number of refills and interval…**

For consistency, we suggest that the same change that we recommended above for ss. 6(2)(f) of Schedule F Part 1, because the interval between refills is not always indicated on a prescription. Accordingly, we suggest that the words "if applicable" be moved to the end of the clause to read:

(f) refill authorization, including number of refills and the intervals between refills, **if applicable**;

Thank you for the opportunity to provide comments on these amendments. Should you have any questions about any of the foregoing, please don't hesitate to contact me at geraldine.vance@bcpharmacy.ca or 604-269-2860.

Sincerely,

Geraldine Vance
Chief Executive Officer

Cc: Board of Directors, BC Pharmacy Association
Lori Tanaka

[1] Available at: http://library.bcpharmacists.org/D-Legislation_Standards/D-4_Drug_Distribution/5015-ControlledPrescriptionProgram.pdf

To Whom It May Concern,

I was pleased to hear that The College of Pharmacists has been working over the past year to update and change its bylaws. This process is long overdue. I was, however, extremely disappointed to see the results of that year of work. Since public opinion on the proposed changes has been invited I feel I must speak out as I am very concerned about the future of my profession. I believe further bylaw revision is essential in order to allow pharmacists to continue to provide safe and effective care to their patients.

I have been a practicing community pharmacist for 27 years and a community pharmacy owner and manager of the same pharmacy for 23 years. For the past 10 years I have been on the board of Unipharm Wholesale Drugs Ltd. , a cooperative pharmacy wholesale owned by 91 independent pharmacies in BC and Alberta, many of whom I communicate with frequently. My wife is a retired hospital pharmacist who also worked in community for several years. Both of my parents are pharmacists who owned pharmacies in BC from 1967 to 1994, when they sold to my younger sister, also a community pharmacist. Suffice it to say that I have a very extensive pharmacy background and feel that I can offer a valid and passionate perspective on pharmacy related matters.

I have never appreciated the absolutely critical importance of the wording of the bylaws governing our profession until the past year. The reason for this enlightenment is the significant increase in the use of our bylaws by outside agencies to "clawback" payments to pharmacies upon audit. These agencies, primarily, but not limited to, B.C.'s Pharmacare program, are using exact literal interpretations of our bylaws as an excuse to repeal payments previously made to pharmacies. I am told that the average Pharmacare audit clawback is roughly $200,000 and that they have recently hired 11 new auditors in order to escalate the volume of audits to roughly 60 per year.

An outsider would believe that the resulting $12 million annually in taxpayer money "retrieved" must be a justifiable penalty for a corrupt industry. Fortunately for all taxpayers, and for the profession of pharmacy, that is simply not the case. Instead, pharmacies are being clawed back on prescriptions where the correct medication was provided to the correct patient in the correct dose and the patient received all of the counselling and information required to demonstrate good pharmacy practice. The basis for clawback has largely been the literal interpretation of Bylaw 6 and 7 of the Health Professions Act, Schedule F, Part 1. The current bylaws state that a prescription "must" contain all of 18 specific pieces of information, half of which are supposed to be provided by the physician; a faxed prescription requires 7 additional specific items. If any one of these is omitted, regardless of the fact that the correct patient receives the correct medication as intended by the prescriber, the prescription is legally invalid and Pharmacare can and will clawback payment.

As just one of an endless number of examples I could provide, according to our current bylaws, when a pharmacy receives a prescription it "**must**" include "the **name** and signature of the prescribing physician"; it doesn't matter that the prescription includes all of the other 17 items, including the physician's signature. It doesn't matter that the physician has included their license number, making it undeniable as to who wrote the prescription. It doesn't matter that I, as the pharmacist, may have worked closely with that physician for the past 20 years and could recognize their handwriting on a birthday card if necessary. If the physician's name is not included then, by law, the prescription is not valid. If I fill this prescription I am breaking the law. As a practicing pharmacist I cannot tell you how many times we receive a prescription that doesn't include the name of the physician, especially prescriptions written on hospital prescription pads.

As pharmacists, licensed by the College of Pharmacists of B.C., we have completed a university degree, passed national board exams and all of the licensing requirements of the College of Pharmacists. One would assume that the granting of this license would include some allowance of the use of "professional

judgement". The wording of our bylaws and the incessant usage of the word "must" (43 times in schedule F Part 1 alone) is handcuffing our profession and preventing us from using not only professional judgement but common sense. The continued literal interpretation and enforcement of the existing bylaws will force pharmacists in this province to become "box checkers" instead of health care professionals.

I realize the mandate of the College is the protection of the public and not the protection of pharmacies and pharmacists. What is happening in the pharmacy community with Pharmacare recently, however, is making this an issue of public safety. Pharmacy owners like myself are frightened about the possibility of a $200,000 clawback (or more) threatening their entire livelihood. Individual pharmacists have been asked by their employers to sign agreements that they are personally responsible for any audit clawbacks. In day-to-day practice, therefore, pharmacists are spending an inordinate amount of time ensuring that all 18 items required for a "legitimate" prescription are present, in exchange for time previously spent counselling patients, assessing drug interactions and providing good pharmaceutical care. Further, we are wasting the time of other health care professionals in an attempt to complete our box checking. No longer are we under the illusion that because we have provided the right medication to the right patient as prescribed by the practitioner and counselled the patient properly that we are safe from prosecution.

My store recently underwent a random desk audit by a third party insurer. They requested copies of 283 prescriptions filled over a 3 month period. We were able to locate every prescription and I have no doubt that, in every instance, the right patient received the right medication in the right dose and was properly counselled. I have submitted the documentation and I will now await the results. I have no doubt that the insurance company will do its best to find as many technicalities within those prescriptions as possible in order to claw back payment. Included within those prescriptions are 2 for the newest Hepatitis C drug, Harvoni. Each of those prescriptions alone is worth $75,000 - not to me, of course, but almost entirely to the drug manufacturer. Yet I am the one crossing my fingers and hoping that we haven't missed one of the 18 checkboxes. I wait with the knowledge that, having dispensed the correct medication to the correct patient as intended by the prescriber and spent a great deal of time counselling the patient, I am not out of the woods yet. The payment made to me 9 months ago could be taken back and the dispensing fee I earned ($12.95) for my involvement with this patient could be replaced by a loss of $75,000. This is the atmosphere within community pharmacy today.

I have always believed that I could defend the professionalism of my personal practice and that of my pharmacy to the College of Pharmacists or any other body, if required. I never anticipated that pharmacies would be financially attacked based on technicalities emanating from our bylaws. I don't believe the College anticipated this either. I fear that, in the future, other outside parties will hold pharmacists legally and financially accountable to exact literal interpretations of our aging bylaws.

I urge the College to strike a task force which comprises a majority of practicing community pharmacists to be consulted on a complete review of Schedule F, Part 1 with the goal of creating a set of bylaws that cannot be misinterpreted by outside agencies for their financial gain and that allow pharmacists some ability to use their professional judgement. At the same time these bylaws need to be achievable by pharmacists and enforceable by the College. With the proper revisions I believe pharmacists can resume their focus on what's important to patients as opposed to what is important to insurers. I would be happy to be involved in such a process or to be contacted to discuss this matter further.

Sincerely,

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May 27, 2015

Dear Bob Nakagawa and/or Brian Westgate:

I am writing as a practicing pharmacist with some concerns about the proposed HPA/PODSA bylaw changes at the College of Pharmacists of British Columbia. My concerns are as follows:

1. **Section 12(1):** for refill prescriptions, I feel that we need to add a provision that includes incorporation of a pharmacist's professional judgement in carrying out what is asked of in this bylaw. I do not feel that it's always appropriate, necessary, and beneficial to patient care for the pharmacist to fulfill all of the requirements outlined in this bylaw. For example, a patient who has had Lipitor regularly at the same dose for the last 20 years would not likely want to speak to the pharmacist in such depth for each and every refill. Such requirement would be an onerous waste of both the pharmacist's and the patient's time without a foreseeable benefit to the patient's care. I would suggest adding a clause where the requirement for pharmacist counseling of refills may be subject to the pharmacist's professional judgement for appropriateness. However, it would be mandated that all patients be afforded the opportunity to speak to the pharmacist on a refill prescription should the patient wish to do so, or if they have experienced any possible drug therapy problem or adverse effect. Thus, a pharmacy assistant should be allowed to ask the patient whether they have not had the medication before, whether they would like to speak to the pharmacist, and whether they have experienced any drug therapy problem or adverse effect. If any of those questions yield a "yes" answer, then the pharmacist must speak to the patient, but the content of their conversation should be tailored toward the specific situation as per the pharmacist's professional judgement. In this way, the pharmacist would be allowed to operate far more efficiently and far more beneficially to patient care. Otherwise, the pharmacist is counselling "for the sake of counselling" and not "for the sake of patient outcomes".

2. **Section 12(1):** for both new AND refill prescriptions, I feel that there needs to be a clause in place where the level of counseling can be subject to the pharmacist's professional judgement based on the specific situation. For example, how can we counsel on all the items listed as being required for Aricept in a geriatric patient with advanced dementia in a nursing home? In such cases, it would be next to impossible to achieve the requirements written into the bylaws. Furthermore, there would be no value in the pharmacist's efforts. Of course, such deviation from the requirements would be expected as the

exception and not the norm and the pharmacist should be able to defend (with an explanation) such deviation from the norm upon being challenged.

3. **Section 12(6):** for refills, it does not make sense to go through each and every time the name and strength of the drug being dispensed, the purpose of the drug, the directions of use including frequency and duration. Since it is a refill (and it may well be their 20th refill), mandatory repetition of such information simply does not make any sense. Moreover, it really does not make any sense at all to go through such extent of information for blister packed patients on every blister pack. For some psychiatrists, they order weekly to every 2 week blister packs. Repeating the same information about lithium to the bipolar patient every week would not make much sense and would not achieve much patient benefit. In fact, I feel that it would irritate the patient more than achieve benefit. I strongly feel that we need to add a provision that the counseling may be subject to the professional judgement of the pharmacist in terms of appropriateness.

4. **Section 13(2):** all patients who purchase schedule II drugs should be AFFORDED an opportunity to speak to the pharmacist (i.e. the pharmacy assistant should have to ask on every such purchase whether they have not had it before, whether they have experienced any side effects/drug therapy problem or would like the pharmacist to go over anything). Should any of the above questions yield a "yes", then it must be mandatory that the pharmacist speak to the patient. However, it does not make any sense to force the patient and pharmacist to go into a protracted counseling session each and every time. The vast majority of patients who come for Schedule II drugs already know about the drug and know why they are getting it. Since the schedule II drugs are "not on display outside", in general, patients can only know about the drug because (1) the pharmacist/physician recommended it to them or (2) they have had it before and need a repeat purchase. For example, why on earth would a Tylenol #1-naïve patient come to the counter to ask about Tylenol #1? They wouldn't even know that such product existed! Tylenol #1 would be given out because either they have had it before and would like another bottle, or they have come with complaints of severe pain and a pharmacist recommended Tylenol #1. Since Tylenol #1 is kept away from the public, they can't suddenly "discover" Tylenol #1. Therefore, every pharmacy assistant must ask every patient whether they have had the medication before and whether they would like to speak to the pharmacist, but it would not make sense for the pharmacist to speak to the patient each and every time as a knee-jerk reaction. Such counseling is not productive and one would simply be "counseling for the sake of counseling", knowing fully well that there is unlikely any added patient benefit.

May 28, 2015

Re: revision to HPA bylaws

Please accept a few thoughts I had on changing the bylaws.

The College bylaws need to protect the patient, but they must not be too restrictive or cumbersome that they interfere with good practice. Ultimately it is the responsibility of the pharmacist to ensure that the correct medication is going to the correct patient, and that the medication is safe and effective. The bylaws should not be a hindrance to best practice, and in their present state many aspects don't allow for professional judgement.

1. A comment that is worth making is the responsibility of the prescription as it is presented to the pharmacy. The College of Physicians should be enforcing this aspect, and the responsibility of the completed prescription (as part of the patient's record) will remain with the pharmacist. Also, in cases where the dosage instructions are not defined, as they are likely to change (such as warfarin or insulin), a written dose may be confusing. We need an acceptable alternative for these situations, when it may not be reasonable to not include a specific dose.
2.

For the purpose of subsection (4), "prescription" includes a new prescription, a refill, a renewal or a balance owing.

- *A balance owing does require record keeping, such as name, date, DIN etc, but should not be subject to the same stringent regulations as an original prescription, as these components have already been checked.*

3. 6.9(b) (ii) – it is not reasonable to "advise the other pharmacy" as we don't have the necessary information to contact that pharmacy. It is reasonable to advise the patient that any refills that remain at the other pharmacy are not valid.

4. Section 12 – Pharmacist/Patient consultation: this section needs to allow for professional judgement – replacing the word "must" with "should" allows the pharmacist to determine the appropriate action.

Thank you for asking for input in this matter.

Sincerely,

Elizabeth McIntyre (6271)
Andreen's Medicine Centre
881 Anders Rd.
West Kelowna, B.C. V1Z 1K2

March 20/15

Dear College of Pharmacists of British Columbia,

I recently attended a BCPhA boot camp where I asked a senior BCPhA official if the Association would be willing to issue a policy statement denouncing quotas/metrics/targets etc, particularly in light of the recent CBC Marketplace report on quotas/targets/metrics etc, which would likely raise governmental awareness about these corporate practices and motivate the Ministry of Health to audit pharmacies more aggressively, particularly the chains mentioned in the CBC piece.

The response I received was as follows…"There is NO evidence that quotas exist, that they are harmful to patient care *if they did* exist and ANY LAW ATTEMPTING TO REGULATE THEM WOULD BE UNENFORCEABLE…..Our corporate members would NEVER agree to such a policy statement [limiting quotas]."

The point of me raising this conversation is to (i) illustrate the mentality of corporate stakeholders regarding this issue and (ii) to (sadly) express my agreement with the statement by the BCPhA official. That is to say, as the bylaw is currently written, enforcement will be entirely dependent on "whistleblowing" which involves a lot of risk for the whistleblower, as history shows that corporations will likely retaliate against any registrant that dares to speak up (I have witnessed cases where pharmacy owners have terminated individuals for personal views unrelated to their performance then refused to offer an official reason for termination and simply challenged the terminated employee to prove that their termination was unlawful—which involves hiring a lawyer and spending a considerable and often prohibitive amount of money. *The corporate stakeholders will undoubtedly exploit this imbalance of power (money, threat of industry blacklisting) to continue to coerce registrants into meeting quotas DESPITE this bylaw.*

Given this, the law must include some way to meaningfully deter corporate stakeholders from exploiting the power imbalance with registrants. Otherwise, registrants, very unfortunately, will likely continue to participate in unseemly quota practices because from their perspective, *it boils down to a choice between feeding their families and paying their mortgages or affirming their ethics in the unemployment line.* And, in effect, the CPBC will not be addressing the root of this problem, but instead, will be contributing to its perpetuation by enabling an environment in which these practices can continue.

To provide effective corporate deterrence, I suggest:

(i) Instituting an anonymous, web-based reporting service on the College website, accessible with an e-Services id that allows registrants to voice their concerns without fear of reprisal. ***Managers, owners and directors…OR corporate chains (because these policies are certainly institutional) found to be continually identified in anonymous complaints about inappropriate practices could be issued a warning that they are being implicated in these practices, contrary to the bylaws, and the CPBC will investigate these complaints AND forward all complaints to the Ministry of Health's audit department for further investigation for inappropriate service claims.*** **The threat of financial loss, via audit recoveries, is likely the ONLY deterrence corporate stakeholders will understand.**

(ii) ***Modifying the language of the bylaw to include a statement about forwarding complaints to relevant insurers (i.e. Pharmacare) to ensure that claims for these services are being***

done in accordance with ALL relevant bylaws, regulations, and provider agreements and that the services themselves are being conducted in accordance with the bylaws, regulations and provider agreements.

Through this approach, the College would be (i) meeting its mandate to protect the interests of the public (namely public health care dollars and placing the clinical needs of the patient ahead of profit motives) and (ii) it would show government stakeholders that the College takes the quota problem very seriously and is "policing its own" and (iii) the College can maintain the position that implication is not the same as accusation and that the College is simply following its mandate to address complaints, which may well prove to be legitimate or not, but that simply warrant investigation (essentially the same process the CPBC has been undertaking with public complaints).

On a separate but related note, the College should consider practice scenarios where the institutionalization of quotas **may *de facto* violate other bylaws.** For instance, medication reviews are supposed to be conducted in a manner that respects the patient's privacy…which would entail being situated in a private consultation area (many are in fact being conducted in 3-5 minutes at the cash register with other patients within earshot). *In cases where ONLY ONE pharmacist is on duty and NO other registrants are present but assistants are performing technical tasks that require DIRECT supervision…how can the pharmacist maintain audible and visual control as part of their supervisory functions if they are engaged in a medication review in a separate private area? How can they monitor for schedule III drug selection by patients in the 25 foot perimeter of the dispensary if the are engaged in a lengthy private consultation outside of visual control?* Currently, we have scenarios like this occurring everyday in B.C. where pharmacists are coerced into delivering medication reviews while also attempting to satisfy their statutory responsibilities. These cases, in my view, would automatically and legally disqualify corporate quotas, since they necessarily entail the violation of other bylaws. If corporate stakeholders wished to provide more registrant staffing or overlap, then these conflicts would be resolved. *But requiring lone pharmacists to participate in these scenarios seems a priori unlawful and the College might need to specifically identify additional restrictions on quotas in the case of lone pharmacists on duty.*

In closing, I very much appreciate your attention to these concerns. Ensuring adequate bylaw language to MAXIMIZE meaningful enforcement and deterrence and establishing associated procedures for reporting may ultimately represent a decisive turning point in the evolution of Pharmacy Care in BC. Will Pharmacy Care hinge on profit margins (and thereby undermine the Pharmacist's role as a trusted, impartial healthcare provider) OR will Pharmacy Care be grounded in the patient's interests? If we fail to adequately address these issues *now* and they are challenged in court by corporate stakeholders….where they may be able to legally exploit a lack of concrete enforcement bylaw language, dangerous legal precedents may well develop that would further limit the CPBC's ability to effectively regulate the practice of Pharmacy in the future and create an environment where patients are perpetually placed at risk. As Pharmacy's role in the healthcare system continues to expand, we must consider how the choices we make now will affect the future health and well-being of British Columbians.

Sincerely,

Perry Tompkins (CPBC #10726)

P.S. Why it is that Pharmacare claims data show that MR-S (Standard Medication Reviews) vastly outnumber MR-PC (Pharmacist Consultation Medication Reviews) when the eligibility for an MR-PC…i.e. a drug therapy problem…. is so varied and frankly, easily met, by many patients? Consider for example that non-adherence, in its many forms, is estimated to occur in nearly HALF of all patients according to the literature, so it is a relatively widespread phenomenon and probably an area where pharmacists can have the **most** impact for positive patient health outcomes. Yet MR-PCs are a small fraction of all med review claims. How is this possible? Are pharmacists deliberately "cherry-picking" patients that lack any drug therapy problems because the MR-PC process is more time-consuming and requires more work and documentation? Are important drug therapy problems being willfully ignored because they are not profitable or limit productivity? I can tell you that I have personally been privy to conversations where pharmacists have indicated that they AVOID MR-PCs because they take too much time and make it more difficult to meet targets. These are the sorts of the things that happen everyday in the BC and threaten the credibility of pharmacists as legitimate health care professionals.

-----Original Message-----
From: Nikhil Gandhi [redacted]
Sent: March-27-15 9:35 PM
To: CPBC Legislation
Subject: Comment on proposed PODSA Bylaw 3(2)(e)

Hello,

I would like to provide a comment on the proposed PODSA Bylaw 3(2)(e) regarding quotas and targets. I do not think that the proposed wording actually adds much to the current version of the PODSA Bylaws. As it is, pharmacy managers are responsible for ensuring that regulations are upheld in the operation of a pharmacy. To say that pharmacy managers must ensure adequate staffing to uphold the regulations, and ensure that quotas and targets do not compromise compliance with the regulations is in my opinion reiteration of that responsibility.

Instead, I feel that any wording regarding quotas and targets should clearly disallow the imposition of quotas and targets for publicly funded clinical services, specifically medication reviews and prescription adaptations. Quotas and targets for publicly funded clinical services make no sense from any angle. A pharmacy imposing quotas and targets for clinical services is like a medical clinic imposing quotas for procedures. Clinical services should be provided based on patient need alone, not to fulfill quotas and targets. The imposition of quotas and targets promotes indiscriminate and unnecessary performance and billing of clinical services. In order to fulfill quotas and targets, pharmacists may perform clinical services for patients who do not require them and do not benefit from them. The Ministry of Health has decided to publicly fund clinical services because of their assumed potential benefit. If pharmacists provide and bill for services when they are not clearly beneficial, but simply to fulfill quotas and targets, the Ministry of Health would be justified in ending their funding. If this happens, publicly funded clinical services will no longer be available for patients who actually could benefit from them. There is simply no rationale for imposing quotas and targets for clinical services such as medication reviews and prescription adaptations.

There may be some justification for encouraging targets for flu shots. Flu shots are beneficial for any patient, and for the community as a whole. Therefore it makes sense to encourage pharmacists to offer flu shots to as many patients as possible, not to boost pharmacy revenues but to improve patient health. Therefore targets for flu shots may be justified, but not for medication reviews or prescription adaptations. These services are beneficial for only some patients, and pharmacists should not be pressured to perform them for patients who do not require them.

Thank you for allowing me the opportunity to comment on this proposed bylaw change.

Sincerely,

Nikhil Gandhi

From: Lakeside Pharmacy General Mail box [mailto:rx@lakesidepharmacy.ca]
Sent: May-26-15 12:22 PM
To: CPBC Legislation
Subject: Comments on draft Bylaws

Preamble:

I welcome the review, revision and amendment of the College practice by-laws for Community Pharmacy Practice - I feel this is overdue. The rapidly changing environment for pharmacy practice and rapidly changing technology and staffing needs in pharmacy today necessitate a regular review of these bylaws. I hope the current revision is the start of an ongoing and regular scheduled program for revisiting each of our bylaws.

Who am I:

My name is Cameron Bonell, I graduated from UBC in 1993 - the same year I was first registered with the College to practice pharmacy in BC. I completed an accredited residency in hospital pharmacy the following year. I have been active in the pharmacy community every since and have served as a practice and opinion leader in many areas - including College initiatives such as the emergency contraception project and the injection drug (later weakened to vaccination) project - serving as a "train-the-trainer" for both of these projects. I have served as the UBC Continuing Professional Development Regional Coordinator for the Kelowna area since 1995. I was an initial participant in the BC Medication Management Project and I won the BC Pharmacy Association Achievement Award in 2014 for initiatives I have been involved with and initiated in Continuing Pharmacy Education and with community pharmacist involvement in the Central Okanagan Association for Cardiac Health (COACH) cardiac rehabilitation program (where I am a charter member) and community pharmacist incorporation in the KGH outpatient renal transplant clinic. I feel that I have an abundance of knowledge and experience to comment on practice concerns and I feel compelled to submit my primary concerns for your careful review.

What is the biggest problem with the bylaws:

The reason there is much consternation about the college by-laws in community pharmacy at present centers not on patient care or patient safety (as it should) but on fear of audits from BC Pharmacare and other third party insurance companies. I have witnessed a rapid decline in the amount of time pharmacists are able to spend with patients on true patient care over the last few years as the number, breadth, depth and extent of these audits has increased. I realize that the College exists to protect the public and should feel no concern for the viability of pharmacies from a financial point of view, however it is essential that the college steps in to help mitigate the excessive burden of the audits that are now being leveled at community pharmacy. Where the college bylaws come into play in this regard is when they are used to the nth degree to find any possible reason to deny payment for a given drug claim - as a result claims (and then by extension projected claims typically in excess of 500 times the initially determined audit amount for BC Pharmacare) are then clawed back - potentially in amounts of money that threatens the viability of most if not all community pharmacies. So, why does this concern the College? I must invoke a direct quote from a recent College of Pharmacists letter to all registrants: "Our primary goal is to protect the public by minimizing disruptions to patient care." The single best way to remove or greatly reduce the very large disruption posed by these audits is to amend the bylaws. I have thought long and hard about how to do this and have come to the conclusion that amending individual bylaws is not the best way to achieve this goal, nor is is in the interest of patients - changing practice bylaw standards to "guidelines" is another idea, but unfortunately this is also not ideal as it does not address the fact the there is a large dichotomy in the experience of individual pharmacists. Instead, I think a revision to Bylaw 1 "Application" to rule out the use of the bylaws by third parties for resolving financial disputes solves this problem (see attachment).

