



College of Pharmacists
of British Columbia

**Minutes of the Regular Meeting of the Board
Held at the College of Pharmacists of BC
200-1765 West 8th Avenue, Vancouver BC on September 17th, and
Held at the Pharmaceutical Sciences Building, UBC
2405 Wesbrook Mall, Vancouver BC on September 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
John Shaske, District 3 Board Member
Bob Crague, 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
Jeremy Walden, Public Board Member
George Walton, Public Board Member

Invited Guests (present Friday, September 18th, 2015):

Michael Coughtrie – Dean of Pharmaceutical Sciences, UBC
Mitch Prasad – President of Pharmacy Undergraduate Society, UBC

Staff:

Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar
Mary O’Callaghan – Chief Operating Officer
Ashifa Keshavji, Director – Practice Reviews and Quality Assurance
Doreen Leong, Director –Registration, Licensure and PharmaNet
Mykle Ludvigsen, Director – Communications and Engagement
Christine Paramonczyk, Director – Policy and Legislation
Kitty Chiu, Executive Operations Manager
Lori Tanaka, Board and Legislation Coordinator
Jon Chen, Communications Project Officer

Thursday, September 17th, 2015

1. WELCOME & CALL TO ORDER

Chair Dossa called the meeting to order at 1:01pm on September 17th, 2015.

2. CONFIRMATION OF AGENDA (Appendix 1)

It was moved and seconded that the Board:

Approve the September 17 – 18, 2015 Draft Board Meeting Agenda with the following amendments:

- *Remove item 7. Board Composition and replace it with item 7. PPP-74, and*
- *Remove item 10(b) Board Policy 2.11 – Reimbursement of Expenses to Board and Committee Members.*

CARRIED

3. BOARD MEETING MINUTES

a) June 18 – 19, 2015 Board Meeting Minutes (Appendix 2)

It was moved and seconded that the Board:

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

CARRIED

b) August 11, 2015 Board Meeting Minutes (Appendix 3)

It was moved and seconded that the Board:

Approve the Draft August 11, 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 June 2015 Board meeting (**Appendix 4**).

5. CHAIR'S REPORT

Chair Dossa provided a report of her activities since the last Board meeting (**Appendix 5**).

6. REGISTRAR'S REPORT

a) Activity Report

Registrar Nakagawa provided a report of his activities since the last Board meeting (**Appendix 6**).

b) Action Items & Business Arising

Information was distributed in the briefing package (**Appendix 7**).

c) Strategic Plan Items for this Board Meeting

Registrar Nakagawa presented an update on the status of the strategic plan objectives (**Appendix 8**).

7. PPP-74

It was moved and seconded that the Board:

Direct the Registrar to draft bylaws regarding pharmacy security measures.

CARRIED

8. TECHNOLOGY ADVISORY COMMITTEE MEMBERSHIP AND VICE-CHAIR APPOINTMENTS

It was moved and seconded that the Board:

Appoint Allen Wu as a member and the Vice-Chair of the Technology Advisory Committee.

CARRIED

9. TELEPHARMACIES

Vice-Chair Reynolds presented current information on issues with respect to compliance with telepharmacy legislation (**Appendix 9