Problem with making this change?:

This change will necessitate renegotiation of insurance contracts with pharmacies - it should not have any affect on the protection of the public.

Risk of not changing?:

I fear that the current climate of fear surrounding financial audits will continue to erode the profession of pharmacy - without a drastic change in the way the bylaws are used by third parties I envision poor outcomes for retail pharmacy in BC and this will inevitably lead to dangerous scenarios for patients - while the College may feel they can address public safety issues through close enforcement of the bylaws I am afraid that financial losses will prompt a large proportion of pharmacies (particularly corporate entities) to overlook the best interests of patients while trying to safeguard against financial loss. I urge policy makers to take this seriously.

Concerns about the currently proposed bylaw changes:

I have many concerns about the realistic application of the current bylaw amendments and and I would be happy to discuss these with you - however, in interest of expedience, suffice it to say that these pale in comparison to the concerns that financial audits (using the bylaws against us in ways they were never intended) are the biggest concern for causing "disruptions to patient care"

Thank you,

Sincerely,

Cameron Bonell BSc(Pharm) ACPR RPh (#07102)

From: Fraser Lake Medicine Centre [mailto:fraserlake@medicinecentre.com]
Sent: May-26-15 9:24 PM
To: PROREGADMIN@gov.bc.ca
Cc: CPBC Legislation
Subject: up dating of bylaws

Attn: Director, Professional Regulation,

1st ... pharmacist " assistant " should not be included in Pharmacy legislation. They are not regulated in any way by the College of Pharmacists

These by-laws "must", to coin a phrase, be reworked to allow for "Pharmacist Professional judgement" being used in every scenario that we might encounter in practice identifying a patient, prescribed drug therapy is correct drug therapy, safe and effective for our patients and helping our patients receive the maximum benefit of the drug therapy prescribed by their physician.

The detail of these bylaws that can't be clearly managed by "professional judgement " .... "must be" put into a recommendation document not By-law. Either we have the education level to exercise "professional judgement" or we're no different than technicians.

I make decisions every day that are in the best interest of my patients because with rotating physicians I am the stabilizing healthcare provider ensuring patients are getting the right dose on new prescriptions for on going drug therapy, that medications which have been discontinued by a previous physician are brought to the attention of the new prescribing physician when accidentally re written as well as ensuring missed medications that the patient is currently stable on are re prescribed.

More and more, physicians are checking with me on current drug therapy and recommendations on drug therapy covered by 3rd party insurers. If we are going to be valuable healthcare providers we need to ensure that bylaw's don't create animosity with either patients or physicians as would be the case with some of the present bylaw detail. Physicians write prescriptions every day that don't comply with the present Rx requirements in our bylaws but "professional judgement" would clearly identify the patient, the physician, intent of the physician for drug therapy treatment, days supply, repeat intervals, package sizes (physicians don't very often know what package sizes are for the meds they prescribe).

Without accountability "prescription" bylaws in the College of Physicians and surgeons legislation mirroring our Colleges Prescription bylaws, there is no good reason to have the current specific detail for Rx's in our bylaws. The College's bylaws should support each other.

Build the bylaws to judge us on our "professional judgement" in ensuring correct, safe and effective drug therapy prior to release of a Rx and ..... as I am the only registrant or a relief pharmacist is the only registrant in my pharmacy (at any time) the bylaws should simply require that when I or my relief pharmacist sign off the final check, it is clear that I or the relief pharmacist have taken responsibility for that Rx being released to the patient with effective consultation. How I achieve that, identifies my professional judgement. All other current bylaw detail is a waste of ink. The bylaw "should" judge me on my "professional judgement", if indeed we are qualified professional pharmacists. The current Rx bylaws do not properly work with the current standards of practice that allows for adaptation or emergency supply of Rx's to ensure patient best interest is served. My physicians are thankful for my final review of Rx's before release of drug therapy to patients to ensure their patients get the drug therapy they intended or can't be interrupted (Adapted or emergency).

George Pettie, BSc(pharm 71)

From: Hogarth's Clinic Pharmacy [mailto:hogarth@unipharm.com]
Sent: May-27-15 10:13 AM
To: CPBC Legislation
Cc: allisonn@unipharm.com
Subject: Comments on legislation

The act should be changed so that infractions by a pharmacist must be handled by the College's inquiry and discipline committees only and that governments and third parties are only permitted to recover costs where criminal fraud is present. These by laws **must not be included in the definition of a prescription**, thus failure to comply does not create a recovery by a third party plan. Only the College can discipline a pharmacist. The act and bylaws in their current format only serve to increase a pharmacists liability by legislating unrealistic unachievable levels of documentation. For fear of complete financial ruin pharmacists and their owners will spend all of their time on legislative compliance and less on the actual medication management with the patients. Legislating the profession of pharmacy in this manner has the potential to bring the profession to its knees by weighing it down with liability from malicious third party audits and litigation from lawyers looking for a payday from a frivolous lawsuits. Legislating in this manner threatens the future of our profession. Surely this is still of concern for the College of Pharmacists. I IMPOLRE the College of Pharmacists to think beyond the profession of pharmacy and EXTENSIVELY research how this legislation will be USED BY OTHERS, such as the governments, third parties and lawyers.

The act and bylaws in many ways do not reflect modern community pharmacy practice. Community pharmacy is supporting the health care system by providing services such as blister packs to patients in the their homes. It is less costly and medically superior to provide care for a patient in their home for as long as safely possible. Also, there is insufficient capacity in the long term care facilities and that problem will only continue to worsen as the population ages. These robotic repetition of documenting steps and dialogue by laws that legislate that every drug, every dispense be counselled redundantly whether the patient wants it or not is a discredit to our profession and retards the evolution of pharmacy practice. NO PHARMACIST PAST PRESENT OR FUTURE HAS BEEN TOUGHT THIS REPETITIVE MECHANICAL REGURITATION OF USELESS FACTS TO A PATIENT. These by laws clearly were not drafted by pharmacists with recent hands on community pharmacy practice experience. Out of date and out of touch.

HPA and PODSA Bylaw Updates

Bylaw 6.4.g.vi

Pharmanet already generates DUE messages including interaction alerts some have merit and should be followed up on, however many are frivolous and repetitive. The pharmacist will be required to document why they thought no action was necessary for all these potential interactions or DTP's. Pharmacists will have to develop the systems and technology to recover that information for practice review or third party audits that use HPA and PODSA with malice to punish pharmacists financially for not being able to comply with unrealistic, impractical degrees of documentation. These DUE and DTP messages are generated over and over for the same interaction for that patient and those drugs every time the prescription is filled every 3 months, 1 month, weekly or daily. This serves NO VALUE TO THE PATIENT. Going through the motions redundantly does NOT make for better quality pharmacy services. Pharmacists need to be permitted to concentrate on the real potential problems. Otherwise the patient

may as well be seated at an automated kiosk listening to recorded messages about each interaction then signing a dozen times that they acknowledge that they have been duly warned.

Bylaw 12

This bylaw does not recognize the patient's right to refuse the consultation. This bylaw does not address how community pharmacy has changed over the last decade. More and more patients are maintaining their independence far longer (and cheaper) than in previous decades due to the use of blister packing. Blister packing improves compliance and reduces the risk of DTP associated with misuse of medication. Bylaw 12 is built to address the common scenario where a patient comes to the pharmacy every 3 months to pick up vials of medications. In this type of scenario a minimum dialogue has merit. However in the scenario where a patient is receiving blister packed medication for reasons compliant with Pharmacare's frequent dispensing policy there is VERY LITTLE value to going through the motions on each medication every week. In fact this type of repetitive, redundant, mechanical regurgitation will be viewed as an intrusion to people's privacy and basic rights to make their own choices. In fact the College should investigate the anti-spam and telemarketing laws to make sure that this bylaw won't violate the patient's right to decline the service.

Todd Dew
Hogarth's Clinic Pharmacy

From: Jenny Lee [redacted]
Sent: May-27-15 3:03 PM
To: CPBC Legislation; PROREGADMIN@gov.bc.ca
Subject: Bylaw Feedback

Dear Bob Nakagawa and/or Brian Westgate:

I am writing as a practicing pharmacist with some concerns about the proposed HPA/PODSA bylaw changes at the College of Pharmacists of British Columbia. My concerns are as follows:

1. **Section 12(1): for refill prescriptions,** I feel that we need to add a provision that includes incorporation of a pharmacist's professional judgement in carrying out what is asked of in this bylaw. I do not feel that it's not always appropriate, necessary, and beneficial to patient care for the pharmacist to fulfill all of the requirements outlined in this bylaw. For example, a patient who has had Lipitor regularly at the same dose for the last 20 years would not likely want to speak to the pharmacist in such depth for each and every refill. Such requirement would be an onerous waste of both the pharmacist's and the patient's time without a foreseeable benefit to the patient's care. I would suggest adding a clause where the requirement for pharmacist counseling of refills may be subject to the pharmacist' professional judgement for appropriateness. However, it would be mandated that all patients be afforded the opportunity to speak to the pharmacist on a refill prescription should the patient wish to do so, or if they have experienced any possible drug therapy problem or adverse effect. Thus, a pharmacy assistant should be allowed to ask the patient whether they have not had the medication before, whether they would like to speak to the pharmacist, and whether they have experienced any drug therapy problem or adverse effect. If any of those questions yield a "yes" answer, then the pharmacist must speak to the patient, but the content of their conversation should be tailored toward the specific situation as per the pharmacist's professional judgement. In this way, the pharmacist would be allowed to operate far more efficiently and far more beneficially to patient care. Otherwise, the pharmacist is counselling "for the sake of counselling" and not "for the sake of patient outcomes".

2. **Section 12(1): for both new AND refill prescriptions,** I feel that there needs to be a clause in place where the level of counseling can be subject to the pharmacist's professional judgement based on the specific situation. For example, how can we counsel on all the items listed as being required for Aricept in a geriatric patient with advanced dementia in a nursing home? In such cases, it would be next to impossible to achieve the requirements written into the bylaws. Furthermore, there would be no value in the pharmacist's efforts. Of course, such deviation from the requirements would be expected as the exception and not the norm and the pharmacist should be able to defend (with an explanation) such deviation from the norm upon being challenged.

3. **Section 12(6):** for refills, it does not make sense to go through **each and every time** the name and strength of the drug being dispensed, the purpose of the drug, the directions of use including frequency and duration. Since it is a refill (and it may well be their 20th refill), mandatory repetition of such information simply does not make any sense. Moreover, it really does not make any sense at all to go through such extent of information for blister packed patients on every blister pack. For some psychiatrists, they order weekly to every 2 week blister packs. Repeating the same information about lithium to the bipolar patient every week would not make much sense and would not achieve much patient benefit. In fact, I feel that it would irritate the patient more than achieve benefit. I strongly feel that we need to add a provision that the counseling may be subject to the professional judgement of the pharmacist in terms of appropriateness.

4. **Section 13(2):** all patients who purchase schedule II drugs should be AFFORDED an opportunity to speak to the pharmacist (i.e. the pharmacy assistant should have to ask on every such purchase whether they have not had it before, whether they have experienced any side effects/drug therapy problem or

would like the pharmacist to go over anything). Should any of the above questions yield a “yes”, then it must be mandatory that the pharmacist speak to the patient. However, it does not make any sense to force the patient and pharmacist to go into a protracted counseling session each and every time. The vast majority of patients who come for Schedule II drugs already know about the drug and know why they are getting it. Since the schedule II drugs are “not on display outside”, in general, patients can only know about the drug because (1) the pharmacist/physician recommended it to them or (2) they have had it before and need a repeat purchase. For example, why on earth would a Tylenol #1-naïve patient come to the counter to ask about Tylenol #1? They wouldn’t even know that such product existed! Tylenol #1 would be given out because either they have had it before and would like another bottle, or they have come with complaints of severe pain and a pharmacist recommended Tylenol #1. Since Tylenol #1 is kept away from the public, they can’t suddenly “discover” Tylenol #1. Therefore, every pharmacy assistant must ask every patient whether they have had the medication before and whether they would like to speak to the pharmacist, but it would not make sense for the pharmacist to speak to the patient each and every time as a knee-jerk reaction. Such counseling is not productive and one would simply be “counseling for the sake of counseling”, knowing fully well that there is unlikely any added patient benefit.

Sincerely,
Jenny Man Sze Lee
R.Ph. #11374
B.Sc. (Pharm) UBC 2011

From: Judy Sharp [redacted]
Sent: May-28-15 12:34 PM
To: CPBC Legislation; PROREGADMIN@gov.bc.ca
Subject: comments on draft bylaws

To Whom It May Concern,

As a practicing community pharmacist for almost 35 years, a past-president of the College of Pharmacists, and a lecturer in Pharmacy 200 and 300 at UBC for 10 years, I would like to make some comments on the HPA bylaw revisions before the Council and the Ministry at this time.

It took many years for the College of Pharmacists to differentiate between the practices of Hospital Pharmacy and Community Pharmacy and devise separate bylaws, standards of practice, inspections, and even Councillors for each area. It is now time to re-challenge the College to differentiate between different Community practices and do the same. These bylaw changes do not take into consideration the differences of practice between big-box pharmacy, corporate pharmacy, and independent pharmacy.

The College, in keeping these bylaws, or with the changes that have been proposed, is trying to micromanage the Community pharmacy setting to the detriment of patient health. This micromanaging is taking away valuable time from the pharmacist/patient interaction and placing more emphasis on "signing off" and billing the prescription than direct patient consultation. (schedule F Sect 6-4)
The pharmacy manager should ensure that there are Policies and Procedures in the pharmacy that show which pharmacist is responsible for filling which prescription (Rx). No one needs the micromanaging of who checked this or that in the body of the Rx. This should be an in-house decision with the end-point of excellence of patient care. Accountability is on the pharmacist who signed off as filling the Rx. Who cares who checked the address? This is micromanaging of work flow by the College that, in the end, takes time away from the patient/pharmacist consultation.

This may be needed in a big-box pharmacy for their global insurance purposes. It is certainly not needed by an independent pharmacy with one pharmacist on staff. Again, let's look into the differences in types of Community Pharmacy now. We have to start somewhere.
This bylaw also takes away from any common sense, profession judgement choices by a licensed pharmacist or "full" pharmacist.

The College of Pharmacists legislates the computer programs available to pharmacies that can be used to fill prescriptions and connect to Pharmacare. If all the areas that are required to fill a Rx are populated on the computer screen, the legal Rx is generated and dispensed. This permanent Pharmanet record is used for interaction checks, allergy checks, DUE checks, etc. It is also the record that is accessed by hospital emergency departments, other pharmacies the patient may visit and some doctor's offices. This is the record that must have all pertinent info, such as the doctor's billing number and address, the patient's address, and the dispensing pharmacist's ID.
The written, or hard copy of the Rx should not need to have all this information in detail. If we are forced to continually harass (yes harass!) doctors to provide this unimportant detail (such as their College licence number), we are doing the patient a disservice. We are wasting everyone's time with this micromanaging. It is also a very unprofessional interaction. Pharmacists try to foster goodwill with the doctors that care for their patients. Calling on trivial matters is very disruptful to their days, too.

I have noticed that some of the walk-in clinics use a very poor software for their Rx. It is an American program and so we continually adjust for American names of the drugs and dosage forms. There is certainly not a standard program used by the doctors in BC. If we call back on every American name or non-Canadian standard package size, it again takes valuable time away from our patient and their best

interests. It should be up to the pharmacy manager and the policy and procedures set by the manager in the pharmacy as to how we can use our professional judgement to solve these instances quickly.

The College of Pharmacists should open the scope of the pharmacist to allow her or him to exercise their own professional judgement and make the necessary interventions or changes to the prescription quantities or dosages that will allow the prescription to either be covered by Pharmacare or some other 3rd party plan, or a quantity that the patient wants to or can afford to purchase. Not many doctors know things like the actual package size of the medications they prescribe, let alone the price or coverage issues.

As far as refill prescriptions go, the consultations should also be in a policy form within the pharmacy and set by the pharmacy manager.We do not need a bylaw to again micromanage our professionalism. (Sched F sect 12 (6)). I have been practicing in the same location for almost 35 years. I have known a lot of my patients for this time and see them at least 4 times annually. I have adapted my consultation on refill Rx to a format that they can follow. I have to say, that if I followed the HPA bylaw format that is proposed, my patients would wonder what was wrong with me. I elicit all the information needed in a much better, friendlier, professional style and can get more information with fewer distracting comments.

I realize that not all pharmacies have excellent protocols in place or that all pharmacists practice in a professional manner, but to continue to micromanage all the good pharmacists to the point that they spend more time initialling paper and chasing up College numbers for errant MD's, and worry about Audits and Inspections, is a waste of time that could be spent with our patients. The micromanaging should be left up to protocols, policies and procedures put in place by the pharmacy manager.

Regards,
Judy Sharp BSc.Pharm, RPh.
Regency Prescriptions No. 3

From: Bob Sangha [redacted]
Sent: May-28-15 1:40 PM
To: CPBC Legislation; PROREGADMIN@gov.bc.ca
Subject: Comments on new proposed College Bylaws

To the College of Pharmacist of BC and Ministry of Health

I am sending my comments on the new proposed College Bylaws. I feel very strongly as a Health Professional that these comments be considered before making any changes to the Bylaws. The comments are as follows: General Comments, Specific Comments on HPA-Bylaws (Sections 6, 10 and 12). Here are my comments.

From Bob Sangha, Pharmacist Manager, Surlang Medicine Centre Pharmacy (any questions call my cell 604-790-9993 or work: 604-533-1041).

General Comments from shareholders regarding the HPA bylaws

- it is imperative that the wording "must" be replaced with "should" in all cases of our bylaws

- the wording needs to allow for professional judgement

- The pharmacist is the gate keeper of the prescription record, yet the pharmacist has no authority to use professional judgement on common sense issues such as package size and days' supply based on the directions provided

- Most prescribers don't, should not, and cannot be expected to know the correct package size; therefore, the exact quantity to provide the patient. This should be based on the pharmacist's professional judgement along with the directions provided.

- Due to the current details of the HPA bylaws and the usage of those bylaws by insurance companies (third party plans) pharmacist are spending more time on technicalities than they are on clinical practice – this needs to change!

- The college bylaws have become so cumbersome and detailed they are nearly impossible to follow. There are many unique situations that occur throughout the day that are not covered under the bylaws – situations where the best interest of the patient needs to be considered over checkmarks on a piece of paper.

- We work with fellow health care practitioners to provide the best health care practice possible. If we are forced to nit-pick prescribers on simple data issues on a prescription for issues that we already know the answer to, because we must follow our overly detailed bylaws to the letter, pharmacy will grind to a halt. Pharmacist should use their time to make necessary interventions and consultations according to professional judgement. A university degree and national board exams have provided us with the tools and licence to

be a health care professional, but our bylaws are restricting our abilities to use our professional judgement and work effectively.

- We need to generalize or broaden the prescription bylaws – rather than a 14 step process to fill and sign a prescription, a statement that the pharmacist signing the prescription is responsible to ensure that the correct medication is going to the correct patient and that the medication is safe and effective. The specific steps should only exist as a supplement guide of best practices, not as a bylaw.

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6 Prescription

- **6.2** since physicians or other prescribing health care professionals are not bound by the College of Pharmacists of BC's bylaws in regards to how they write prescriptions, why must pharmacist be bound by what prescribers write? The pharmacist should have full professional judgement to consider if they have enough information to complete the prescription or if they need to verify any of the information. Suggest removing 6.2 all together and just having 6.4

    - We should only have a bylaw in what is needed over all for a completed/filled prescription, not what is required from the doctors – that requirement should be up to the college of physicians? Unless the prescribers have a bylaw on how to write a prescription, 6.2 is challenging to enforce and wastes valuable time.

    - **In particular 6.2 (d) and (e)** should be combined and the word "or" should be used – Quantity of drug or frequency and max or min interval - pharmacist are qualified to calculate necessary information (quantity) based on directions, if not specified, or use common practice and clinical guidelines.
        - It is often not possible nor desirable to specify the quantity of the drug to be dispensed – what if the patient needs an eye drop for 1 year? How can you clearly determine how many mls a patient will use in one year? A pharmacist should be able to use their professional judgement to ensure a patient has enough medication to last the prescribed time frame- one year. Most of the time the prescriber does not know how many drops are in a bottle or how long a bottle would last between refills based on the directions. If they write out 2.5 mls to be dispensed monthly and the patient comes back two months later or two weeks early, the patient will look non-compliant. The pharmacist should be able to use their professional judgement on total quantity and refill intervals when a prescriber has asked for medications to last one year.
        - A typical quantity: "take 1 cap once a day - 90 capsules with 3 refills". There is no refill interval, but it is implied that it would be filled every 90 days
        - Many prescribers rely on the pharmacist to figure out the best quantity for the patient: e.g. "Ibuprofen, appropriate does for weight of the child".
            - A pharmacist should not have to call the prescriber; the pharmacist should use professional judgement to calculate the correct ibuprofen does for the patient.

    - **6.2 (f)** – this should be optional and most of the time refill frequency is based on directions and days' supply. Only applies to some cases where the prescriber really wants to specify a frequency**.**

- **6.2g** – a signature should be good enough. Many times the doctor does not print their name AND sign the prescription, they just sign it. Sometimes the name is pre-printed on the pad of paper, but not always. We can't enforce this requirement as the physicians are not under our jurisdiction. The bylaw should be removed and created as a suggested statement to physicians – or placed in their own bylaws. It should be up to the pharmacist to determine that they have enough information to verify the prescriber and record it on the final copy. If the prescriber's signature is well known or they write their ID number beside their signature then the pharmacist should be able to use professional judgement to fill in the missing information – the printed name. It is a waste of time for the physician if the pharmacist must call the doctor to create a verbal order to add the prescribers printed name or worse, send the patient back for a new prescription which could take hours. This whole section that deals with "upon receipt from the practitioner" needs to be removed.

- **6.3** – should not include balance owing – balance owing should only have a DIN check, quantity check and patient name check. All therapeutic information has been verified at the time of fill and will be verified at the refill.

- **6.4. Much of 6.4 has to do with good business practice and should not be a specific bylaw.**
  - **(a**)- Many patients don't have permanent addresses or any address for that matter, why is address so important? This should not be mandatory.
  - **(d)-** The date the prescription was "dispensed". This is misleading wording. It is actually the date the prescription was submitted to Pharmanet or logged on file.
  - **(g)** –overall this entire section is too specific – there should be a general statement that the pharmacist is responsible to verify the therapeutic correctness of a prescription (safe, necessary, effective) and the pharmacist or technician is to verify the correct product. The exact specifics should be in a recommendation documents, not a bylaw**.**

    Why is the pharmacy "assistant" included in this bylaw? They have no legal responsibility on any of the aspects of the prescription – only the registrant (pharmacist or technician) can be held responsible.
    If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.
    Below are some specific concerns with each detailed point

    - **6.4g (i) -**this is part of the therapeutic check, - correct drug for the right patient. This should go under guidelines and is good business practice.
      - Not all patients have a valid, government issued photo ID's. Some patients are palliative or bed ridden and cannot leave the hospital to go to a government office to have a photo taken. We cannot refuse care to these patients when we clearly know who they are. Does the prescriber have a responsibility to verify that they wrote the prescription for the correct patient?

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intolerances or things they don't like as allergies. Pharmanet does a poor job of tracking allergies – by DIN only or therapeutic class, not just chemical name (local systems do a better job). There are so many pieces of clinical information that should be recorded – such as renal function, and other lab values. These should not be bylaws but common practice. These are all part of what should be included in EHealth.

- **6.4g(iii) also refers to 11(4) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility the appropriate steps have been taken.

- **6.4g (iv) –** this should be removed. What does the "final check" mean? Who can do the final check? Pharmacist? Technician? Is it a clinical check or a technical check? If each step is independent and signed off by different people then why is there the need to have a signature for the final check? This goes back to the original point that there should only be one responsible signature on the prescription – someone that has overseen the entire process. How we get to the final check is a business process and should not be a college bylaw.

- **6.4g(v) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility that the patient was provided with appropriate counselling. Many pharmacies still have one pharmacist following the entire prescription from start to finish.

- **6.4g(vi) –** (which also refers to section 12, consultation) Clarification is required – is this in relation to drug therapy problems alerted through the computer system (Pharmanet) or by the pharmacist or both? The pharmacist is bombarded by multiple messages from the local system and third party plans (including Pharmanet) many of which have little impact or relevance to the patient and their current situation. Especially when the same messages repeat at every fill (3 months, 1 month, weekly and daily). Many of the major drug therapy problems identified are by the pharmacist and not the computer so relying on computer messages is not the best. Will this information be used to improve healthcare? Will any changes in prescribing habits be recommended based on the documentation of drug therapy problems?

- **6.9 b –** it is impossible for the registrant to advise the other pharmacy of a new prescription if unused refills remain at the other pharmacy. The current pharmacy that received the new prescription has no idea if there are refills at the other pharmacy. In addition the pharmacist has no idea who the other pharmacy is. That information is not displayed on Pharmanet. The only item that is displayed is that it was filled at another location. The only check the new pharmacy can verify is if the refill is too early and check if patient has any medication on hand based on the previous fill date. A pharmacist may be able to determine if a patient is seeing multiple pharmacies and multiple doctors at the same time – but that is a completely different scenario.

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- This section discusses that a registrant may decrease the quantity prescribed, but there is no statement about increasing the quantity per fill (while keeping the overall total

prescription quantity the same). Some doctors may write 30 day supply with 11 refills for a chronic medication. The patient has been on it for years and it would be more cost effective and convenient to the patient to provide a 90 day supply, especially in a small town where they may be travelling over an hour to get to the pharmacy.

12 Pharmacist/Patient Consultation

- The pharmacist must also respect the patient's right to refuse counselling. This bylaw does not recognize the patient's right to refuse the consultation.

- This bylaw has not kept up with current standards of practice. Patients have learned how to self-manage and are much more informed than in the past. Patients with compliance issues have been set up to receive compliance packaging and more frequent refills (monthly, weekly and in some cases daily). Counselling a patient every month, week or day on the same items shows little to no value to the patient. In cases where a patient is receiving medications on a more frequent basis, the pharmacist should use professional judgement on what counselling is needed.

- Replace all cases of "must" with "should".

- Section 12.(1) **Subject to a pharmacist's professional judgment for appropriateness,** a pharmacist **SHOULD** consult with the patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws.
    - In particular, bylaw 12.2 can't say "must" when they offer an alternative in 12.3 (consultation should occur in person, if not then by phone)

- Instead of new "prescription" consider the word new "medication". You can get a new prescription for a current medication which would unofficially be a refill.

- What about the patient's agent or care provider? The pharmacist should be able to consult with the patient or suitable care provider. What if the patient is a child? What if the husband or wife if picking up a prescription for an ill spouse? What if the patient has Alzheimer's? Some patients are home bound and do not have phones (yes there are people in this province with no phones!). Can it be stated that the pharmacist must make all reasonable attempts to consult with the patient and the patient's agent or care giver?

- **12.5 using "professional judgement" pharmacist "should"…**
- Section 12.(5)
  Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a new prescription **SHOULD** include, etc.

- **Section 12.(6)**
  Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a refill prescription SHOULD include, etc.

- 12.6 – refill medication counselling/chronic medication - pharmacist should use professional judgement depending on frequency of refills. It is important to question the patient about side effects and expected out comes for the initial few refills. But depending on the medication it may be two weeks or 3 months before outcomes may be seen, so professional judgement is needed. As well, if a patient is getting medication every week due to compliance issues, maybe a check every 3 months would be acceptable versus every

week. Consultation at the refill of a medication needs professional judgement – not a strict checklist. There should be suggested topics a pharmacist can discuss that are written outside of the bylaws.

- Going over the purpose of the drug for a chronic medication that a patient has been on every month for 10 years will serve of no use to the patient. Selecting key topics that relate to the patient, a few times a year, based on professional judgement, would be more beneficial.
- Talking at or above the patient on items with little benefit to the patient is the fastest way to dissolve a patient/pharmacist relationship.
- Following the code of ethics and meeting a good standard of practice should be a priority.

- Section 13.(2)
  If a patient purchases a Schedule II drug, **the patient should be offered the opportunity for pharmacist consultation regarding the selection and use of the drug. Subject to a pharmacist's professional judgement for appropriateness, the pharmacist/patient consultation should include**, etc.

From: Ken Choi [redacted]
Sent: May-28-15 4:32 PM
To: CPBC Legislation; PROREGADMIN@gov.bc.ca
Subject: Comments on the draft Bylaws

I am sending my comments on the new proposed College Bylaws. I feel very strongly as a Health Professional that these comments be considered before making any changes to the Bylaws. The comments are as follows: General Comments, Specific Comments on HPA-Bylaws (Sections 6, 10 and 12). Here are my comments.

From Kenneth Choi, Pharmacist, Reid's Peace Arch Pharmacy

-----Original Message-----
From: allisonn@unipharm.com [mailto:allisonn@unipharm.com]
Sent: May-28-15 5:21 PM
To: CPBC Legislation
Subject: Fw: Attention: Bob Nakagawa Re HPA Bylaws, Schedule F – Standards of Practice- Part 1- Community Pharmacy

Dear Bob,

I am writing in response to the proposed changes of the HPA Bylaws, Schedule F – Standards of Practice- Part 1- Community Pharmacy, by the College of Pharmacists of British Columbia.

I have been a Licensed pharmacist in BC for over 12 years, and welcome changes to our bylaws to ensure standards of practice are met, however, the way our bylaws are currently written and the new proposed changes to our bylaws are crippling the profession of pharmacy.

When I first started working, I was told to use my professional judgement and to always do what is best for the patient. Many times that would mean using common sense to figure out a quantity needed for a medication when partial information is given (eg take one tablet daily for 7 days - it's quite obvious that the total quantity is 7 tablets) or what a refill interval should be for regular non-controlled substances when directions
and quantities are provided. I rarely saw a prescription with both the
written name and a signature of the prescriber; however, having worked at the pharmacy on a regular basis I knew all of the doctor's handwriting styles and unique signatures. I would never even think to bother the physician to have him or her add in basic information that I clearly already knew.

In today's environment, our College bylaws are being used by third party
insurance and benefit companies to spot "missing" data on original written prescriptions that to void not only the professional fee, but also the cost of the medication – the medication that has already been provided to the patient as it was verified to be necessary, safe and effective for that
patient. The pharmacy cannot get the medication back from the patient and
is now out of pocket for the medication, a medication that the patient is currently using and benefitting from.

It is imperative that the bylaws are properly reviewed and re-written to reflect professional judgement.

I have listed some general and specific comments regarding the bylaws below.

Thank you for your time,

Allison Nourse

General Comments regarding the HPA bylaws

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- 12.6 – refill medication counselling/chronic medication - pharmacist

should use professional judgement depending on frequency of refills. It is important to question the patient about side effects and expected out comes for the initial few refills. But depending on the medication it may be two weeks or 3 months before outcomes may be seen, so professional judgement is needed. As well, if a patient is getting medication every week due to compliance issues, maybe a check every 3 months would be acceptable versus every week. Consultation at the refill of a medication needs professional judgement – not a strict checklist. There should be suggested topics a pharmacist can discuss that are written outside of the bylaws.

- Going over the purpose of the drug for a chronic medication that a patient has been on every month for 10 years will serve of no use to the patient. Selecting key topics that relate to the patient, a few times a year, based on professional judgement, would be more beneficial.

- Talking at or above the patient on items with little benefit to the patient is the fastest way to dissolve a patient/pharmacist relationship.

- Following the code of ethics and meeting a good standard of practice should be a priority.

· Section 13.(2)

If a patient purchases a Schedule II drug, the patient should be offered the opportunity for pharmacist consultation regarding the selection and use of the drug. Subject to a pharmacist's professional judgement for appropriateness, the pharmacist/patient consultation should include, etc.

From: Rod Schafer [redacted]
Sent: May-28-15 5:29 PM
To: PROREGADMIN@gov.bc.ca; CPBC Legislation
Cc: Rod Schafer
Subject: proposed legistation/changes

Hi, I have a few comments regarding the changes for consideration:

regarding HPA schedule F section 6 subsection 4/g:
-documenting every sub-part of every fill may seem prudent, but essentially the final check encompasses taking responsibility of the whole prescription, and assistants have no legal responsibility anyway. This extra documentation may be helpful in stores, but there are different requirements with different workflows in different environments.
-personally I end up initialling every part of most of the hard copy currently anyway so one initial for the final check would clearly be sufficient on over 99% of some store's prescriptions.

regarding section 6 subsection 2/e
-physicians VERY RARELY include refill intervals when giving more than one repeat. this should not be a part of any legislation when it is not done and it is not needed. reasonable repeat intervals are easily inferred from the prescription.

regarding section 12 subsection 12:
-a legislated consult and every refill prescription is not necessary or productive. periodic questions and 2nd fill questions can be very useful but the same thing every month or week on the same prescription a patient has had for many years is just not required and is a waste of customer and pharmacist time. consultation should definitely be OFFERED with every refill but the patient should be allowed to refuse if wanted.

regarding PPP-65 section 5
-I see a use for random audits, but 5% of monthly narcotic prescriptions could be a very large amount even in a mid-sized store. a lower percentage or lower actual number would be more appropriate. Why have a manager spend such a large amount of time away from patients?

**********With these sweeping changes, it would be very useful to educate and enforce these rules among physicians. They either weren't taught, have no jurisprudence exam, or just don't care about the legislation in the province and it causes problems in every single pharmacy, every single day. Patient care definitely suffers, as when information is wrong or needs to be filled in by contacting the physician, the whole system comes to a standstill. Writing up rules is fine but when one part of the system doesn't follow them, the whole system suffers.

Thank you for your consideration,

Rod Schafer
B.Sc. (Pharm)

From: Ajit Joha[redacted]
Sent: May-28-15 5:42 PM
To: CPBC Legislation
Subject: Input from a clinical pharmacist (community) about the new proposed College Bylaws

To the College of Pharmacist of BC and Ministry of Health,

I am sending my comments on the new proposed College Bylaws. I feel very strongly as a Health Professional that these comments be considered before making any changes to the Bylaws. The comments are as follows: General Comments, Specific Comments on HPA-Bylaws (Sections 6, 10 and 12). Here are my comments.

General Comments from shareholders regarding the HPA bylaws

- it is imperative that the wording "must" be replaced with "should" in all cases of our bylaws

- the wording needs to allow for professional judgement

- The pharmacist is the gate keeper of the prescription record, yet the pharmacist has no authority to use professional judgement on common sense issues such as package size and days' supply based on the directions provided

- Most prescribers don't, should not, and cannot be expected to know the correct package size; therefore, the exact quantity to provide the patient. This should be based on the pharmacist's professional judgement along with the directions provided.

- Due to the current details of the HPA bylaws and the usage of those bylaws by insurance companies (third party plans) pharmacist are spending more time on technicalities than they are on clinical practice – this needs to change!

- The college bylaws have become so cumbersome and detailed they are nearly impossible to follow. There are many unique situations that occur throughout the day that are not covered under the bylaws – situations where the best interest of the patient needs to be considered over checkmarks on a piece of paper.

- We work with fellow health care practitioners to provide the best health care practice possible. If we are forced to nit-pick prescribers on simple data issues on a prescription for issues that we already know the answer to, because we must follow our overly detailed bylaws to the letter, pharmacy will grind to a halt. Pharmacist should use their time to make necessary interventions and consultations according to professional judgement. A university degree and national board exams have provided us with the tools and licence to be a health care professional, but our bylaws are restricting our abilities to use our professional judgement and work effectively.

- We need to generalize or broaden the prescription bylaws – rather than a 14 step process to fill and sign a prescription, a statement that the pharmacist signing the prescription is responsible to ensure that the correct medication is going to the correct patient and that the medication is safe and effective. The specific steps should only exist as a supplement guide of best practices, not as a bylaw.

Specific comments on sections
6 Prescription

- **6.2** since physicians or other prescribing health care professionals are not bound by the College of Pharmacists of BC's bylaws in regards to how they write prescriptions, why must pharmacist be bound by what prescribers write? The pharmacist should have full professional judgement to consider if they have enough information to complete the prescription or if they need to verify any of the information. Suggest removing 6.2 all together and just having 6.4

    - We should only have a bylaw in what is needed over all for a completed/filled prescription, not what is required from the doctors – that requirement should be up to the college of physicians? Unless the prescribers have a bylaw on how to write a prescription, 6.2 is challenging to enforce and wastes valuable time.

    - **In particular 6.2 (d) and (e)** should be combined and the word "or" should be used – Quantity of drug or frequency and max or min interval - pharmacist are qualified to calculate necessary information (quantity) based on directions, if not specified, or use common practice and clinical guidelines.
        - It is often not possible nor desirable to specify the quantity of the drug to be dispensed – what if the patient needs an eye drop for 1 year? How can you clearly determine how many mls a patient will use in one year? A pharmacist should be able to use their professional judgement to ensure a patient has enough medication to last the prescribed time frame- one year. Most of the time the prescriber does not know how many drops are in a bottle or how long a bottle would last between refills based on the directions. If they write out 2.5 mls to be dispensed monthly and the patient comes back two months later or two weeks early, the patient will look non-compliant. The pharmacist should be able to use their professional judgement on total quantity and refill intervals when a prescriber has asked for medications to last one year.
        - A typical quantity: "take 1 cap once a day - 90 capsules with 3 refills". There is no refill interval, but it is implied that it would be filled every 90 days
        - Many prescribers rely on the pharmacist to figure out the best quantity for the patient: e.g. "Ibuprofen, appropriate does for weight of the child".

- A pharmacist should not have to call the prescriber; the pharmacist should use professional judgement to calculate the correct ibuprofen does for the patient.

○ **6.2 (f)** – this should be optional and most of the time refill frequency is based on directions and days' supply. Only applies to some cases where the prescriber really wants to specify a frequency**.**

○ **6.2g** – a signature should be good enough. Many times the doctor does not print their name AND sign the prescription, they just sign it. Sometimes the name is pre-printed on the pad of paper, but not always. We can't enforce this requirement as the physicians are not under our jurisdiction. The bylaw should be removed and created as a suggested statement to physicians – or placed in their own bylaws. It should be up to the pharmacist to determine that they have enough information to verify the prescriber and record it on the final copy. If the prescriber's signature is well known or they write their ID number beside their signature then the pharmacist should be able to use professional judgement to fill in the missing information – the printed name. It is a waste of time for the physician if the pharmacist must call the doctor to create a verbal order to add the prescribers printed name or worse, send the patient back for a new prescription which could take hours. This whole section that deals with "upon receipt from the practitioner" needs to be removed.

- **6.3** – should not include balance owing – balance owing should only have a DIN check, quantity check and patient name check. All therapeutic information has been verified at the time of fill and will be verified at the refill.

- **6.4. Much of 6.4 has to do with good business practice and should not be a specific bylaw.**

○ **(a**)- Many patients don't have permanent addresses or any address for that matter, why is address so important? This should not be mandatory.
○ **(d)-** The date the prescription was "dispensed". This is misleading wording. It is actually the date the prescription was submitted to Pharmanet or logged on file.
○ **(g)** –overall this entire section is too specific – there should be a general statement that the pharmacist is responsible to verify the therapeutic correctness of a prescription (safe, necessary, effective) and the pharmacist or technician is to verify the correct product. The exact specifics should be in a recommendation documents, not a bylaw**.**

Why is the pharmacy "assistant" included in this bylaw? They have no legal responsibility on any of the aspects of the prescription – only the registrant (pharmacist or technician) can be held responsible.
If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.
Below are some specific concerns with each detailed point

▪ **6.4g (i) -**this is part of the therapeutic check, - correct drug for the right patient. This should go under guidelines and is good business practice.

- Not all patients have a valid, government issued photo ID's. Some patients are palliative or bed ridden and cannot leave the hospital to go to a government office to have a photo taken. We cannot refuse care to these patients when we clearly know who they are. Does the prescriber have a responsibility to verify that they wrote the prescription for the correct patient?

▪ **6.4g (ii) –** this should not be included – should be a guideline/best practice. Many patients don't know what a true allergy is. Many state intolerances or things they don't like as allergies. Pharmanet does a poor job of tracking allergies – by DIN only or therapeutic class, not just chemical name (local systems do a better job). There are so many pieces of clinical information that should be recorded – such as renal function, and other lab values. These should not be bylaws but common practice. These are all part of what should be included in EHealth.

▪ **6.4g(iii) also refers to 11(4) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility the appropriate steps have been taken.

▪ **6.4g (iv) –** this should be removed. What does the "final check" mean? Who can do the final check? Pharmacist? Technician? Is it a clinical check or a technical check? If each step is independent and signed off by different people then why is there the need to have a signature for the final check? This goes back to the original point that there should only be one responsible signature on the prescription – someone that has overseen the entire process. How we get to the final check is a business process and should not be a college bylaw.

▪ **6.4g(v) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility that the patient was provided with appropriate counselling. Many pharmacies still have one pharmacist following the entire prescription from start to finish.

▪ **6.4g(vi) –** (which also refers to section 12, consultation) Clarification is required – is this in relation to drug therapy problems alerted through the computer system (Pharmanet) or by the pharmacist or both? The pharmacist is bombarded by multiple messages from the local system and third party plans (including Pharmanet) many of which have little impact or relevance to the patient and their current situation. Especially when the same messages repeat at every fill (3 months, 1 month, weekly and daily). Many of the major drug therapy problems identified are by the pharmacist and not the computer so relying on computer messages is not the best. Will this information be used to improve healthcare? Will any changes in prescribing habits be recommended based on the documentation of drug therapy problems?

- **6.9 b –** it is impossible for the registrant to advise the other pharmacy of a new prescription if unused refills remain at the other pharmacy. The current pharmacy that received the new prescription has no idea if there are refills at the other pharmacy. In addition the pharmacist has no idea who the other pharmacy is. That information is not displayed on Pharmanet. The only

item that is displayed is that it was filled at another location. The only check the new pharmacy can verify is if the refill is too early and check if patient has any medication on hand based on the previous fill date. A pharmacist may be able to determine if a patient is seeing multiple pharmacies and multiple doctors at the same time – but that is a completely different scenario.

10 Dispensing 10(1) and 10(2)

- This section discusses that a registrant may decrease the quantity prescribed, but there is no statement about increasing the quantity per fill (while keeping the overall total prescription quantity the same). Some doctors may write 30 day supply with 11 refills for a chronic medication. The patient has been on it for years and it would be more cost effective and convenient to the patient to provide a 90 day supply, especially in a small town where they may be travelling over an hour to get to the pharmacy.

12 Pharmacist/Patient Consultation

- The pharmacist must also respect the patient's right to refuse counselling. This bylaw does not recognize the patient's right to refuse the consultation.

- This bylaw has not kept up with current standards of practice. Patients have learned how to self-manage and are much more informed than in the past. Patients with compliance issues have been set up to receive compliance packaging and more frequent refills (monthly, weekly and in some cases daily). Counselling a patient every month, week or day on the same items shows little to no value to the patient. In cases where a patient is receiving medications on a more frequent basis, the pharmacist should use professional judgement on what counselling is needed.

- Replace all cases of "must" with "should".

- Section 12.(1) **Subject to a pharmacist's professional judgment for appropriateness,** a pharmacist **SHOULD** consult with the patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws.
    - In particular, bylaw 12.2 can't say "must" when they offer an alternative in 12.3 (consultation should occur in person, if not then by phone)

- Instead of new "prescription" consider the word new "medication". You can get a new prescription for a current medication which would unofficially be a refill.

- What about the patient's agent or care provider? The pharmacist should be able to consult with the patient or suitable care provider. What if the patient is a child? What if the husband or wife if picking up a prescription for an ill spouse? What if the patient has Alzheimer's? Some patients are home bound and do not have phones (yes there are people in this province with no phones!). Can it be stated that the pharmacist must make all reasonable attempts to consult with the patient and the patient's agent or care giver?

- **12.5 using "professional judgement" pharmacist "should"…**
- Section 12.(5)

Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a new prescription **SHOULD** include, etc.

- **Section 12.(6)**

Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a refill prescription SHOULD include, etc.

- 12.6 – refill medication counselling/chronic medication - pharmacist should use professional judgement depending on frequency of refills. It is important to question the patient about side effects and expected out comes for the initial few refills. But depending on the medication it may be two weeks or 3 months before outcomes may be seen, so professional judgement is needed. As well, if a patient is getting medication every week due to compliance issues, maybe a check every 3 months would be acceptable versus every week. Consultation at the refill of a medication needs professional judgement – not a strict checklist. There should be suggested topics a pharmacist can discuss that are written outside of the bylaws.
    - Going over the purpose of the drug for a chronic medication that a patient has been on every month for 10 years will serve of no use to the patient. Selecting key topics that relate to the patient, a few times a year, based on professional judgement, would be more beneficial.
    - Talking at or above the patient on items with little benefit to the patient is the fastest way to dissolve a patient/pharmacist relationship.
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If a patient purchases a Schedule II drug, **the patient should be offered the opportunity for pharmacist consultation regarding the selection and use of the drug. Subject to a pharmacist's professional judgement for appropriateness, the pharmacist/patient consultation should include**, etc.

--
Ajit Johal RPh (BSc Pharm)
Clinical Services Coordinator
Wilson Pharmacy
Port Coquitlam, BC

CEO
Next Level Medication Management
888 West 8th Avenue
Vancouver, BC

-----Original Message-----
From: Connie Chan [redacted]
Sent: May-28-15 7:36 PM
To: CPBC Legislation
Subject: Bylaw changes comments

Hi,

I am responding to the proposed bylaw changes.

A prescription should not be deemed invalid if it is missing information that are not therapeutically relevant such as a patient address. As long as we are able to identify the patient, we are providing the right medication to the right patient. Commonly, emergency discharge prescriptions or documents from facilities only use PHN as identifiers, which is much more specific than name and address.

Also, a prescription should not be deemed invalid if it is missing information pharmacist or technician can fill in or use their professional judgement to deduce. Pharmacist and physicians are professionals who should be responsible for their own work. It does not make sense for the pharmacist to be responsible or accountable for the physician's work missing details and put the patients timely therapy on the line. Physicians have EMR database that contain and miss commercially available products in the right pack size. At other times, EMR automatically generates 1 tab once a week for 90 days as 12.86 tablets. Pharmacist should be given the authority to understand that as 12 or 13 tablets as it is common sense 0.86 of a tablet is not possible, with appropriate documentation.

Regarding pharmacist patient consultation, I agree that all new prescriptions must be counselled as patients need to know the information. However, on refill prescriptions, I believe the wording should be "should be done as pharmacist deem necessary or at patient request." In the technician scope of practice, they are allowed to identify a patient and read everything on the prescription label as written, which would then include the name of the drug, directions of use, and refills remaining. After the technician offered a consult with the pharmacist but the patient has no further questions, they should be allowed to go and not wait for a pharmacist counselling. If the pharmacist believe they need to follow up on the therapy, or if patient has questions, a more in depth consultation can then occur.

Thank you for your time,
Connie

From: parmjeet johal [redacted]
Sent: May-28-15 9:41 PM
To: CPBC Legislation; PROREGADMIN@gov.bc.ca
Subject: RE: Draft Bylaws

To the College of Pharmacist of BC and Ministry of Health

I would like to take the opportunity to offer my comments on the new proposed College Bylaws. As a pharmacist, a highly respected professional in society and an integral part of the Healthcare Team I strongly urge you to consider these comments before making any changes to the Bylaws.

Sincerely

Parmjeet (Parm) S Johal, Pharmacist/Manager - Wilson Pharmacy 3-2185 Wilson Ave. Port Coquitlam, B.C.

Following are my comments: General Comments, Specific Comments on HPA-Bylaws (Sections 6, 10 and 12). .

General Comments regarding the HPA bylaws

- it is imperative that the wording "must" be replaced with "should" in all cases of our bylaws
- the wording needs to allow for professional judgement
- The pharmacist is the gate keeper of the prescription record, yet the pharmacist has no authority to use professional judgement on common sense issues such as package size and days' supply based on the directions provided
- Most prescribers don't, should not, and cannot be expected to know the correct package size; therefore, the exact quantity to provide the patient. This should be based on the pharmacist's professional judgement along with the directions provided.
- Due to the current details of the HPA bylaws and the usage of those bylaws by insurance companies (third party plans) pharmacist are spending more time on technicalities than they are on clinical practice – this needs to change!
- The college bylaws have become so cumbersome and detailed they are nearly impossible to follow. There are many unique situations that occur throughout the day that are not covered under the bylaws – situations where the best interest of the patient needs to be considered over checkmarks on a piece of paper.
- We work with fellow health care practitioners to provide the best health care practice possible. If we are forced to nit-pick prescribers on simple data issues on a prescription for issues that we already know the answer to, because we must follow our overly detailed bylaws to the letter, pharmacy will grind to a halt. Pharmacist should use their time to make necessary interventions and consultations according to professional judgement. A university degree and national board exams have provided us with the tools and licence to be a health care professional, but our bylaws are restricting our abilities to use our professional judgement and work effectively.
- We need to generalize or broaden the prescription bylaws – rather than a 14 step process to fill and sign a prescription, a statement that the pharmacist signing the prescription is responsible to ensure that the

correct medication is going to the correct patient and that the medication is safe and effective. The specific steps should only exist as a supplement guide of best practices, not as a bylaw.

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  - A typical quantity: "take 1 cap once a day - 90 capsules with 3 refills". There is no refill interval, but it is implied that it would be filled every 90 days
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    If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.
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  Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a new prescription **SHOULD** include, etc.

- **Section 12.(6)**

Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a refill prescription SHOULD include, etc.

- 12.6 – refill medication counselling/chronic medication - pharmacist should use professional judgement depending on frequency of refills. It is important to question the patient about side effects and expected out comes for the initial few refills. But depending on the medication it may be two weeks or 3 months before outcomes may be seen, so professional judgement is needed. As well, if a patient is getting medication every week due to compliance issues, maybe a check every 3 months would be acceptable versus every week. Consultation at the refill of a medication needs professional judgement – not a strict checklist. There should be suggested topics a pharmacist can discuss that are written outside of the bylaws.
  - Going over the purpose of the drug for a chronic medication that a patient has been on every month for 10 years will serve of no use to the patient. Selecting key topics that relate to the patient, a few times a year, based on professional judgement, would be more beneficial.
  - Talking at or above the patient on items with little benefit to the patient is the fastest way to dissolve a patient/pharmacist relationship.
  - Following the code of ethics and meeting a good standard of practice should be a priority.

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  If a patient purchases a Schedule II drug, **the patient should be offered the opportunity for pharmacist consultation regarding the selection and use of the drug. Subject to a pharmacist's professional judgement for appropriateness, the pharmacist/patient consultation should include**, etc.

From: Cathie Hamm [redacted]
Sent: May-28-15 10:26 PM
To: CPBC Legislation
Cc: allisonn@unipharm.com
Subject: Proposed Bylaw Changes

Bob Nakagawa, Registrar
College of Pharmacists of British Columbia
200 - 1765 West 8th Avenue
Vancouver, BC V6J 5C6
legislation@bcpharmacists.org

May 28, 2015

Dear Mr Nakagawa
Thank you for asking for feedback on the proposed changes to the College Bylaws, specifically the HPA bylaws, Schedule F- Standards of Practice-Part 1- Community Pharmacy. This has given me an opportunity to review the whole Act, and I must address some things that I, as a busy community pharmacist, find need to be corrected.

While I appreciate the attempt to make the legislation more concise, I find that the proposed changes to the Act don't address the parts of it that are problematic for community pharmacy. I should mention that I work in a small town with a chronic doctor shortage; it often takes two weeks for my clients to get a doctor's appointment, and there are many people who are unable to find a family doctor. The only clinic that takes "orphan" patients is run by a nurse practitioner, and it still often takes a few days to get an appointment. There is no walk-in clinic. You can imagine how over-run our local emergency department is.

Some parts of the Act are impossible for pharmacists to follow in daily practice without causing an already stressed health care system to grind to a halt. This is especially true for Section 6, Prescription. I was discussing these points with one of my colleagues and he pointed out that the legislation would be much less onerous if it didn't use the word "must". Why can we not be allowed some leeway to use our professional judgment? Instead, couldn't we be given guidelines to follow, without the impending prospect of breaking a law, with the possible punishment of having payment withdrawn for doing so.
The first problem is with 6(2) of the Act, the requirements for a prescription before the pharmacist even fills it. Yes, a pharmacist must ensure that a prescription is valid, but why isn't the professional given some discretion on ensuring its validity and determining how it is filled? According to the act, the registrant is allowed no professional judgement in interpreting a prescription. In my daily practise, if I insisted all prescriptions were filled out according to this bylaw by returning them to the doctor to correct, not only my but the physician's workflow would grind to a halt. Some examples are:
6(2)(g)-Many doctors do not write their name beside their signature (using generic health authority prescription pads, of course), but they do write their ID number. Why is that not allowed? What if the registrant or their agent calls the doctor to confirm? Legally, that is not allowed. Practically, this is a frequent problem, and is impossible to solve according to this bylaw. Should I send a patient back to emergency at the hospital if the doctor there did not write his name on the 'script? How would that affect the health care system? What about the patient who has been discharged from Royal Inland Hospital in Kamloops (300km away) or St Paul's in Vancouver (600km away)? Should I send them back to get the prescription completed?
6(2)(d) Often it is not possible nor desirable that the doctor specify the quantity of the drug to be dispensed- e.g.: what if he or she wants eye drop therapy for a year? Nobody knows how many mLs the patient will need to last for the year. Legally, I am not allowed to use my professional judgment to ensure the patient gets enough drug. The doctor would be appalled if I sent the prescription back saying that I need the doctor to write 2.5mL, repeat x11, dispense monthly- she or he doesn't care what size bottle or how often the client gets it, just that the client gets enough. Why can't I legally use my professional judgment to ensure that?

6(2)(f)- refill authorization, "including interval between refills"- again, why can't the pharmacist (or technician) be trusted to make that judgment- as this reads, if the doctor says "give 90 capsules with 3 refills" (once a day med), that isn't legal if I go ahead and put a 90 day interval on the refills. It would be ludicrous to send that back to a doctor for completion, yet it is my understanding that I am liable to have a payment for that prescription clawed back by Pharmacare because I did not follow the law exactly. I can see how the quantity, frequency and intervals are important for narcotic and controlled drug part fills, but that is already covered by other legislation, and this blanket coverage for every prescription removes my abilities to use professional judgment to take responsibility for my clients' drug management.

6(2)(e)- "dosage instructions including frequency, interval, or maximum dose". This implies that I am unable to find appropriates doses when necessary. Our local doctors will often write "Ibuprofen, appropriate dose for weight of child for 7 days". They trust me to find the correct dose and frequency, and why shouldn't they? Again, why can't I use my professional judgment? If I have to call the doctor every time to clarify the dose, how does that help our strained health care system? Why can't I just document and reference where I got the dose? Even then, if I know the correct dose, why do I need to reference it? Do doctors record the reference every time they decide on a dose?

I will move on to part 6 (4) and the changes the College wants to make on part (g). I am curious as to why pharmacy assistants should sign off on prescriptions- if they have no legal standing under the College, isn't the pharmacist or technician overseeing them responsible for their actions anyway? I agree it is good business practice to make people record their actions and responsibilities (and it does help make me remember my responsibilities) but again, if I am responsible for the whole prescription anyway, why legislate the extra work? It is onerous in a fast paced pharmacy. Why not allow the overseeing pharmacist to take responsibility for the whole process, and sign off just once?

For subsection(i), what are the requirements to verify patient identification? Picture ID? There are people who don't have any. Are they to be denied health care? But perhaps this is a civil rights issue that belongs in a different forum. (I cannot get current picture ID- which now includes a carecare- for my mother- she is unable to leave the nursing home to get her picture done at the government office and they will not accept any outside photos- a bit of a catch 22. She still needs to get prescriptions filled). Also, I know most of my clientele by sight, must I see picture ID from them?

Part 6(9)(b)- refill authorizations. "The registrant must advise the other pharmacy of the new prescription if unused refills are at another pharmacy." This puts us in an impossible situation. How are we to know if there are refills at another pharmacy? The client rarely, if ever, knows. The more common way to deal with overlapping refills is to check pharmanet to see if the same medication has been filled elsewhere when refilling a med- if it is more recent than your refill authorization, then you find out where that prescription is and what's going on. Again, the pharmacist should be able to use professional judgment to assess and handle the situation.

The next big problems I find are in part 10 (Dispensing): (1)- quantity of drug dispensed. We are allowed to dispense a smaller amount, but not to increase the amount. In my experience, most prescriptions are written to dispense 30, refill x11 (this might be a local thing, but it is the norm in Williams Lake). Does this bylaw mean that I cannot change the amount to 90 with 3 refills?- certainly a reasonable thing to do with a client's chronic meds (obviously not with someone in danger of an overdose, but again, I use professional judgment- patient's past history, nature of medication, and so on). And again, it would be ludicrous if I phoned the doctor and asked if I could give 3 month's worth instead of 1 month's- the doctors expect me to work it out with my client.

Now on to part 12, “Pharmacist/Patient Consultation”, where there are most of the changes in the legislation. I am intrigued by the requirement that consultation must take place in person or by phone. This will add some difficulty to the process if it is enforced- what about Alzheimer's patients or children?- can their agents or parents act for them? What about people who cannot come to the pharmacy and don't have a phone- again, I live in a rural area where this is not uncommon. Could there be a proviso that the pharmacist must make a reasonable attempt to consult the patient, but may consult the patient's agent if necessary? I know there are times when that is not the best scenario (e.g. possible abuse cases), but, again, can I use my professional judgment. If Mr. Smith just had surgery and is still under the influence of the anesthetic, and Mrs. Smith is going to be handling his pain meds, wouldn't she be the best person to consult with?

I know the College is making an effort to make the refill consultation requirements less onerous, and I applaud the effort, but I think there still needs to be some leeway for professional judgment. For the first or second refill, I always consult my clients to see how the therapy is going and if any adverse effects have developed, and then periodically just to check up, but in all honesty, I am not going to go over the same information with them every time they pick up their chronic meds. Somebody who has been on the same blood pressure medication for 10 years does not need to hear the purpose of the drug every time- they know it.

As I said before, following the bylaws to the letter would be impossible in daily practice. Nonetheless, I am confident that I am following my code of ethics and meeting a good standard of practice. I work with fellow health care practitioners to provide the best health care possible. If I chose to stop and pester prescribers to follow the letter of the law for written prescriptions, or to consult with the clients on things they already know and don't need to hear again, the process would grind to a halt. Instead, I chose to use my time to make necessary interventions and consultations according to my judgment. My professional program trained me well, and I chose to use that training to be an effective pharmacist.

Thank you for the chance to voice my concerns. I feel strongly that the College needs to clean up the legislation so pharmacists can feel confident in practicing their profession, without constantly worrying about not following very restrictive legislation.

Sincerely,

Catherine Hamm
BC# 07167

Cc: Allison Nourse, BC Pharmacy Association

From: Sandeep [redacted]
Sent: May-28-15 10:56 PM
To: CPBC Legislation
Subject: Comments on the draft Bylaws by Sandeep R.Ph 13437

General Comments regarding the HPA bylaws

- it is imperative that the wording "must" be replaced with "should" in all cases of our bylaws
- the wording needs to allow for professional judgement

- The pharmacist is the gate keeper of the prescription record, yet the pharmacist has no authority to use professional judgement on common sense issues such as package size and days' supply based on the directions provided

- Most prescribers don't, should not, and cannot be expected to know the correct package size; therefore, the exact quantity to provide the patient. This should be based on the pharmacist's professional judgement along with the directions provided.

- Due to the current details of the HPA bylaws and the usage of those bylaws by insurance companies (third party plans) pharmacist are spending more time on technicalities than they are on clinical practice – this needs to change!

- The college bylaws have become so cumbersome and detailed they are nearly impossible to follow. There are many unique situations that occur throughout the day that are not covered under the bylaws – situations where the best interest of the patient needs to be considered over checkmarks on a piece of paper.

- We work with fellow health care practitioners to provide the best health care practice possible. If we are forced to nit-pick prescribers on simple data issues on a prescription for issues that we already know the answer to, because we must follow our overly detailed bylaws to the letter, pharmacy will grind to a halt. Pharmacist should use their time to make necessary interventions and consultations according to professional judgement. A university degree and national board exams have provided us with the tools and licence to be a health care professional, but our bylaws are restricting our abilities to use our professional judgement and work effectively.

- We need to generalize or broaden the prescription bylaws – rather than a 14 step process to fill and sign a prescription, a statement that the pharmacist signing the prescription is responsible to

ensure that the correct medication is going to the correct patient and that the medication is safe and effective. The specific steps should only exist as a supplement guide of best practices, not as a bylaw.

Specific comments on sections
6 Prescription

- **6.2** since physicians or other prescribing health care professionals are not bound by the College of Pharmacists of BC's bylaws in regards to how they write prescriptions, why must pharmacist be bound by what prescribers write? The pharmacist should have full professional judgement to consider if they have enough information to complete the prescription or if they need to verify any of the information. Suggest removing 6.2 all together and just having 6.4

- We should only have a bylaw in what is needed over all for a completed/filled prescription, not what is required from the doctors – that requirement should be up to the college of physicians? Unless the prescribers have a bylaw on how to write a prescription, 6.2 is challenging to enforce and wastes valuable time.

- **In particular 6.2 (d) and (e)** should be combined and the word "or" should be used – Quantity of drug or frequency and max or min interval - pharmacist are qualified to calculate necessary information (quantity) based on directions, if not specified, or use common practice and clinical guidelines.
  - It is often not possible nor desirable to specify the quantity of the drug to be dispensed – what if the patient needs an eye drop for 1 year? How can you clearly determine how many mls a patient will use in one year? A pharmacist should be able to use their professional judgement to ensure a patient has enough medication to last the prescribed time frame- one year. Most of the time the prescriber does not know how many drops are in a bottle or how long a bottle would last between refills based on the directions. If they write out 2.5 mls to be dispensed monthly and the patient comes back two months later or two weeks early, the patient will look non-compliant. The pharmacist should be able to use their professional judgement on total quantity and refill intervals when a prescriber has asked for medications to last one year.
  - A typical quantity: "take 1 cap once a day - 90 capsules with 3 refills". There is no refill interval, but it is implied that it would be filled every 90 days
  - Many prescribers rely on the pharmacist to figure out the best quantity for the patient: e.g. "Ibuprofen, appropriate does for weight of the child".
- A pharmacist should not have to call the prescriber; the pharmacist should use professional judgement to calculate the correct ibuprofen does for the patient.

- **6.2 (f)** – this should be optional and most of the time refill frequency is based on directions and days' supply. Only applies to some cases where the prescriber really wants to specify a frequency**.**

- **6.2g** – a signature should be good enough. Many times the doctor does not print their name AND sign the prescription, they just sign it. Sometimes the name is pre-printed on the pad of paper, but not always. We can't enforce this requirement as the physicians are not under our jurisdiction. The bylaw should be removed and created as a suggested statement to physicians – or placed in their own bylaws. It should be up to the pharmacist to determine that they have enough information to verify the prescriber and record it on the final copy. If the prescriber's signature is well known or they write their ID number beside their signature then the pharmacist should be able to use professional judgement to fill in the missing information – the printed name. It is a waste of time for the physician if the pharmacist must call the doctor to create a verbal order to add the prescribers printed name or worse, send the patient back for a new

prescription which could take hours. This whole section that deals with "upon receipt from the practitioner" needs to be removed.

- **6.3** – should not include balance owing – balance owing should only have a DIN check, quantity check and patient name check. All therapeutic information has been verified at the time of fill and will be verified at the refill.

- **6.4. Much of 6.4 has to do with good business practice and should not be a specific bylaw.**
  - **(a**)- Many patients don't have permanent addresses or any address for that matter, why is address so important? This should not be mandatory.
  - **(d)-** The date the prescription was "dispensed". This is misleading wording. It is actually the date the prescription was submitted to Pharmanet or logged on file.
  - **(g)** –overall this entire section is too specific – there should be a general statement that the pharmacist is responsible to verify the therapeutic correctness of a prescription (safe, necessary, effective) and the pharmacist or technician is to verify the correct product. The exact specifics should be in a recommendation documents, not a bylaw**.**

Why is the pharmacy "assistant" included in this bylaw? They have no legal responsibility on any of the aspects of the prescription – only the registrant (pharmacist or technician) can be held responsible.

If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.

Below are some specific concerns with each detailed point

- **6.4g (i) -**this is part of the therapeutic check, - correct drug for the right patient. This should go under guidelines and is good business practice.
- Not all patients have a valid, government issued photo ID's. Some patients are palliative or bed ridden and cannot leave the hospital to go to a government office to have a photo taken. We cannot refuse care to these patients when we clearly know who they are. Does the prescriber have a responsibility to verify that they wrote the prescription for the correct patient?

- **6.4g (ii) –** this should not be included – should be a guideline/best practice. Many patients don't know what a true allergy is. Many state intolerances or things they don't like as allergies. Pharmanet does a poor job of tracking allergies – by DIN only or therapeutic class, not just chemical name (local systems do a better job). There are so many pieces of clinical information that should be recorded – such as renal function, and other lab values. These should not be bylaws but common practice. These are all part of what should be included in EHealth.

- **6.4g(iii) also refers to 11(4) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility the appropriate steps have been taken.

- **6.4g (iv) –** this should be removed. What does the "final check" mean? Who can do the final check? Pharmacist? Technician? Is it a clinical check or a technical check? If each step is independent and signed off by different people then why is there the need to have a signature for the final check? This goes back to the original point that there should only be one responsible signature on the prescription – someone that has overseen the entire process. How we get to the final check is a business process and should not be a college bylaw.

- **6.4g(v) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility that the patient was provided with appropriate counselling. Many pharmacies still have one pharmacist following the entire prescription from start to finish.

- **6.4g(vi) –** (which also refers to section 12, consultation) Clarification is required – is this in relation to drug therapy problems alerted through the computer system (Pharmanet) or by the pharmacist or both? The pharmacist is bombarded by multiple messages from the local system and third party plans (including Pharmanet) many of which have little impact or relevance to the patient and their current situation. Especially when the same messages repeat at every fill (3 months, 1 month, weekly and daily). Many of the major drug therapy problems identified are by the pharmacist and not the computer so relying on computer messages is not the best. Will this information be used to improve healthcare? Will any changes in prescribing habits be recommended based on the documentation of drug therapy problems?

- **6.9 b –** it is impossible for the registrant to advise the other pharmacy of a new prescription if unused refills remain at the other pharmacy. The current pharmacy that received the new prescription has no idea if there are refills at the other pharmacy. In addition the pharmacist has no idea who the other pharmacy is. That information is not displayed on Pharmanet. The only item that is displayed is that it was filled at another location. The only check the new pharmacy can verify is if the refill is too early and check if patient has any medication on hand based on the previous fill date. A pharmacist may be able to determine if a patient is seeing multiple pharmacies and multiple doctors at the same time – but that is a completely different scenario.

10 Dispensing 10(1) and 10(2)

- This section discusses that a registrant may decrease the quantity prescribed, but there is no statement about increasing the quantity per fill (while keeping the overall total prescription quantity the same). Some doctors may write 30 day supply with 11 refills for a chronic medication. The patient has been on it for years and it would be more cost effective and convenient to the patient to provide a 90 day supply, especially in a small town where they may be travelling over an hour to get to the pharmacy.

12 Pharmacist/Patient Consultation

- The pharmacist must also respect the patient's right to refuse counselling. This bylaw does not recognize the patient's right to refuse the consultation.

- This bylaw has not kept up with current standards of practice. Patients have learned how to self-manage and are much more informed than in the past. Patients with compliance issues have been set up to receive compliance packaging and more frequent refills (monthly, weekly and in some cases daily). Counselling a patient every month, week or day on the same items shows little to no value to the patient. In cases where a patient is receiving medications on a more frequent basis, the pharmacist should use professional judgement on what counselling is needed.

- Replace all cases of "must" with "should".

- Section 12.(1) **Subject to a pharmacist's professional judgment for appropriateness,** a pharmacist **SHOULD** consult with the patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws.

- In particular, bylaw 12.2 can't say "must" when they offer an alternative in 12.3 (consultation should occur in person, if not then by phone)

- Instead of new "prescription" consider the word new "medication". You can get a new prescription for a current medication which would unofficially be a refill.

- What about the patient's agent or care provider? The pharmacist should be able to consult with the patient or suitable care provider. What if the patient is a child? What if the husband or wife if picking up a prescription for an ill spouse? What if the patient has Alzheimer's? Some patients are home bound and do not have phones (yes there are people in this province with no phones!). Can it be stated that the pharmacist must make all reasonable attempts to consult with the patient and the patient's agent or care giver?

- **12.5 using "professional judgement" pharmacist "should"…**
- Section 12.(5)

  Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a new prescription **SHOULD** include, etc.

- **Section 12.(6)**

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From: The Der's [redacted]
Sent: May-28-15 11:30 PM
To: PROREGADMIN@gov.bc.ca; CPBC Legislation
Subject: Proposed College of Pharmacy Bylaw Changes

To Whom It May Concern,

I feel compelled to respond to the legislative changes proposed by the College of Pharmacist regarding pharmacy operations and standards of practice.

In general, I feel that my professional judgement and skills are being undervalued and that the actions of a few less-than-ethical pharmacy operations are leading to overly intrusive regulation for all pharmacies and pharmacists – most of whom are simply striving to provide the best patient care possible. Furthermore, the meticulous detail of recent and proposed changes to legislation have led to a practice environment that places far too much emphasis on avoiding censure by College "inspectors" or audits by third party payors, whose stringent adherence to the strictest letter of the law (for example, "written" is interpreted to mean "handwritten" and computer-generated copy is not deemed sufficient) has resulted in untenable fees and fines and detracted from patient care.

Some specific considerations:

HPA Bylaws – Schedule F

6.2 (d) and (e) should be combined and the word "or" should be used – Quantity of drug or frequency and max or min interval - pharmacist are qualified to calculate necessary information (quantity) based on directions, if not specified, or use common practice and clinical guidelines.

- It is often not possible nor desirable to specify the quantity of the drug to be dispensed – what if the patient needs an eye drop for 1 year? How can you clearly determine how many mL's a patient will use in one year? A pharmacist should be able to use their professional judgement to ensure a patient has enough medication to last the prescribed time frame - one year. Most of the time the prescriber does not know how many drops are in a bottle or how long a bottle would last between refills based on the directions. If they write out 2.5 mL's to be dispensed monthly and the patient comes back two months later or two weeks early, the patient will look non-compliant. The pharmacist should be able to use their professional judgement on total quantity and refill intervals when a prescriber has asked for medications to last one year.
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6.2g – a signature should be good enough. Many times the doctor does not print their name AND sign the prescription, they just sign it. Sometimes the name is pre-printed on the pad of paper, but not always. We can't enforce this requirement as the physicians are not under our jurisdiction. The bylaw should be removed and created as a suggested statement to physicians – or placed in their own bylaws. It should be up to the pharmacist to determine that they have enough information to verify the prescriber and record it on the final copy. If the prescriber's signature is well known or they write their ID number beside their signature then the pharmacist should be able to use professional judgement to fill in the missing information – the printed name. It is a waste of time for the physician if the pharmacist must call the doctor to create a verbal order to add the prescribers printed name or worse, send the patient back for a new prescription which could take hours.

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- If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.
- Below are some specific concerns with each detailed point
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allergies. Pharmanet does a poor job of tracking allergies – by DIN only or therapeutic class, not just chemical name (local systems do a better job). There are so many pieces of clinical information that should be recorded – such as renal function, and other lab values. These should not be bylaws but common practice

- **6.4g(iii) also refers to 11(4) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility the appropriate steps have been taken.
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- **6.4g(vi) –** (which also refers to section 12, consultation) Clarification is required – is this in relation to drug therapy problems alerted through the computer system (Pharmanet) or by the pharmacist or both? The pharmacist is bombarded by multiple messages from the local system and third party plans (including Pharmanet) many of which have little impact or relevance to the patient and their current situation. Especially when the same messages repeat at every fill (3 months, 1 month, weekly and daily). Many of the major drug therapy problems identified are by the pharmacist and not the computer so relying on computer messages is not the best. Will this information be used to improve healthcare? Will any changes in prescribing habits be recommended based on the documentation of drug therapy problems?

6.9 (b) – it is impossible for the registrant to advise the other pharmacy of a new prescription if unused refills remain at the other pharmacy. The current pharmacy that received the new prescription has no idea if there are refills at the other pharmacy. In addition the pharmacist has no idea who the other pharmacy is. That information is not displayed on Pharmanet. The only item that is displayed is that it was filled at another location. The only check the new pharmacy can verify is if the refill is too early and check if patient has any medication on hand based on the previous fill date. A pharmacist may be able to determine if a patient is seeing multiple pharmacies and multiple doctors at the same time – but that is a completely different scenario.

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12 Pharmacist/Patient Consultation

- The pharmacist must also respect the patient's right to refuse counselling. This bylaw does not recognize the patient's right to refuse the consultation.
- This bylaw has not kept up with current standards of practice. Patients have learned how to self-manage and are much more informed than in the past. Patients with compliance issues have been set up to receive compliance packaging and more frequent refills (monthly, weekly and in some cases daily). Counselling a patient every month, week or day on the same items shows little to no value to the patient. In cases where a patient is receiving medications on a more frequent basis, the pharmacist should use professional judgement on what counselling is needed.
- Replace all cases of "must" with "should".

12.(1) <u>Subject to a pharmacist's professional judgment for appropriateness,</u> a pharmacist **<u>SHOULD</u>** consult with the patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws.

- In particular, bylaw 12.2 can't say "must" when they offer an alternative in 12.3 (consultation should occur in person, if not then by phone)
- Instead of new "prescription" consider the word new "medication". You can get a new prescription for a current medication which would unofficially be a refill.
- What about the patient's agent or care provider? The pharmacist should be able to consult with the patient or suitable care provider. What if the patient is a child? What if the husband or wife if picking up a prescription for an ill spouse? What if the patient has Alzheimer's? Some patients are home bound and do not have phones (yes there are people in this province with no phones!). Can it be stated that the pharmacist must make all reasonable attempts to consult with the patient and the patient's agent or care giver?

12.(5) using "professional judgement" pharmacist "should"…

12.(6) Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a refill prescription SHOULD include, etc.

- refill medication counselling/chronic medication - pharmacist should use professional judgement depending on frequency of refills. It is important to question the patient about side effects and expected out comes for the initial few refills. But depending on the medication it may be two weeks or 3 months before outcomes may be seen, so professional judgement is needed. As well, if a patient is getting medication every week due to compliance issues, maybe a check every 3 months would be acceptable versus every week. Consultation at the refill of a medication needs professional

judgement – not a strict checklist. There should be suggested topics a pharmacist can discuss that are written outside of the bylaws.

- Going over the purpose of the drug for a chronic medication that a patient has been on every month for 10 years will serve of no use to the patient. Selecting key topics that relate to the patient, a few times a year, based on professional judgement, would be more beneficial.
- Talking at or above the patient on items with little benefit to the patient is the fastest way to dissolve a patient/pharmacist relationship.
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13.(2) If a patient purchases a Schedule II drug, **the patient should be offered the opportunity for pharmacist consultation regarding the selection and use of the drug. Subject to a pharmacist's professional judgement for appropriateness, the pharmacist/patient consultation should include**, etc.

I implore you to, please, give us, pharmacists, the trust to practice our profession within our scope of practice and applying our professional judgement. The micro-management of our profession can only lead to less effective patient care; regulations that are too restrictive to exceptional or unusual health scenarios or professionals who are spending too much time dotting "i"'s and crossing "t"'s than helping patients. Most of the existing and proposed legislation would serve all better as "best practice" guidelines than hard-fast rules.

Thank you for your consideration.

Tracie Der, BSc(Pharm)

From: Darcy O'Toole [redacted]
Sent: May-28-15 11:46 PM
To: CPBC Legislation
Cc: proregadmin@gov.bc.ca
Subject: Proposed College Bylaw Updates

To Whom it May Concern,

I am writing to encourage those responsible for deciding on the Proposed College Bylaw Updates to consider the following points before approving the Bylaws, as the changes will significantly impact the profession of Pharmacy in British Columbia, in a negative way. Ultimately, the pharmacist's professional judgement is being undermined by the imposition of such burdensome regulations.

- The college bylaws have become so cumbersome and detailed they are nearly impossible to follow. There are many unique situations that occur throughout the day that are not covered under the bylaws – situations where the best interest of the patient needs to be considered over checkmarks on a piece of paper.

- the wording needs to allow for professional judgement

- We work with fellow health care practitioners to provide the best health care practice possible. If we are forced to bother/hound prescribers on simple data matters on a prescription for issues that we already know the answer to (because we must follow our overly detailed bylaws to the letter) pharmacy care will grind to a halt. Pharmacist should use their time to make necessary interventions and consultations according to professional judgement. A university degree and national board exams have provided us with the tools and license to be a health care professional, but our bylaws are restricting our abilities to use our professional judgement and work effectively and in the best interest of the patient.

With reference to specific Bylaws, please consider these changes:

6 Prescription

- **6.2** since physicians or other prescribing health care professionals are not bound by the College of Pharmacists of BC's bylaws in regards to how they write prescriptions, why must pharmacist be bound by what prescribers write? The pharmacist should have full professional judgement to consider if they have enough information to complete the prescription or if they need to verify any of the information. Suggest removing 6.2 all together and just having 6.4

    - We should only have a bylaw in what is needed over all for a completed/filled prescription, not what is required from the doctors – that requirement should be up to the college of physicians? Unless the prescribers have a bylaw on how to write a prescription, 6.2 is challenging to enforce and wastes valuable time.

    - **In particular 6.2 (d) and (e)** should be combined and the word "or" should be used – Quantity of drug or frequency and max or min interval - pharmacist are qualified to calculate necessary information (quantity) based on directions, if not specified, or use common practice and clinical guidelines.
        - It is often not possible nor desirable to specify the quantity of the drug to be dispensed – what if the patient needs an eye drop for 1 year? How

can you clearly determine how many mls a patient will use in one year? A pharmacist should be able to use their professional judgement to ensure a patient has enough medication to last the prescribed time frame- one year. Most of the time the prescriber does not know how many drops are in a bottle or how long a bottle would last between refills based on the directions. If they write out 2.5 mls to be dispensed monthly and the patient comes back two months later or two weeks early, the patient will look non-compliant. The pharmacist should be able to use their professional judgement on total quantity and refill intervals when a prescriber has asked for medications to last one year.

- A typical quantity: "take 1 cap once a day - 90 capsules with 3 refills". There is no refill interval, but it is implied that it would be filled every 90 days
- Many prescribers rely on the pharmacist to figure out the best quantity for the patient: e.g. "Ibuprofen, appropriate does for weight of the child".
    - A pharmacist should not have to call the prescriber; the pharmacist should use professional judgement to calculate the correct ibuprofen does for the patient.

- **6.2 (f)** – this should be optional and most of the time refill frequency is based on directions and days' supply. Only applies to some cases where the prescriber really wants to specify a frequency**.**

- **6.2g** – a signature should be good enough. Many times the doctor does not print their name AND sign the prescription, they just sign it. Sometimes the name is pre-printed on the pad of paper, but not always. We can't enforce this requirement as the physicians are not under our jurisdiction. The bylaw should be removed and created as a suggested statement to physicians – or placed in their own bylaws. It should be up to the pharmacist to determine that they have enough information to verify the prescriber and record it on the final copy. If the prescriber's signature is well known or they write their ID number beside their signature then the pharmacist should be able to use professional judgement to fill in the missing information – the printed name. It is a waste of time for the physician if the pharmacist must call the doctor to create a verbal order to add the prescribers printed name or worse, send the patient back for a new prescription which could take hours. This whole section that deals with "upon receipt from the practitioner" needs to be removed.

- **6.3** – should not include balance owing – balance owing should only have a DIN check, quantity check and patient name check. All therapeutic information has been verified at the time of fill and will be verified at the refill.

- **6.4. Much of 6.4 has to do with good business practice and should not be a specific bylaw.**
    - **(a**)- Many patients don't have permanent addresses or any address for that matter, why is address so important? This should not be mandatory.
    - **(d)-** The date the prescription was "dispensed". This is misleading wording. It is actually the date the prescription was submitted to Pharmanet or logged on file.
    - **(g)** –overall this entire section is too specific – there should be a general statement that the pharmacist is responsible to verify the therapeutic correctness of a prescription (safe, necessary, effective) and the pharmacist or

technician is to verify the correct product. The exact specifics should be in a recommendation documents, not a bylaw**.**

Why is the pharmacy "assistant" included in this bylaw? They have no legal responsibility on any of the aspects of the prescription – only the registrant (pharmacist or technician) can be held responsible.
If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.
Below are some specific concerns with each detailed point

- **6.4g (i) -**this is part of the therapeutic check, - correct drug for the right patient. This should go under guidelines and is good business practice.
    - Not all patients have a valid, government issued photo ID's. Some patients are palliative or bed ridden and cannot leave the hospital to go to a government office to have a photo taken. We cannot refuse care to these patients when we clearly know who they are. Does the prescriber have a responsibility to verify that they wrote the prescription for the correct patient?

- **6.4g (ii) –** this should not be included – should be a guideline/best practice. Many patients don't know what a true allergy is. Many state intolerances or things they don't like as allergies. Pharmanet does a poor job of tracking allergies – by DIN only or therapeutic class, not just chemical name (local systems do a better job). There are so many pieces of clinical information that should be recorded – such as renal function, and other lab values. These should not be bylaws but common practice. These are all part of what should be included in EHealth.

- **6.4g(iii) also refers to 11(4) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility the appropriate steps have been taken.

- **6.4g (iv) –** this should be removed. What does the "final check" mean? Who can do the final check? Pharmacist? Technician? Is it a clinical check or a technical check? If each step is independent and signed off by different people then why is there the need to have a signature for the final check? This goes back to the original point that there should only be one responsible signature on the prescription – someone that has overseen the entire process. How we get to the final check is a business process and should not be a college bylaw.

- **6.4g(v) –** it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility that the patient was provided with appropriate counselling. Many pharmacies still have one pharmacist following the entire prescription from start to finish.

- **6.4g(vi) –** (which also refers to section 12, consultation) Clarification is required – is this in relation to drug therapy problems alerted through the computer system (Pharmanet) or by the pharmacist or both? The

pharmacist is bombarded by multiple messages from the local system and third party plans (including Pharmanet) many of which have little impact or relevance to the patient and their current situation. Especially when the same messages repeat at every fill (3 months, 1 month, weekly and daily). Many of the major drug therapy problems identified are by the pharmacist and not the computer so relying on computer messages is not the best. Will this information be used to improve healthcare? Will any changes in prescribing habits be recommended based on the documentation of drug therapy problems?

- **6.9 b –** it is impossible for the registrant to advise the other pharmacy of a new prescription if unused refills remain at the other pharmacy. The current pharmacy that received the new prescription has no idea if there are refills at the other pharmacy. In addition the pharmacist has no idea who the other pharmacy is. That information is not displayed on Pharmanet. The only item that is displayed is that it was filled at another location. The only check the new pharmacy can verify is if the refill is too early and check if patient has any medication on hand based on the previous fill date. A pharmacist may be able to determine if a patient is seeing multiple pharmacies and multiple doctors at the same time – but that is a completely different scenario.

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- This section discusses that a registrant may decrease the quantity prescribed, but there is no statement about increasing the quantity per fill (while keeping the overall total prescription quantity the same). Some doctors may write 30 day supply with 11 refills for a chronic medication. The patient has been on it for years and it would be more cost effective and convenient to the patient to provide a 90 day supply, especially in a small town where they may be travelling over an hour to get to the pharmacy.

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- The pharmacist must also respect the patient's right to refuse counselling. This bylaw does not recognize the patient's right to refuse the consultation.

- This bylaw has not kept up with current standards of practice. Patients have learned how to self-manage and are much more informed than in the past. Patients with compliance issues have been set up to receive compliance packaging and more frequent refills (monthly, weekly and in some cases daily). Counselling a patient every month, week or day on the same items shows little to no value to the patient. In cases where a patient is receiving medications on a more frequent basis, the pharmacist should use professional judgement on what counselling is needed.

- Replace all cases of "must" with "should".

- Section 12.(1) **Subject to a pharmacist's professional judgment for appropriateness,** a pharmacist **SHOULD** consult with the patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws.
    - In particular, bylaw 12.2 can't say "must" when they offer an alternative in 12.3 (consultation should occur in person, if not then by phone)

- Instead of new "prescription" consider the word new "medication". You can get a new prescription for a current medication which would unofficially be a refill.

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It is mandatory that the proposed Bylaws be re-written to reflect the use of professional judgement by the pharmacist, to allow us to work within our scope of practice to offer the best possible care for the public of British Columbia.

Thank you for your time and consideration,

Darcy O'Toole BScPharm

From: Qualicum Medicine Centre [mailto:qualicum@medicinecentre.com]
Sent: May-29-15 1:08 PM
To: PROREGADMIN@GOV.BC.CA
Cc: CPBC Legislation
Subject:

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Thank you for your time and consideration,

Darcy O'Toole BScPharm

From: The Der's [redacted]
Sent: May 28, 2015 11:35 PM
To: KUEFLER Lee; [redacted]; O'TOOLE Family
Subject: RE: Proposed College of Pharmacy Bylaw Changes

Hi guys!

Don't know if you're still up, but if so, please consider changing my name to yours at the bottom of this email and forwarding it from yourself to the 2 emails addresses I sent it to (see below). Must be received before midnite tonite (nothing like the last minute, huh?).

The points below are based on input from a variety of Medicine Centre pharmacists and pharmacists at uniPHARM – I did a lot of copy/paste! Goal is to try to make the legislation less onerous for us all to follow and allow us to "do our jobs."

Please, if you can, let 'er rip!

T

Tracie Der

From: The Der's [redacted]
Sent: May 28, 2015 11:30 PM
To: 'PROREGADMIN@gov.bc.ca'; 'legislation@bcpharmacists.org'
Subject: Proposed College of Pharmacy Bylaw Changes

To Whom It May Concern,

I feel compelled to respond to the legislative changes proposed by the College of Pharmacist regarding pharmacy operations and standards of practice.

In general, I feel that my professional judgement and skills are being undervalued and that the actions of a few less-than-ethical pharmacy operations are leading to overly intrusive regulation for all pharmacies and pharmacists – most of whom are simply striving to provide the best patient care possible. Furthermore, the meticulous detail of recent and proposed changes to legislation have led to a practice environment that places far too much emphasis on avoiding censure by College "inspectors" or audits by third party payors, whose stringent adherence to the strictest letter of the law (for example, "written" is interpreted to mean "handwritten" and computer-generated copy is not deemed sufficient) has resulted in untenable fees and fines and detracted from patient care.

Some specific considerations:

HPA Bylaws – Schedule F

6.2 (d) and (e) should be combined and the word "or" should be used – Quantity of drug or frequency and max or min interval - pharmacist are qualified to calculate necessary information (quantity) based on directions, if not specified, or use common practice and clinical guidelines.

- It is often not possible nor desirable to specify the quantity of the drug to be dispensed – what if the patient needs an eye drop for 1 year? How can you clearly determine how many mL's a patient will use in one year? A pharmacist should be able to use their professional judgement to ensure a patient has enough medication to last the prescribed time frame - one year. Most of the time the prescriber does not know how many drops are in a bottle or how long a bottle would last between refills based on the directions. If they write out 2.5 mL's to be dispensed monthly and the patient comes back two months later or two weeks early, the patient will look non-compliant. The pharmacist should be able to

use their professional judgement on total quantity and refill intervals when a prescriber has asked for medications to last one year.

- A typical quantity: “take 1 cap once a day - 90 capsules with 3 refills”. There is no refill interval, but it is implied that it would be filled every 90 days
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- A pharmacist should not have to call the prescriber; the pharmacist should use professional judgement to calculate the correct ibuprofen does for the patient.

6.2 (f) – this should be optional and most of the time refill frequency is based on directions and days’ supply. Only applies to some cases where the prescriber really wants to specify a frequency.

6.2g – a signature should be good enough. Many times the doctor does not print their name AND sign the prescription, they just sign it. Sometimes the name is pre-printed on the pad of paper, but not always. We can’t enforce this requirement as the physicians are not under our jurisdiction. The bylaw should be removed and created as a suggested statement to physicians – or placed in their own bylaws. It should be up to the pharmacist to determine that they have enough information to verify the prescriber and record it on the final copy. If the prescriber’s signature is well known or they write their ID number beside their signature then the pharmacist should be able to use professional judgement to fill in the missing information – the printed name. It is a waste of time for the physician if the pharmacist must call the doctor to create a verbal order to add the prescribers printed name or worse, send the patient back for a new prescription which could take hours.

6.3 – should not include balance owing – balance owing should only have a DIN check, quantity check and patient name check. All therapeutic information has been verified at the time of fill and will be verified at the refill.

6.4. Much of 6.4 has to do with good business practice and should not be a specific bylaw.
(a)- Many patients don’t have permanent addresses or any address for that matter, why is address so important? This should not be mandatory.
(d)- The date the prescription was “dispensed”. This is misleading wording. It is actually the date the prescription was submitted to Pharmanet or logged on file.
(g) –overall this entire section is too specific – there should be a general statement that the pharmacist is responsible to verify the therapeutic correctness of a prescription (safe, necessary, effective) and the pharmacist or technician is to verify the correct product. The exact specifics should be in a recommendation documents, not a bylaw.

- Why is the pharmacy “assistant” included in this bylaw? They have no legal responsibility on any of the aspects of the prescription – only the registrant (pharmacist or technician) can be held responsible.
- If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.
- Below are some specific concerns with each detailed point

 6.4g (i) -this is part of the therapeutic check, - correct drug for the right patient. This should go under guidelines and is good business practice.

- Not all patients have a valid, government issued photo ID’s. Some patients are palliative or bed ridden and cannot leave the hospital to go to a government office to have a photo taken. We cannot refuse care to these patients when we clearly know who they are. Does the prescriber have a responsibility to verify that they wrote the prescription for the correct patient?

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a better job). There are so many pieces of clinical information that should be recorded – such as renal function, and other lab values. These should not be bylaws but common practice
- 6.4g(iii) also refers to 11(4) – it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility the appropriate steps have been taken.
- 6.4g (iv) – this should be removed. What does the "final check" mean? Who can do the final check? Pharmacist? Technician? Is it a clinical check or a technical check? If each step is independent and signed off by different people then why is there the need to have a signature for the final check? This goes back to the original point that there should only be one responsible signature on the prescription – someone that has overseen the entire process. How we get to the final check is a business process and should not be a college bylaw.
- 6.4g(v) – it should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility that the patient was provided with appropriate counselling. Many pharmacies still have one pharmacist following the entire prescription from start to finish.
- 6.4g(vi) – (which also refers to section 12, consultation) Clarification is required – is this in relation to drug therapy problems alerted through the computer system (Pharmanet) or by the pharmacist or both? The pharmacist is bombarded by multiple messages from the local system and third party plans (including Pharmanet) many of which have little impact or relevance to the patient and their current situation. Especially when the same messages repeat at every fill (3 months, 1 month, weekly and daily). Many of the major drug therapy problems identified are by the pharmacist and not the computer so relying on computer messages is not the best. Will this information be used to improve healthcare? Will any changes in prescribing habits be recommended based on the documentation of drug therapy problems?

6.9 (b) – it is impossible for the registrant to advise the other pharmacy of a new prescription if unused refills remain at the other pharmacy. The current pharmacy that received the new prescription has no idea if there are refills at the other pharmacy. In addition the pharmacist has no idea who the other pharmacy is. That information is not displayed on Pharmanet. The only item that is displayed is that it was filled at another location. The only check the new pharmacy can verify is if the refill is too early and check if patient has any medication on hand based on the previous fill date. A pharmacist may be able to determine if a patient is seeing multiple pharmacies and multiple doctors at the same time – but that is a completely different scenario.

10(1) and 10(2)
This section discusses that a registrant may decrease the quantity prescribed, but there is no statement about increasing the quantity per fill (while keeping the overall total prescription quantity the same). Some doctors may write 30 day supply with 11 refills for a chronic medication. The patient has been on it for years and it would be more cost effective and convenient to the patient to provide a 90 day supply, especially in a small town where they may be travelling over an hour to get to the pharmacy.

12 Pharmacist/Patient Consultation
- The pharmacist must also respect the patient's right to refuse counselling. This bylaw does not recognize the patient's right to refuse the consultation.
- This bylaw has not kept up with current standards of practice. Patients have learned how to self-manage and are much more informed than in the past. Patients with compliance issues have been set up to receive compliance packaging and more frequent refills (monthly, weekly and in some cases daily). Counselling a patient every month, week or day on the same items shows little to no value to the patient. In cases where a patient is receiving medications on a more frequent basis, the pharmacist should use professional judgement on what counselling is needed.
- Replace all cases of "must" with "should".

12.(1) Subject to a pharmacist's professional judgment for appropriateness, a pharmacist SHOULD consult with the patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws.

- In particular, bylaw 12.2 can't say "must" when they offer an alternative in 12.3 (consultation should occur in person, if not then by phone)
- Instead of new "prescription" consider the word new "medication". You can get a new prescription for a current medication which would unofficially be a refill.
- What about the patient's agent or care provider? The pharmacist should be able to consult with the patient or suitable care provider. What if the patient is a child? What if the husband or wife if picking up a prescription for an ill spouse? What if the patient has Alzheimer's? Some patients are home bound and do not have phones (yes there are people in this province with no phones!). Can it be stated that the pharmacist must make all reasonable attempts to consult with the patient and the patient's agent or care giver?

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- refill medication counselling/chronic medication - pharmacist should use professional judgement depending on frequency of refills. It is important to question the patient about side effects and expected out comes for the initial few refills. But depending on the medication it may be two weeks or 3 months before outcomes may be seen, so professional judgement is needed. As well, if a patient is getting medication every week due to compliance issues, maybe a check every 3 months would be acceptable versus every week. Consultation at the refill of a medication needs professional judgement – not a strict checklist. There should be suggested topics a pharmacist can discuss that are written outside of the bylaws.
  - o Going over the purpose of the drug for a chronic medication that a patient has been on every month for 10 years will serve of no use to the patient. Selecting key topics that relate to the patient, a few times a year, based on professional judgement, would be more beneficial.
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13.(2) If a patient purchases a Schedule II drug, the patient should be offered the opportunity for pharmacist consultation regarding the selection and use of the drug. Subject to a pharmacist's professional judgement for appropriateness, the pharmacist/patient consultation should include, etc.

I implore you to, please, give us, pharmacists, the trust to practice our profession within our scope of practice and applying our professional judgement. The micro-management of our profession can only lead to less effective patient care; regulations that are too restrictive to exceptional or unusual health scenarios or professionals who are spending too much time dotting "i"'s and crossing "t"'s than helping patients. Most of the existing and proposed legislation would serve all better as "best practice" guidelines than hard-fast rules.

Thank you for your consideration.

Leola Kuefler, pharmacist

Qualicum Medicine Centre
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Qualicum Beach. B.C.
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Fax 250-752-5772
Phone 250-752-9911
qualicum@medicinecentre.com

From: William Der[redacted]
Sent: Thursday, May 28, 2015 11:38 PM
To: PROREGADMIN HLTH:EX; legislation@bcpharmacist.org
Subject: Proposed college bylaw changes

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Thank you for your consideration.

William Der, BSc(Pharm)

Academic detailing in British Columbia

Terryn Naumann BSc(Pharm), PharmD
Medical Beneficiary and Pharmaceutical Services
College of Pharmacists of BC - Board Meeting June 18, 2015

Outline

- What is academic detailing?
- History of academic detailing
- BC PAD Service

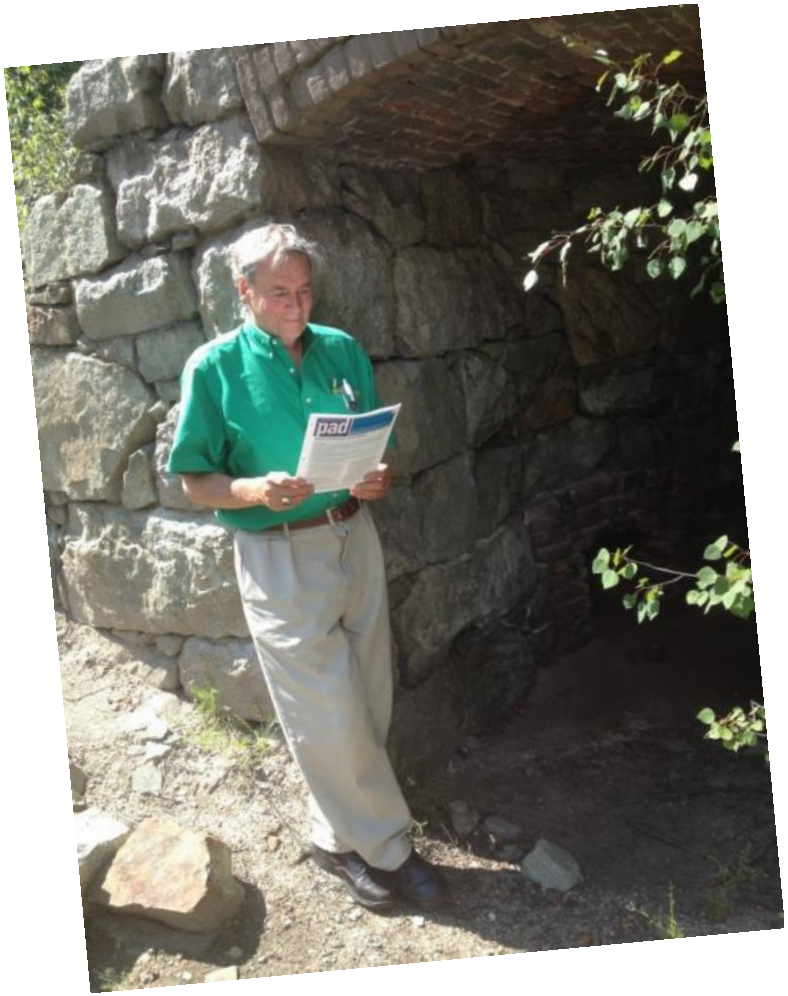
Academic detailing

*Well-trained health care professional (**pharmacist**, MD, nurse) visits prescribers in their offices and offers a **service** to discuss **evidence-based** information on comparative benefit, harms, and cost-effectiveness of drugs.*

Academic detailing

- Educational outreach
  - 30 minutes
- Interactive
  - Modifiable
  - Engaging
- Written materials
  - Supports discussion

Academic detailing's features



- Service
- Extends usable knowledge base
- Bridges the 'know-do' gap
- Supports clinical decision making

Academic detailing goal

"*To close the gap between the best available science and actual prescribing practice, so that each prescription is based only on the most current and accurate evidence about efficacy, safety, and cost-effectiveness.*"

- Jerry Avorn, MD
Harvard Medical School

What academic detailing is NOT

- memos or brochures (“the truth”) sent through the mail
- lectures delivered in the doctor’s office
- about formulary compliance
- about cost reduction primarily
- merely an attempt to un-do pharma marketing

- Adapted from Jerry Avorn, MD Harvard Medical School and National Resource Center for Academic Detailing (NaRCAD)

Academic detailing's history

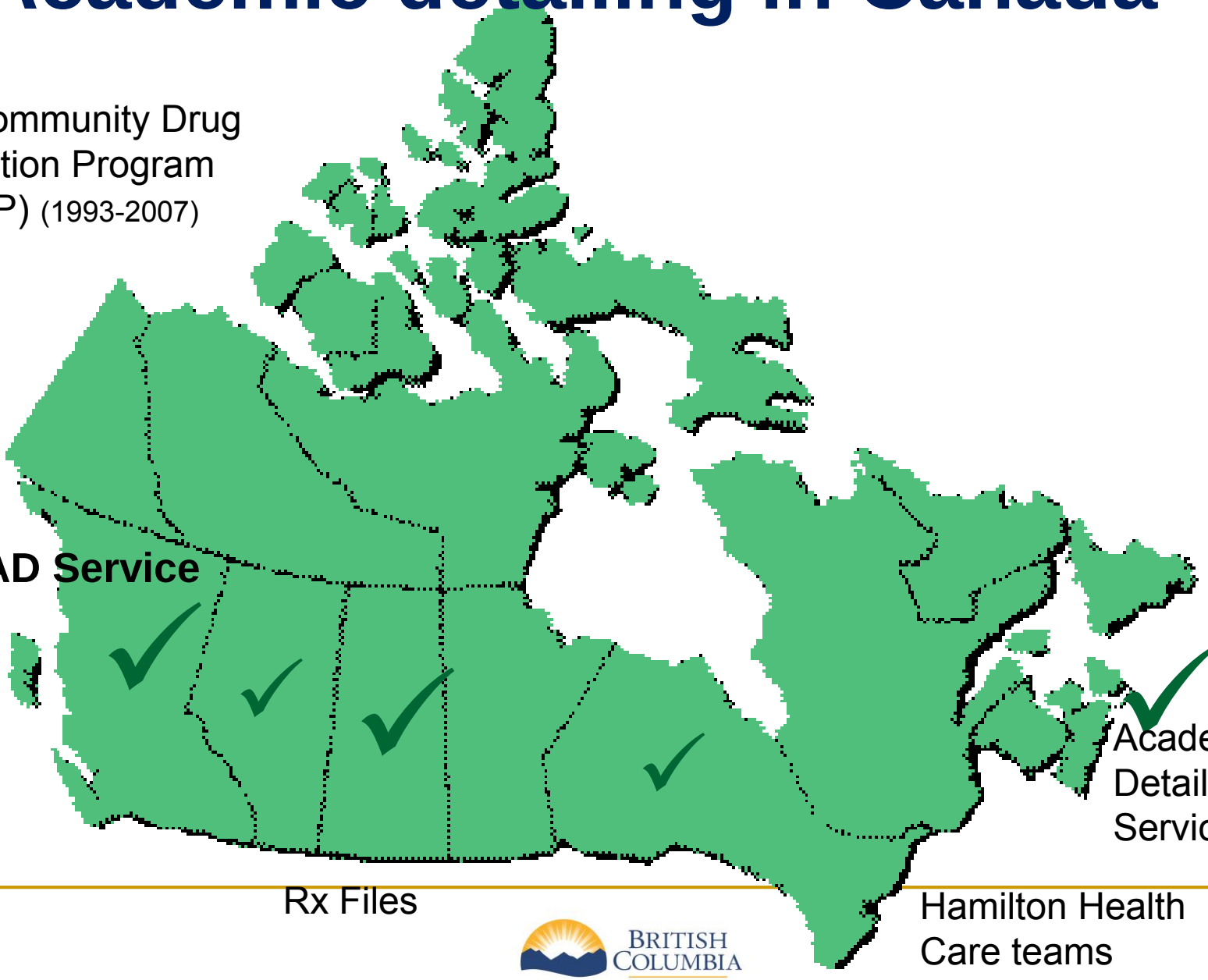
- 1983 at Harvard
- Research study
  - How to change physician prescribing of selected medications
  - Modeled on pharmaceutical industry's practice of drug detailing
  - Compared print material to print material with an "academic detailing" session

Academic detailing's history

- Australia (1991 – present)
- **BC (1993- present)**
  - Community Drug Utilization Program (CDUP)
  - BC Provincial Academic Detailing (PAD) service
- Currently
  - Australia, Canada, US, Europe, others

Academic detailing in Canada

BC Community Drug Utilization Program (CDUP) (1993-2007)



BC PAD Service

Academic Detailing Service (ADS)

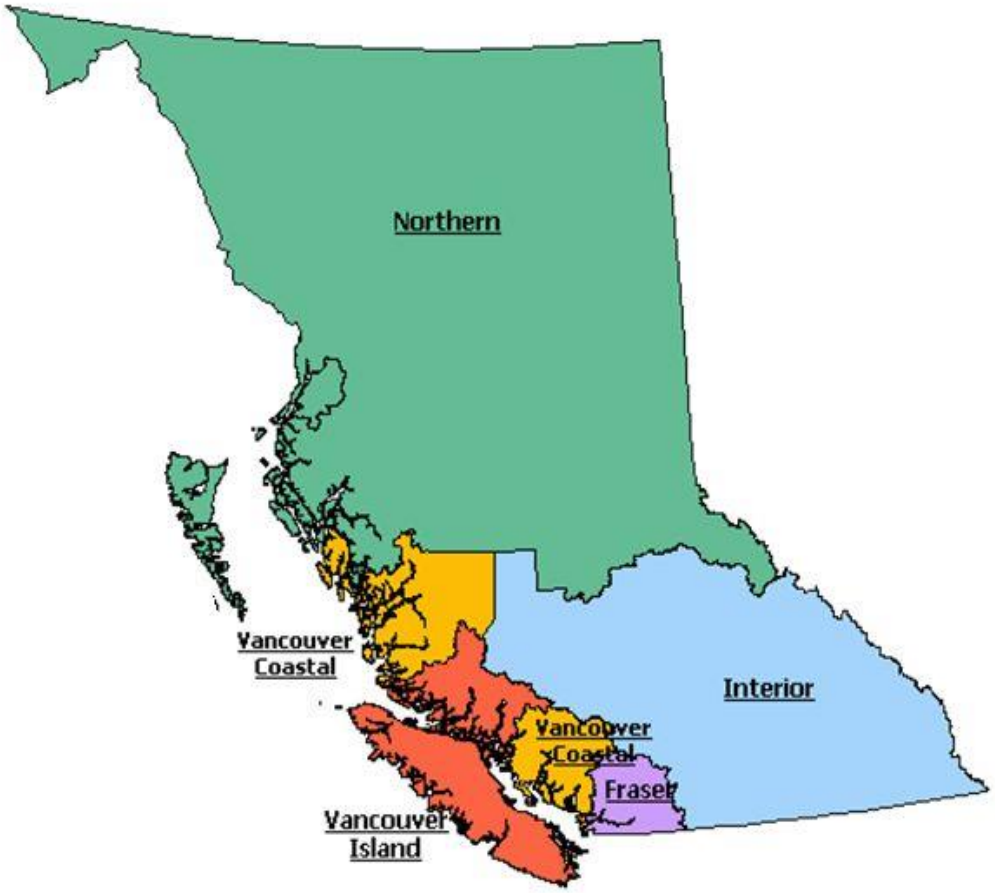
Rx Files

Hamilton Health Care teams

BRITISH COLUMBIA

BC PROVINCIAL ACADEMIC DETAILING SERVICE

YOUR Rx FOR EVIDENCE-INFORMED PRESCRIBING



- Established March 2008
- Funded by MBPSD 12 (10.4 FTEs) clinical pharmacists
- 2 new topics launched each year
- In 2015-16
  - Over 1700 sessions
  - Over 4,000 participants

BRITISH COLUMBIA

PAD's goals

- To promote optimal drug use

AND

- To change prescribing behaviour
  - Not just about filling in knowledge gaps
  - What motivates prescribing
  - What are the barriers to change

PAD topics

- HPV Vaccine
- Anticoagulation in atrial fibrillation
- Antibiotics in community practice
- COPD: Optimizing inhaled medications
- Osteoporosis: Focus on bisphosphonates
- Statin and CVD
- Acute otitis media

- **Opioids in chronic non-cancer pain**
- **Oral anticoagulants in atrial fibrillation**
- **Proton Pump Inhibitors**

- Antihyperglycemics in Type 2 Diabetes

Each topic is accredited for 1.0 Mainpro-M1 credit

Content development

- Assessment of learner's needs
- Review and critical appraisal of medical literature
- Upskilling training
  - Web sessions
  - In-person workshop
- Written materials
  - Evidence summaries
  - Drug tables

Written materials

Evaluation

- Qualitative
  - Program evaluation surveys
- Quantitative
  - Basic drug utilization
  - Pre/post, design delay

Is PAD successful?

"Excellent program."

"Clear, precise, useful."

"Allowed for interaction."

"I would like these sessions on a regular basis".

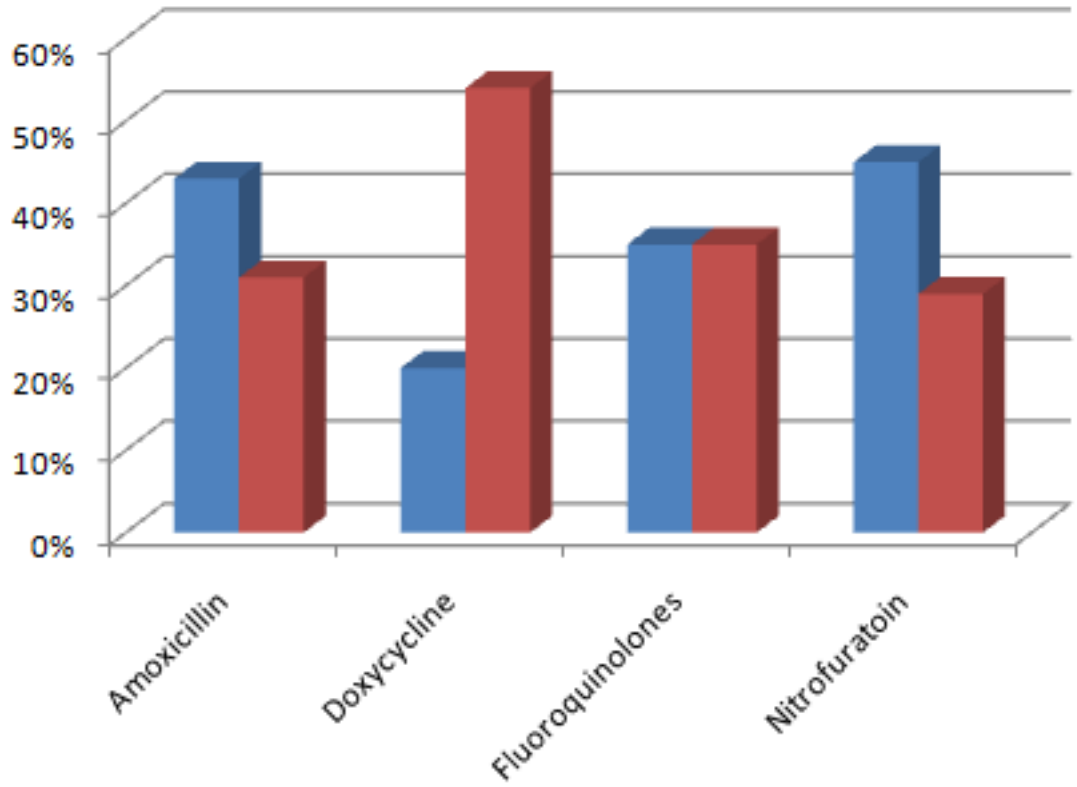
"Really appreciate this service – up to date, non-biased info."

"Very valuable program. I like that it is short and to-the-point."

"The academic detailing visit was a valuable use of my time."

Physician feedback

Practice change: Antibiotic topic

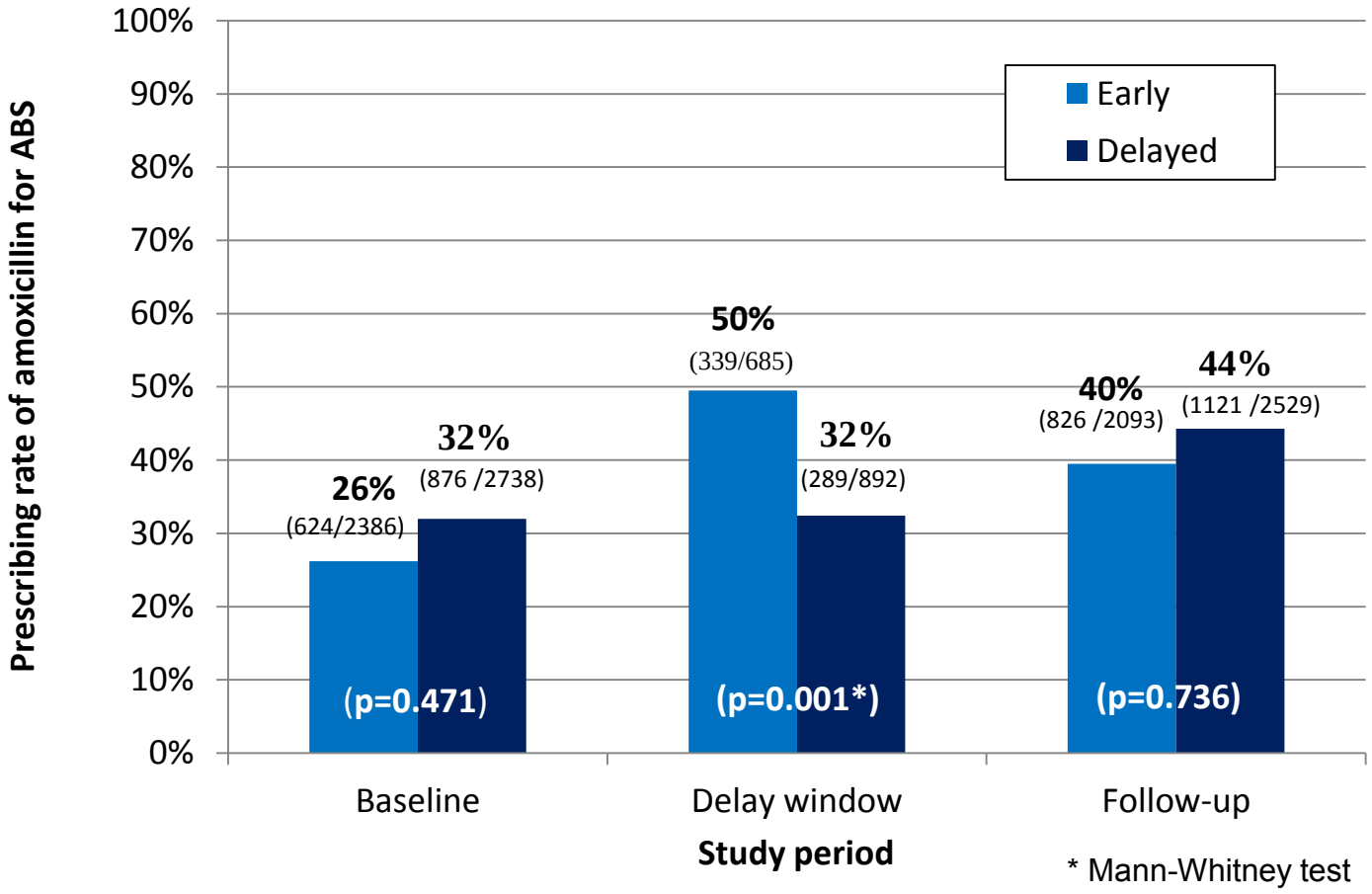


Survey response rate:
164/506 (32.4%)

BRITISH COLUMBIA

Impact evaluation

Average prescribing rate of amoxicillin for Acute Bacterial Sinusitis



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  - No industry bias
- **Clinical focus**
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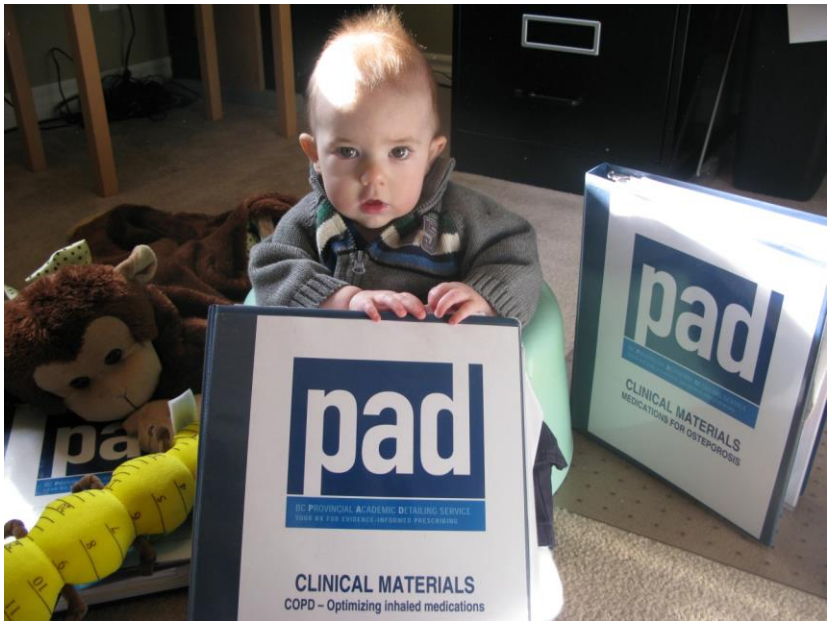
- **Patient focussed**



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BRITISH COLUMBIA

Grant Thornton

Financial Statements

College of Pharmacists of British Columbia

February 28, 2015

College of Pharmacists of British Columbia

Contents

Grant Thornton

Independent Auditor's Report

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To the Board of Directors of
College of Pharmacists of British Columbia

We have audited the accompanying financial statements of the College of Pharmacists of British Columbia (the "College"), which comprise the statement of financial position as at February 28, 2015 and the statements of changes in net assets, revenue and expenditures, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the College's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Pharmacists of British Columbia as at February 28, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Vancouver, Canada
●, 2015

Chartered Accountants

College of Pharmacists of British Columbia
Statement of Financial Position

February 28	2015	2014
Assets		
Current		
Cash and cash equivalents	**$ 1,313,722**	$ 1,448,426
Investments (Note 3)	**9,697,454**	10,181,286
Receivables (Note 4)	**292,485**	228,926
Prepaids and deposits	**165,427**	77,975
	11,469,088	11,936,613
Investment in College Place joint venture (Note 5)	**1,596,161**	1,645,785
Development costs (Note 6)	**98,996**	75,460
Property and equipment (Note 7)	**737,323**	506,433
	$ 13,901,568	$ 14,164,291
Liabilities		
Current		
Payables and accruals (Note 8)	**$ 1,280,914**	$ 860,659
Current portion of capital lease obligations (Note 9)	**20,266**	16,838
Deferred revenue (Note 10)	**2,921,009**	2,991,724
Deferred contributions (Note 11)	**366,685**	616,685
	4,588,874	4,485,906
Capital lease obligations (Note 9)	**80,850**	101,116
	4,669,724	4,587,022
Net assets		
Invested in property and equipment	**636,207**	388,479
Restricted building fund	**140,589**	287,067
Other risks reserve	**500,000**	500,000
Joint Venture reserve	**200,000**	200,000
Unrestricted net assets	**7,755,048**	8,201,723
	9,231,844	9,577,269
	$ 13,901,568	$ 14,164,291

Contingencies (Note 13)

On behalf of the Board

_____ Director _____ Director

College of Pharmacists of British Columbia
Statement of Changes in Net Assets

Year ended February 28, 2015

	Invested in Property and Equipment	Restricted Building Fund	Other Risks Reserve	Joint Venture Reserve	Unrestricted	**2015 Total**	2014 Total
Balance, beginning of year	$ 388,479	$ 287,067	$ 500,000	$ 200,000	$ 8,201,723	**$ 9,577,269**	$ 8,543,791
(Deficiency) excess of revenue over expenditures	(181,005)	-	-	-	(164,420)	**(345,425)**	1,033,478
Investment in property and equipment	428,733	(146,478)	-	-	(282,255)	**-**	-
Balance, end of year	$ 636,207	$ 140,589	$ 500,000	$ 200,000	$ 7,755,048	**$ 9,231,844**	$ 9,577,269

See accompanying notes to the financial statements.

College of Pharmacists of British Columbia
Statement of Revenue and Expenditures

Year ended February 28	2015	2014
Revenue		
Pharmacy fees	**$ 1,806,563**	$ 1,640,283
Pharmacists fees	**3,543,174**	4,082,630
Technician fees	**361,008**	298,286
Other	**1,544,017**	1,233,773
Grants	**383,500**	726,432
Investment income	**235,467**	232,564
College Place joint venture income	**199,393**	196,589
Total revenue	**8,073,122**	8,410,557
Expenditures		
Board and registrar's office	**556,047**	507,788
Finance and administration	**1,285,839**	1,054,539
Grant distribution	**763,710**	1,161,367
Hospital pharmacy and practice	**98,071**	93,020
Inspections	**208,206**	21,570
Legislation, discipline and investigations	**574,556**	465,534
Public accountability and engagement	**330,106**	120,142
Quality assurance	**166,770**	68,440
Registration and licensing	**291,707**	293,821
Salaries and benefits	**3,904,788**	3,338,780
Total expenditures	**8,179,800**	7,125,001
(Deficiency) excess of revenue over expenditures	**(106,678)**	1,285,556
Amortization	**238,747**	252,078
(Deficiency) excess of revenue over expenditures	**$ (345,425)**	$ 1,033,478

See accompanying notes to the financial statements.

College of Pharmacists of British Columbia
Statement of Cash Flows

Year ended February 28

	2015	2014
Cash derived from (used in)		
Operating		
(Deficiency) excess of revenue over expenditures	**$ (345,425)**	$ 1,033,478
Amortization of property and equipment	**181,005**	199,899
Amortization of development costs	**57,742**	52,179
Share of net income of College Place joint venture	**(199,393)**	(196,589)
	(306,071)	1,088,967
Change in non-cash working capital items		
Receivables	**(63,559)**	(136,758)
Prepaids and deposits	**(87,452)**	(21,085)
Payables and accruals	**420,255**	24,177
Deferred revenue	**(70,715)**	28,858
Deferred contributions	**(250,000)**	(503,932)
	(357,542)	480,227
Financing		
Capital lease repayments	**(16,838)**	912
Investing		
Purchase of property and equipment	**(411,895)**	(230,329)
Increase in development costs	**(81,278)**	(21,301)
Decrease (increase) in investments	**483,832**	(1,350,423)
Investment in College Place joint venture	**249,017**	200,816
	239,676	(1,401,237)
Net decrease in cash and cash equivalents	**(134,704)**	(920,098)
Cash and cash equivalents, beginning of year	**1,448,426**	2,368,524
Cash and cash equivalents, end of year	**$ 1,313,722**	$ 1,448,426

College of Pharmacists of British Columbia
Notes to the financial statements
February 28, 2015

1. Nature of operations

The College of Pharmacists of British Columbia (the "College") is a regulatory body for pharmacists, pharmacy technicians and pharmacies of B.C. to set and enforce professional standards for the professions. The College is designated under the Health Professions Act. For income tax purposes, the College is treated as a not-for-profit organization.

2. Summary of significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations. The following are significant accounting policies applied by the College:

Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted revenues are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Licence and registration fees are recognized as revenue in the year to which the fee relates.

Investment in joint venture

The College accounts for its joint venture using the equity method.

Cash and cash equivalents

Cash and cash equivalents consist of cash on hand, balances with banks, and short-term deposits with original maturities of three months or less.

Development costs

Program and implementation costs for the Pharmacy Technician Bridging program, SkilSure Solution enterprise software, Pharmacy Online Renewal software, Robbery Prevention Form program and the College's website have been deferred and are amortized on a straight-line basis over five years. Should the conditions for deferral cease to exist, the costs will be charged as a period expense.

College of Pharmacists of British Columbia
Notes to the financial statements
February 28, 2015

2. Summary of significant accounting policies (continued)

Property and equipment

Property and equipment of the College are recorded at cost and amortized over their estimated useful lives using the following rates:

Leasehold improvements	Straight-line method over 10 years
Furniture and fixtures	Straight-line over 10 years
Office equipment	Straight-line over 5 to 10 years
Computer	Straight-line over 3 years
Software	Straight-line over 2 years

Capital leases

Leases which transfer substantially all the benefits and inherent risk related to the ownership of the property leased to the College are capitalized by recording as assets and liabilities the present value of the payments required under the leases.

Restricted building fund

A portion of dues assessed to pharmacists is restricted for office space renovation and upgrades.

Net assets held in reserves

Net assets held in reserves are internally restricted to provide a funding source for future capital financial obligations where the timing of the obligations cannot be precisely predicted, and to provide funding to address financial risks for which the timing and probability of a given event is uncertain. All reserves are approved by the College Board and are disclosed on the statement of financial position as equity.

The other risks reserve was established to assist in funding any unexpected expenses arising from College operations or obligations.

The Joint Venture reserve was established to assist in funding any large capital expenditures required to maintain the upkeep of the building jointly owned by the College of Pharmacists of British Columbia and the College of Dental Surgeons of British Columbia.

Financial instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all of its financial assets and financial liabilities at amortized cost, except for investments, which are measured at fair value. Changes in fair value are recognized in the statement of revenue and expenditures.

Financial assets measured at amortized cost include cash and cash equivalents and receivables.

Financial liabilities measured at amortized cost include payables and accruals and capital lease obligations.

College of Pharmacists of British Columbia
Notes to the financial statements
February 28, 2015

2. Summary of significant accounting policies (continued)

Financial instruments (continued)

Financial instruments measured at fair value include investments. Fair values are based on quoted market values where available from active markets; otherwise, fair values are estimated using a variety of valuation techniques and models. Purchase and sales of investments are recorded on the trade date.

3. Investments

Investments consist of guaranteed investment certificates and mutual funds with interest rates from 1.10% to 3.85% (2014 - 1.10% to 3.85%).

4. Receivables

	2015	2014
PharmaNet receivables	**$ 228,523**	$ 183,892
Other receivables	**63,962**	45,034
	$ 292,485	$ 228,926

5. Joint venture

The College entered into an agreement dated March 3, 1989, to purchase 30% interest in a joint venture set up to acquire and develop a property. The College occupies space in the building and pays rent to the joint venture.

The assets, liabilities, revenues and expenses of the joint venture at February 28, 2015 and for the year then ended are as follows:

	100% Joint Venture	30% College
Balance sheet		
Assets		
Current assets	**$ 501,441**	**$ 150,432**
Property and equipment and other assets	**5,211,916**	**1,563,575**
	$ 5,713,357	**$ 1,714,007**
Liabilities and equity		
Total liabilities	**$ 113,458**	**$ 117,846**
Total equity	**5,599,899**	**1,596,161**
	$ 5,713,357	**$ 1,714,007**
Statement of operations		
Revenues	**$ 1,381,845**	**$ 414,554**
Expenses	**752,626**	**215,161**
Excess of revenue over expenditures	**$ 629,219**	**$ 199,393**

College of Pharmacists of British Columbia
Notes to the financial statements
February 28, 2015

5. Joint venture (continued)

The College's lease expires on August 31, 2018 and annual base rent payments are as follows:

2016	$ 238,558
2017	243,300
2018	248,042
2019	125,207
	$ 855,107

6. Development costs

	Cost	Accumulated Amortization	**2015 Net Book Value**	2014 Net Book Value
SkilSure Solution	$ 41,302	$ 16,021	**$ 25,281**	$ 31,042
Pharmacy Technician Bridging program	234,432	234,432	**-**	44,418
Pharmacy Online Renewal	53,465	-	**53,465**	-
Robbery Prevention Form	10,800	2,160	**8,640**	-
Website	14,513	2,903	**11,610**	-
	$ 354,512	$ 255,516	**$ 98,996**	$ 75,460

7. Property and equipment

	Cost	Accumulated Amortization	**2015 Net Book Value**	2014 Net Book Value
Leasehold improvements	$ 786,986	$ 506,617	**$ 280,369**	$ 196,891
Furniture and fixtures	319,228	214,925	**104,303**	101,440
Office equipment	288,845	63,631	**225,214**	137,735
Computer	412,051	344,897	**67,154**	47,887
Software	224,364	164,081	**60,283**	22,480
	$ 2,031,474	$ 1,294,151	**$ 737,323**	$ 506,433

At February 28, 2015, assets under capital lease with a cost of $127,727 (2014 - $127,727) and accumulated amortization of $38,318 (2014 - $12,773) are included in office equipment.

College of Pharmacists of British Columbia
Notes to the financial statements
February 28, 2015

8. Payables and accruals

Payables and accruals include GST payable amounting to $29,986 as at February 28, 2015 (2014 - $45,422).

9. Capital lease obligations

The College is committed to pay annual leases for office equipment under lease agreements. The leases will expire in fiscal 2019. Minimum annual lease commitments are as follows:

2016	$ 38,361
2017	38,361
2018	38,361
2019	31,512
	146,595
Less interest	(45,479)
	101,116
Less current portion	20,266
	$ 80,850

10. Deferred revenue

Deferred revenue represents the subsequent year's pharmacy licences and registration fees received prior to the year end.

11. Deferred contributions

Deferred contributions represent the unamortized amount of grants received for future operating activities and programs. The amortization of deferred contributions is recorded as revenue in the statement of revenue and expenditures.

	2015	2014
Balance, beginning of year	**$ 616,685**	$ 1,120,617
Amounts received	**-**	72,500
Less amounts amortized to revenue	**(250,000)**	(576,432)
Balance, end of year	**$ 366,685**	$ 616,685

College of Pharmacists of British Columbia
Notes to the financial statements
February 28, 2015

12. Financial instruments

The carrying amounts of financial assets measured at amortized cost are $1,606,207 as at February 28, 2015 (2014 - $1,677,352).

The carrying amounts of financial assets measured at fair value are $9,697,454 as at February 28, 2015 (2014 - $10,181,286).

The carrying amounts of financial liabilities measured at amortized cost are $1,382,030 as at February 28, 2015 (2014 - $978,613).

Market risk

Market risk is the potential for financial loss to the College from changes in the values of its financial instruments due to changes in interest rates, equity prices, currency exchange and other price risks. The investments of the College are not subject to significant market risk as substantially all of it are in GICs and denominated in Canadian dollars.

Credit risk

The College is exposed to the risk that a counterparty defaults or becomes insolvent. The only financial instrument that potentially subjects the College to concentrations of credit risk is its receivables.

The maximum exposure to credit risk in terms of receivables is $292,485 as of February 28, 2015 (2014 - $228,926). Management believes that the College does not have a significant credit risk on their receivables.

Liquidity risk

Liquidity risk is the risk that the College cannot meet a demand for cash or fund its obligations as they come due. Maximum exposure to liquidity risk is $1,382,030 as at February 28, 2015 (2014 - $978,613). Except for the obligation under capital lease balance of $101,116, which will be paid until 2019 (Note 9), the College's liabilities are due to be paid in full before February 28, 2016.

13. Contingencies

There are claims pending in which the College is involved arising in the ordinary course of business. It is considered that the potential claims against the College resulting from such litigation would not materially affect the financial statements of the College. Any difference between the liability accrued by the College related to the claims and the amounts ultimately settled will be recorded in the period in which the claim is resolved.

Report to those charged with governance—Communication of audit results

College of Pharmacists of British Columbia
For the year ended February 28, 2015

Grant Thornton

June 9, 2015

Grant Thornton LLP
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Vancouver, BC
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To the members of the Audit Committee of the
College of Pharmacists of British Columbia

We are pleased to report that we have now substantially completed our audit of the financial statements (hereinafter the "financial statements") of the College of Pharmacists of British Columbia (hereinafter the "College") for the year ended February 28, 2015. We enclose our *Report to those charged with governance - Communication of audit results* to continue our dialogue with the committee on the audit of the College. This report provides an overview of the results of our audit including comments on misstatements, significant accounting policies, sensitive accounting estimates, and other matters that may be of interest to the committee.

This communication has been prepared to comply with the requirements outlined in CAS 260 *Communication with those Charged with Governance*. The information in this document is intended solely for the information and use of the Audit Committee, Board of Directors, and management. It is not intended to be distributed or used by anyone other than these specified parties.

We express our appreciation for the cooperation and assistance received from the management and staff of the College during the course of our audit.

Yours sincerely,
Grant Thornton LLP

Grant Thornton LLP

Donna Diskos, CPA, CA
Partner

cc: Bob Nakagawa, CEO
Mary O'Callaghan, COO

Contents

Status of the audit

Outstanding items

We have substantially completed our audit of the financial statements of the College for the year ended February 28, 2015 and the results of that audit are included in this report.

Our draft auditors' report is included in the draft financial statements. We will finalize the report once the Board of Directors has approved the financial statements. The following items were outstanding as at the date of this report:

- Receipt of signed management representation letter (draft has been attached as appendix A);
- Approval of the financial statements by the Board of Directors;
- Receipt of legal confirmations; and
- Procedures regarding subsequent events.

Planned audit approach

We have successfully executed our audit strategy in accordance with the plan we designed.

Audit results

Summary of misstatements

Our audit identified the unadjusted non-trivial misstatements noted below.

	Over/(Under) statement of:			
Unadjusted misstatements	**Assets**	**Liabilities**	**Equity**	**Earnings**
To reclassify a current liability as long-term	$ -	$ (120,208) 120,208	$ -	$ -
Total unadjusted misstatements	**$ -**	**$ -**	**$ -**	**$ -**

We have discussed the unadjusted misstatements with management and requested that the identified amounts be adjusted. The amounts have not been adjusted as this is a reclassification, and there is no significant impact on the financial statements.

Misstatements identified and adjusted in the financial statements by the College as a result of our audit procedures are as follows:

	Over/(Under) statement of:			
Adjusted misstatements	**Assets**	**Liabilities**	**Equity**	**Earnings**
To correct investment in Joint Venture	$ 50,577	$ -	$ -	$ 50,577
Total adjusted misstatements	**$ 50,577**	**$ -**	**$ -**	**$ 50,577**

Summary of disclosure matters

Our audit did not identify any unadjusted non-trivial misstatements from disclosure matters.

Reportable matters

Internal control

Management is responsible for the design and operation of an effective system of internal control that provides reasonable assurance that the accounting system provides timely, accurate and reliable financial information, and safeguards the assets of the entity.

The audit is designed to express an opinion on the financial statements. Our understanding of internal control is sufficient to enable us to plan the audit and to determine the nature, timing and extent of tests to be performed. If we become aware of a deficiency in your internal controls systems, the auditing standards require us to communicate to the audit committee those deficiencies we consider significant. However, a financial statement audit is not designed to provide assurance on internal control.

Observation

We noted that a terminated employee continued to receive payments while their severance package was being negotiated. However, the Finance team was not provided with contract details during the negotiation process.

Possible consequences

Terminated employees who remain on payroll may receive inappropriate payments.

Recommendations to strengthen internal control

We recommend the College's Human Resource and Finance team communicate more fully when employees are hired and depart from the College.

College response

The College has informed Human Resources and Finance staff to communicate on all employee related matters.

Significant transactions

The following significant transactions were noted during the course of our audit of the financial statements:

Significant transaction	Considerations and results
Accounting policies	The College accounts for its investment in the College Place Joint Venture (the "Joint Venture") by applying the equity method of accounting. In order to reconcile its investment in the Joint Venture to the audited financial statements of the Joint Venture, the College is required to make adjustments to the accounting for related party rents.
Development costs	During the year, the College capitalized $81,278 (2014: $21,301) of program and implementation costs relating to the Pharmacy Online renewal software, Robbery Prevention Form program and the College's website.
Severance costs	Payables and accruals include $219,540 related to severance plans for two employees who were terminated in fiscal 2015. Canadian accounting standards require an entity to recognize an accrual and expense in the period in which: - Management approves and commits the entity to the plan, and establishes the options for consideration; - The plan and options are communicated to the employee; and - The period of time to complete the plan indicates that significant changes to the plan are not likely.
Deferred grant contributions	During the year, the College recognized $250,000 of unearned grant contributions as revenue in the statement of revenue and expenditure. We tested the related grant expenditures to the underlying support. At March 31, 2015, $50,000 of the related grant expenditures were unpaid and are included in payables and accruals. The College continues to maintain a balance of $366,685 (2014: $616,685) in deferred contributions at February 28, 2015.
Restricted building fund	The restricted building fund includes building assessment fees levied to new pharmacists to finance capital expenditures. During the year, the College spent $146,478 (2014: $77,199) from the restricted building fund.
Reserve balances	The College maintains two reserve funds for "Other risks reserve" and "Joint venture reserve" with balances of $500,000 and $200,000 respectively. The balances provide the College with extra funding to manage future risks associated with potential legal litigation issues and issues that may result from involvement with the Joint Venture.

Sensitive accounting estimates

During the course of our audit, we noted the following sensitive accounting estimates:

Sensitive accounting estimate	Management's estimation process	Considerations and results
Useful lives of property and equipment	Management determines the estimated useful lives of property and equipment.	To assess the appropriateness of the estimated useful lives of the College's property and equipment, we assessed the reasonableness of the useful lives and compared to industry standards. We concluded the estimated useful lives of the College's property and equipment is appropriate.

Cooperation during the audit

We report that we received cooperation from management and the employees of the College. To our knowledge, we were provided access to all necessary records and other documentation and any issues that arose as a result of our audit were discussed with management and have been resolved to our satisfaction.

Reliance on another auditor

The financial statements of the College include its proportionate share of the net income of the College Place Joint Venture (the "Joint Venture"). We relied on the amount presented in the audited financial statements of the Joint Venture and the pertinent auditor's report issued by Smythe Ratcliffe LLP. We have also obtained a confirmation of independence of the other auditor from the College and the Joint Venture.

Association with annual reports

If an annual report is produced, we are required to review its content in order to determine whether the financial statements and the independent auditor's report have been accurately reproduced, and to ensure that the other information contained in the annual report is consistent with the financial statements being reported on. Therefore, if the College is planning on issuing an annual report, we are required to review the report prior to its finalization.

Appendix A—Draft management representation letter

June •, 2015

Grant Thornton LLP
Suite 1600, Grant Thornton Place
333 Seymour Place
Vancouver, BC
V6B 0A4

Dear Sir/Madam:

We are providing this letter in connection with your audit of the financial statements of the College of Pharmacists of British Columbia (the "College") as of February 28, 2015, and for the year then ended, for the purpose of expressing an opinion as to whether the financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows of the College in accordance with Canadian accounting standards for not-for-profit organizations.

We acknowledge that we have fulfilled our responsibilities for the preparation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for the design and implementation of internal controls to prevent and detect fraud and error. We have assessed the risk that the financial statements may be materially misstated as a result of fraud, and have determined such risk to be low. Further, we acknowledge that your examination was planned and conducted in accordance with Canadian generally accepted auditing standards (GAAS) so as to enable you to express an opinion on the financial statements. We understand that while your work includes an examination of the accounting system, internal controls and related data to the extent you considered necessary in the circumstances, it is not designed to identify, nor can it necessarily be expected to disclose, fraud, shortages, errors and other irregularities, should any exist.

Certain representations in this letter are described as being limited to matters that are material. An item is considered material, regardless of its monetary value, if it is probable that its omission from or misstatement in the financial statements would influence the decision of a reasonable person relying on the financial statements.

We confirm, to the best of our knowledge and belief, as of the date of this letter, the following representations made to you during your audit.

Financial statements

1 The financial statements referred to above present fairly, in all material respects, the financial position of the College as at February 28, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations, as agreed to in the terms of the audit engagement.

Completeness of information

2 We have made available to you all financial records and related data and all minutes of the meetings of directors, and committees of directors, as agreed in the terms of the audit engagement. Summaries of actions of recent meetings for which minutes have not yet been prepared have been provided to you. All significant board and committee actions are included in the summaries.

3 We have provided you with unrestricted access to persons within the College from whom you determined it necessary to obtain audit evidence.

4 There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements. The adjusting journal entries which have been proposed by you are approved by us and will be recorded on the books of the College.

5 There were no restatements made to correct a material misstatement in the prior period financial statements that affect the comparative information.

6 We are unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements.

7 We are unaware of any violations or possible violations of laws or regulations the effects of which should be considered for disclosure in the financial statements or as the basis of recording a contingent loss.

8 We have disclosed to you all known deficiencies in the design or operation of internal control over financial reporting of which we are aware.

9 We have identified to you all known related parties and related party transactions, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements guarantees, non-monetary transactions and transactions for no consideration.

10 You provided a non-audit service by assisting us with drafting the financial statements and related notes. In connection with this non-audit service, we confirm that we have made all management decisions and performed all management functions, have the knowledge to evaluate the accuracy and completeness of the financial statements, and accept responsibility for such financial statements.

Fraud and error

11 We have no knowledge of fraud or suspected fraud affecting the College involving management; employees who have significant roles in internal control; or others, where the fraud could have a non-trivial effect on the financial statements.

12 We have no knowledge of any allegations of fraud or suspected fraud affecting the College's financial statements communicated by employees, former employees, analysts, regulators or others.

13 We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

14 We believe that the effects of the uncorrected financial statement misstatements summarized in the accompanying schedule are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. Refer to the attached schedule of passed adjusting journal entries.

Recognition, measurement and disclosure

15 We believe that the significant assumptions used by us in making accounting estimates, including those used in arriving at the fair values of financial instruments as measured and disclosed in the financial statements, are reasonable and appropriate in the circumstances.

16 We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities, both financial and non-financial, reflected in the financial statements.

17 All related party transactions have been appropriately measured and disclosed in the financial statements.

18 The nature of all material measurement uncertainties has been appropriately disclosed in the financial statements, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.

19 All outstanding and possible claims, whether or not they have been discussed with legal counsel, have been disclosed to you and are appropriately reflected in the financial statements.

20 All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.

21 All "off-balance sheet" financial instruments have been properly recorded or disclosed in the financial statements.

22 With respect to environmental matters:

a at year end, there were no liabilities or contingencies that have not already been disclosed to you;

b liabilities or contingencies have been recognized, measured and disclosed, as appropriate, in the financial statements; and

c commitments have been measured and disclosed, as appropriate, in the financial statements.

23 The College has satisfactory title to (or lease interest in) all assets, and there are no liens or encumbrances on the College's assets nor has any been pledged as collateral.

24 We have disclosed to you, and the College has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

25 There have been no events subsequent to the balance sheet date up to the date hereof that would require recognition or disclosure in the financial statements. Further, there have been no events subsequent to the date of the comparative financial statements that would require adjustment of those financial statements and related notes.

Other

26 We have considered whether or not events have occurred or conditions exist which may cast significant doubt on the College's ability to continue as a going concern and have concluded that no such events or conditions are evident.

Yours very truly,

Bob Nakagawa, Registrar

Mary O'Callaghan, Chief Operating Officer

Summary of misstatements

Our audit identified the unadjusted non-trivial misstatements noted below.

	Over/(Under) statement of:			
Unadjusted misstatements	**Assets**	**Liabilities**	**Equity**	**Earnings**
To reclassify a current liability as long-term	$ -	$ (120,208) 120,208	$ -	$ -
Total unadjusted misstatements	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B—Accounting developments

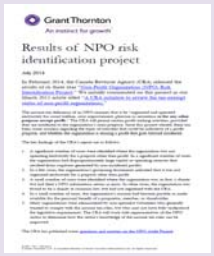
Accounting – Standards issued by CPA Canada	Effective date
Preface to the CPA Canada Handbook – Accounting The CPA Canada Handbook (the CPA Handbook) is structured to accommodate the different standards that apply to the different categories of organizations. • Preface to the CPA Canada Handbook – Accounting • Part I – International Financial Reporting Standards (IFRS) • Part II – Accounting Standards for Private Enterprises (ASPE) • Part III – Accounting Standards for Not-for-Profit Organizations (ASNPO) • Part IV – Accounting Standards for Pension Plans • Part V – Pre-Changeover Accounting Standards Not-for-profit organizations (NFPOs) who report under Part III of the CPA Handbook are also required to follow the standards in Part II of the CPA Handbook for those areas that are not addressed in Part III of the CPA Handbook.	
Section 4450 *Reporting controlled and related entities by not-for-profit organizations* In Part II of the CPA Handbook, Section 3055 *Interests in Joint Ventures* was replaced with new Section 3056 *Interests in Joint Arrangements;* the new standard no longer retains the definition of proportionate consolidation, so as a result, the definition is now incorporated into Section 4450.	Fiscal years beginning on or after January 1, 2016. Early adoption is permitted.
2014 Improvements to ASPE The Accounting Standards Board (AcSB) makes annual changes to standards through an annual improvements process which include changes consisting of relatively limited amendments to clarify guidance or wording within the standards, or to correct for relatively minor unintended consequences, conflicts or oversights. Section 3856 *Financial Instruments* was amended in the 2014 process as follows: • The section was clarified for situations where a hedge of an anticipated transaction matures after the anticipated transaction occurs. The amendment specifies that when a reporting period ends between the date the hedged transaction occurs and the date the hedging item matures, the hedging item must be remeasured at the balance sheet date using the spot rate in effect at that date, with any gain or loss included in net income. • The disclosure of impairment of current trade receivables was amended to only require the disclosure of the amount of any allowance for impairment. The 2014 Annual Improvements Project also proposed changes to Section 3462 *Employee Future Benefits* to clarify that the option to use a funding valuation to measure the defined benefit obligation for unfunded defined benefit plans can only be applied by entities that have at least one funded	Fiscal years beginning on or after January 1, 2015. Early adoption is permitted.

Accounting – Standards issued by CPA Canada	Effective date
defined benefit plan. However, in light of concerns raised by some stakeholders and the Private Enterprise Advisory Committee, the AcSB required the relevant paragraphs be redrafted to further clarify certain aspects. The AcSB is revisiting the proposed amendment as part of the 2015 Annual Improvements Project.	
Section 3475 *Disposal of long-lived assets and discontinued operations* The definition of a discontinued operation was amended to provide a higher threshold for classifying a disposal as a discontinued operation and results in a consistent definition with that included in IFRS 5 *Non-current Assets Held for Sale and Discontinued Operations*. This modification is expected to reduce the number of disposals which qualify for presentation as discontinued operations.	Fiscal years beginning on or after January 1, 2014. Earlier application is permitted.

Appendix C—Publications

Attached are various "Thought Leadership" publications regarding the charities and not-for-profit organizations sector.

	**Planning ahead: Improving financial health with reserves planning** http://insights.grantthornton.ca/i/519570-planning-ahead-improving-financial-health-with-reserves-planning
	**FRAUD ALERT – Charities and not-for-profit organizations** http://insights.grantthornton.ca/i/456277-fraud-alert-charities-and-not-for-profit-organizations
	**Growing communities – How charity leaders govern social media globally to thrive online** http://insights.grantthornton.ca/i/345029-growing-communities-how-charity-leaders-govern-social-media-globally-to-thrive-online
	**Risky business – Risk management best practices for an increasingly risky world** http://insights.grantthornton.ca/i/319479-risky-business

	**Results of NPO Risk Identification Project** http://www.grantthornton.ca/resources/insights/articles/NPOrisk_FINAL.pdf
	**Proposed modifications to the accounting standards for not-for-profit organizations in the private and public sectors** **http://www.grantthornton.ca/sectors/segment/not-for-profit/ASNPO**

www.GrantThornton.ca

Audit • Tax • Advisory

College of Pharmacists of British Columbia
Statement of Financial Position
As at April 30, 2015

Assets	**$**
Current	
Cash	545,852
Short term investments	9,734,028
Receivables	137,700
Prepaids and deposits	301,734
Investment in Joint Venture	1,646,420
	12,365,734
Development costs	107,476
Property and equipment	738,646
	13,211,856

Liabilities and Net Assets	**$**
Liabilities	
Current	
Payables and accruals	792,740
Current portion of capital lease obligations	15,550
Deferred revenue	2,610,892
Unearned revenue	366,685
	3,785,868
Capital lease obligations	80,850
	3,866,718
Net Assets	
Opening Balance	9,282,421
Unrestricted Surplus (Deficit)	62,717
Closing Balance	9,345,138
	13,211,856

College of Pharmacists of BC

Statement of Revenue and Expenditures

For the month ended April 30, 2015

	2014/15 ACTUAL	2015/16 BUDGET	2015/16 YTD BUDGET	2015/16 YTD ACTUAL	Variance (BUD vs. ACT) $	Variance (BUD vs. ACT) %
REVENUE						
Licensure						
Pharmacy Fees	**1,806,563**	1,781,100	296,850	300,519	3,669	1%
Pharmacist Fees	**3,543,174**	3,418,567	569,761	553,505	(16,256)	(3%)
Pharmacy Technician Fees	**361,008**	686,674	114,446	70,119	(44,327)	(39%)
	5,710,745	**5,886,341**	**981,057**	**924,143**	**(56,913)**	**(6%)**
Non Licensure						
Other revenue	**1,544,017**	1,499,646	249,941	263,190	13,249	5%
Grant revenue	**383,500**	457,855	22,000	22,250	250	1%
Investment Income - GIC	**235,467**	240,276	20,023	37,042	17,019	85%
Investment Income - JV	**249,969**	250,000	20,833	40,000	19,167	92%
	2,412,952	**2,447,777**	**312,797**	**362,481**	**49,684**	**16%**
Total Revenue	**8,123,698**	**8,334,118**	**1,293,854**	**1,286,625**	**(7,229)**	**(1%)**
Transfer from Balance Sheet	**-**	**1,909,993**	**318,332**	**-**	**(318,332)**	(100%)
TOTAL REVENUE	**8,123,698**	**10,244,111**	**1,612,186**	**1,286,625**	**(325,562)**	**(20%)**
EXPENSES						
Board & Registrar's Office	**556,048**	697,475	116,246	49,501	66,745	57%
Grant Distribution	**513,710**	655,185	54,883	16,000	38,883	71%
Registration and Licensing	**281,166**	264,232	44,039	52,599	(8,560)	(19%)
Quality Assurance	**416,264**	713,170	118,862	46,568	72,294	61%
Inspections	**233,826**	240,200	40,033	30,715	9,318	23%
Discipline and Investigations	**449,881**	619,852	103,309	38,147	65,161	63%
Legislation	**124,675**	87,614	14,602	4,492	10,110	69%
Hospital Pharmacy and Practice	**83,499**	378,720	63,120	37,348	25,773	41%
Public Accountability and Engagement	**330,106**	535,200	89,200	21,272	67,928	76%
Finance and Administration	**1,285,839**	1,354,426	225,738	207,471	18,266	8%
Salaries and Benefits	**3,904,788**	4,409,380	734,897	688,168	46,729	6%
TOTAL EXPENSES BEFORE AMORTIZATION	**8,179,800**	**9,955,455**	**1,604,928**	**1,192,281**	**412,647**	**26%**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**(56,102)**	**288,656**	**7,258**	**94,343**	**87,085**	
Amortization expenses	**238,747**	288,656	48,109	31,626	16,483	34%
TOTAL EXPENSES AFTER AMORTIZATION	**8,418,547**	**10,244,111**	**1,653,038**	**1,223,908**	**429,130**	26%
NET SURPLUS(DEFICIT)	**(294,850)**	**(0)**	**(40,851)**	**62,717**	**103,568**	

Board Operations — 2.11 Reimbursement of Expenses to Board and Committee Members

Expenses

For reimbursement of reasonable, budgeted expenses incurred while on College business, all receipts must be affixed to a completed expense claim form. Expenses will be reimbursed as incurred consistent with the College's expense claim guidelines. Expense claim forms (with attached receipts) must be submitted within 60 days of when the expense is incurred.

Travel

Air: Air travel is to be booked through the College-specified travel agent, as per the criteria established for the College of Pharmacists' account. The appropriate College staff will supply the College-specified travel agent's contact information.

Personal automobile: Mileage will be reimbursed using the Canada Revenue Agency Automobile Allowance Rate.

http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmbl/llwnc/rts-eng.html

The total mileage claim is to be limited to the cost of the lowest fare for economy class air transportation to the same destination (where applicable). Lower Mainland residents may claim for travel between their homes and the meeting site.

Other: Parking, cabs, airport buses or shuttles (Please submit original receipts showing taxes paid – other than for parking meters.)

Accommodation

Hotel accommodations are to be arranged by the appropriate College staff.

The College maintains a master hotel account at certain hotels. The room rate for a standard single occupancy room and applicable taxes for the day(s) spent on College business or meetings will be automatically billed to the master account. Individuals must arrange to pay all other expenses incurred during their stay (such as mini-bar charges, laundry, in room movies and personal telephone calls); these expenses are not reimbursed by the College of Pharmacists of BC.

Board or committee members are eligible to expense hotel accommodation on the night before or between Board or committee meetings. Individuals are expected to exercise prudence when deeming it necessary to stay in hotel accommodation.

Board or committee members who stay in non-commercial lodging (i.e. with friends or family) may spend up to $30.00 per night in lieu of commercial lodging on a gift (e.g. meal or gift

certificate) for the hosts. Receipts are required and must be attached to the expense claim form with a notation explaining the claim.

Meals – General

Actual costs, or a per diem allowance where permitted, may be claimed for meals on College of Pharmacists' business. The business purpose should be indicated on the expense claim.

Refer to the Meal Allowance chart for the maximum amounts eligible for reimbursement.

There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.

The names of individuals, or the group, in attendance must be indicated on the claim.

Original restaurant receipts are required for reimbursement of actual expenses. The amount of the gratuity may be noted on the receipt for reimbursement.

Per Diem Meal Allowance

A fixed allowance covering meals and incidentals (e.g. gratuities for housekeeping services, bellhops, etc.) may be claimed without receipts, in lieu of specific expense reimbursement when travelling to conferences or other similar situations. If travelling for more than one meal period, the maximum daily reimbursement will be calculated based on the total for all applicable meals, rather than by individual meal. If travelling for one meal period, the traveler will only be reimbursed up to the amount for that particular meal.

Maximum amounts include all taxes and gratuities.

In the course of meetings, group breakfasts, lunches, or dinners may be arranged. All participants are encouraged to join in these group functions. There is no reimbursement for meals purchased independently at alternative venues in these situations.

There is no reimbursement if the traveler has the opportunity to eat breakfast or lunch before leaving home or eat dinner at home at the end of the day.

Maximum Meal Allowances:

Breakfast – $19.00

Lunch – $19.00

Dinner – $33.00

Total - $71.00

Honoraria

Honoraria will be paid on an hourly basis at $50.00 per hour, $200.00 for one half-day, or $400.00 for a full 8-hour day for scheduled Board or Committee meetings whether in-person or by teleconference or web-conference. The maximum honoraria of $400.00 will include any travel time on that day.

Board or Committee members will be paid the hourly rate for their meeting preparation time. Note: Acceptable billable hours for a particular meeting will be determined by the Committee consensus at that meeting. Board preparation time is to be a maximum of 4 hours per meeting.

Honoraria will not be paid for the following:

Travel time (except for Board members who travel further than 50 km or one hour from the meeting site.)

Attending conferences, training sessions, etc.

Note: Honoraria payments are subject to statutory deductions (Federal and provincial taxes and Canada Pension Plan contributions).

Other Costs (for Board members only)

A reimbursement of $20 per Board meeting will be given for miscellaneous supplies or incidentals (up to a maximum of $100 per year.) Receipts are required when available.

Submitting Expense Claims

Complete the expense claim form (found on the portal) and attach the receipts.

Forward the claim form and receipts (by mail or email with scanned attachments) to the appropriate staff member for approval within 60 days from when the expenses were incurred.

Reimbursements are made via electric funds transfer.

College of Pharmacists of British Columbia

Methadone Maintenance Treatment: Enforcing Standards

Three Year Action Plan
2015 - 2018

Purpose

The purpose of this document is to outline an action plan that will address serious issues and concerns identified by stakeholders related to the provision of Methadone Maintenance Treatment (MMT) pharmacy services for the people of British Columbia.

Background and Context

MMT is a complex area of pharmacy practice that is multi-faceted, cross professional, and cross-jurisdictional. Although the College has taken a number of significant steps towards improving MMT pharmacy care in BC over the past 8 years, concerns still exist. These concerns have been identified through the findings of the College's complaints resolution department, recent media reports, and the College's MMT patient liaison group which also aligns with the recent Ministry report findings.

Complaints Resolution

Over the past 2 years the College has received over 130 complaints and "tips" regarding the dispensing of methadone maintenance therapy from pharmacies. All complaints are dealt with through the established complaints resolution process as defined in legislation, and "tips" are investigated to determine whether referral to the Inquiry Committee is necessary. Concerns that have emerged as a result of complaint or tip investigations are:

- Provision of inducements (both monetary and non-monetary) to patients to retain or attract methadone patients.
- Non-compliance with legislative requirements such as:
    - Falsely processing prescriptions on PharmaNet when patients did not attend at the pharmacy to receive their medications,
    - Pharmacists' failure to witness ingestion of methadone when prescribed by the physician.
    - Changing prescriptions to daily dispensing that is not in compliance with standards or authority
- Premises where the pharmacy is located is not suitable or maintained appropriately for pharmacy practice. Examples of unsuitable or poorly maintained premises include, but are not limited to:
    - Does not meet professional standards for cleanliness (e.g., mold, evidence of rodents or insects, or other unsanitary conditions),
    - Not well maintained and does not facilitate a safe working environment (e.g., dilapidated facilities, cluttered, disorganized, or dirty work spaces),
    - Not adequately heated, lighted, or ventilated.

MMT Patient Liaison Group

In 2013 the College formed a methadone maintenance patient liaison group that meets biannually with methadone patients and the College of Physicians and Surgeons of BC to provide: a structured forum for dialogue, an opportunity to build collaboration, and to explore strategies for positive change. Through this group the patients identified significant concerns with their ability to maintain their continuity of care which has been compromised by:

- Pharmacists and pharmacy owners limiting patient choice:
    - Coercion to use a specific pharmacy in exchange for housing or incentives,
    - Discrimination against ethnic groups;
- Quality of pharmacy care:
    - Withholding dose to penalize patient for breaching loyalty to pharmacy,
    - Unsanitary conditions of pharmacy.

Ministry of Health Report 2015

In January 2015, the Medical Beneficiary and Pharmaceutical Services Division of the Ministry of Health reviewed and published a report regarding PharmaCare's Methadone Maintenance Payment Program (MMPP) and, more broadly, MMT in British Columbia. The report examines the current state of service delivery and highlights several challenges with the current MMPP model.

The report highlights several areas of concern for the College:

- Concentration of pharmacies in Surrey, Vancouver-Downtown East side, and Vancouver-Midtown that service large numbers of methadone patients which appears to result in poor patient care and issues with the accuracy of submitted claims to PharmaCare.
- Pharmacies that concentrate in high volume methadone dispensing have premises that appear inappropriate for the delivery of a health care service.
- Improper billing of methadone claims and the offering of inducements for methadone prescriptions.
- Problematic pharmacy practices which included failure to witness ingestion on delivered methadone, pressuring clients to request daily witnessed ingestion even when not prescribed by the physician, and coercive practice to make clients use a particular pharmacy.
- Lack of appropriate pharmaceutical care being provided to complex patients in that methadone focused dispensing pharmacies are not performing medication management reviews which would reduce the risk of drug therapy problems.

College Actions to Date

The College has lead the development of significant work to enhance MMT pharmacy care in BC. This work has focused on establishing minimum practice standards for MMT dispensing, initiating and completing undercover investigations of pharmacies to identify unethical and inappropriate practice, as well as establishing a patient liaison group and building broader stakeholder relationships. The following table summarizes the work the CPBC has accomplished to date.

Year	Key Accomplishments
2006/2007	• Guidelines specific to methadone dispensing were published for the first time and were subsequently updated.
2008	• CPBC 2008-2013 Strategic Plan included the following goal and objective: ○ Strategic Goal 1: The enhanced and expanded care and services that registrants deliver are safe and effective and aligned with the healthcare needs of the public. ○ Goal 1 Objectives: Continue to address issues around methadone maintenance treatment.
2009	• A new bylaw was implemented in response to complaints regarding restriction of patient choice. The purpose of the bylaw was to ensure that registrants did not limit their patients' right to choose their own healthcare delivery with respect to pharmacy service.
2010	• The Ministry of Health and the CPBC jointly determined that undercover operations should be performed at those pharmacies that had been the subject of the most serious and frequent complaints with respect to MMT practice infractions. • A total of 9 pharmacies and 31 registrants were subject to undercover investigations between 2010 and 2012.
2010-2011	• November 2010, the Board approved Professional Practice Policy 66 – *Methadone Maintenance Treatment* (PPP-66). The purpose of PPP-66 was to ensure that: ○ Patients had access to standardized MMT pharmacy services, ○ Patients experienced reduced risk potential while receiving MMT services, ○ Pharmacists had up-to-date knowledge and information to meet their patients' needs, and ○ Pharmacies had adequate resources and capacity. • PPP-66 came into effect on September 30, 2011. By January 1, 2012, participating pharmacies and pharmacists were required to implement all necessary practice requirements. • In conjunction with the policy, the CPBC developed a policy guide that further articulated the standards and guidelines for MMT dispensing. • The Board required mandatory training for all pharmacists involved in methadone dispensing for PPP-66 and the accompanying guide. • The College provided training to pharmacists via 26 live sessions around the province in March 2011. Approximately 1,200 pharmacists took part in these sessions. • For those who could not attend a live session or for new registrants, an on-line module was created and made available on the College website.
2012-2013	• In 2012 the College provided inter-professional clinical education sessions for pharmacists regarding addiction medicine. 15 live sessions were held throughout the province with attendance by 575 registrants. • In fall 2012, the pharmaceutical manufacturer Mallinckrodt announced the imminent Health Canada approval of a commercially available 10mg/ml methadone oral solution. As a result, a joint working group was established with representatives from CPBC, the CPSBC and the Ministry of Health, Pharmaceutical Services Division.

	• The Working Group met a number of times from November 2012 to June 2013 to identify issues, requirements and timelines for consideration to implement coverage of methadone 10mg/ml oral solution • September 20, 2013 the Board approved the updated PPP-66 policy - effective February 1, 2014. • Mandatory training was again required by the Board regarding this change - 23 "live" training sessions were conducted in summer/fall 2013 for pharmacists and pharmacy technicians. The on-line module was also updated for those that could not attend the live sessions. • Overall, 3863 pharmacists and 389 pharmacy technicians were trained.

2013/2014	• The inquiry committee reviewed the undercover results of the 9 pharmacies and 31 registrants and arrived at the following dispositions *(note: 14/31 registrants have multiples of the dispositions noted below)*
	  ○ 15 registrants: letters of undertaking (to not repeat the conduct and complete remedial actions),
	  ○ 1 registrant: changes licensure status to former (signs consent agreement to never apply for reinstatement or registration in another jurisdiction),
	  ○ 3 registrants: retake jurisprudence exam,
	  ○ 7 registrants: letters of reprimand,
	  ○ 3 registrants: pay a fine of $15,000 each,
	  ○ 1 registrant: pays a fine of $5,000,
	  ○ 1 registrant: pays a fine of $2,500,
	  ○ 3 registrants: suspended for 90 days,
	  ○ 1 registrant: cannot be a manager, owner, or director for a period of 2 years,
	  ○ 1 registrant (owner/director/manager): referred to discipline committee,
	  ○ 1 non-pharmacist owner – college to file a court injunction for "unauthorized practice" (practicing without a license).
	Note: *The results of the undercover investigations enabled the Ministry of Health to successfully take action against pharmacies in contravention of their PharmaCare agreements. The Ministry achieved the following:*
	  ○ *6 pharmacies had their enrollment in PharmaCare terminated,*
	  ○ *One pharmacy was closed,*
	  ○ *One case is outstanding.*

Moving Forward: Three Year Action Plan

The action plan sets a three year time frame focused on enforcing standards and includes goals that focus on pharmacies not meeting legislative requirements, practice and ethical standards and pharmacists that have been identified as engaging in unethical or fraudulent activity; and longer term goals that focus on enhancing the legislative structure for greater enforcement capability, continuing effective investigations and discipline and enhancing stakeholder relationships. These goals have been chosen for their ability to foster ongoing sustainable positive change, alignment with the College Values and alignment with Ministry objectives to enhance safety and effectiveness in MMT. Over the next three years (2015-2018) the College will undertake the following actions:

Undercover Investigations

To identify problematic practices which cannot be observed during regular inspections the College, in collaboration with the Ministry of Health, will develop, plan and implement a minimum of 6 new undercover investigations. The undercover investigations will occur over the 3 year period of the action plan and will focus on the identification of non-compliance with legislative requirements, practice standards, and ethical standards. Based on the findings of the investigations, the College will take appropriate action, including, if justified, referral to the Inquiry Committee.

Focused Inspections

To reinforce the College's commitment to ensure registrants are adhering to the standards of practice in MMT dispensing, the College will conduct priority inspections of MMT dispensing pharmacies. A minimum of 40 priority inspections will be completed over the 3 years and will focus on the following areas:

- Premises which are not appropriate for the practice of pharmacy,
- MMT focused dispensing pharmacies that have been denied enrollment in or have had their enrollment terminated by PharmaCare, and
- The top 20 MMT dispensing pharmacies (by PharmaCare expenditure).

If the priority inspections return unacceptable findings, the College will take appropriate action to mitigate these concerns, including referral to the Inquiry Committee as necessary.

Stakeholder Relations

MMT practice is complex and delivered through the collaborative efforts of a number of organizations; therefore good working relationships with stakeholders is a key element in this action plan. The College will continue to build and enhance relationships with patients, municipalities, the Ministry of Health, Health Authorities, other regulatory bodies, and health care providers. The College will participate in regular meetings and collaborate with key stakeholders in order to address a number of concerns including:

- Keeping stakeholders informed and involved,
- Supporting transparency and accountability,
- Co-ordinating organizational resources, and
- Pre-empting unintended consequences.

Legislation Review

The College will review and provide recommendations to the Board to:

- Strengthen pharmacy licensure requirements for MMT dispensing, and
- Strengthen pharmacist and pharmacy technician registration requirements for dispensing of MMT.

The legislation review will identify the limitations of the current regulatory tools to manage licensure issues in a preventative manner and deliver a gap analysis that will result in drafting of enhanced licensure bylaws and policy to support enhanced enforcement. The review will also explore the feasibility and value of pharmacist certification for MMT dispensing to ensure registrants have the necessary knowledge, skills and abilities for this complex area of care. If the feasibility review is positive then pharmacist certification requirements will be drafted and presented to the Board for approval.

Report to the Board

The Registrar will report to the Board on progress on the action plan at regularly scheduled board meetings.

Conclusion

In response to complaints received at the College, investigations conducted, recent media reports, and a 2015 Ministry of Health report focused on PharmaCare's MMPP and MMT in BC, a 3 year action plan has been developed by the College to address issues and concerns and bring about positive, sustainable change for MMT pharmacy practice in BC.

125TH ANNIVERSARY WORKING GROUP
TERMS OF REFERENCE

Background

2016 is the 125th anniversary of pharmacy regulation in the province of British Columbia. The 125th anniversary is an opportunity for the College to celebrate this milestone, while providing a legacy to both registrants and the public that we serve.

Authority

Board motion.

Mandate

The Working Group will:

- Develop a plan for celebrations for Board approval for November, 2015 including:
  - a schedule of events.
  - a communication plan
  - a proposed budget
- Coordinate 125th anniversary celebration activities; and
- Research and make recommendations to the Board on partnership or sponsorship by other agencies or partners.

Reporting relationship

The Working Group reports through the Chair to the Board.

Membership

- 1 member of the Board to serve as Chair of the Working Group.
- 4 additional members as appointed by the Board

Term of appointment

Until December 31, 2016 or the end of 125th anniversary activities, whichever comes first.

Voting rights

Each member is entitled to one vote on all matters.

Meeting procedures

Schedule: To be determined by the Working Group

Format: In person or by teleconference.

Agenda: To be developed by staff in consultation with the Chair.

Attendees: Only Working Group members and invited guests are permitted to attend meetings.

Quorum: A majority of the Working Group.

Minutes: Drafted by staff for review and approval by the Chair or Vice Chair; 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.

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 Working Group activities. A conflict of interest may be real, potential or perceived in nature. Individuals must declare potential conflicts to the Chair of the Working Group and must either absent themselves from the discussion and voting, or put the decision to the Working Group on whether they should absent themselves.

Remuneration

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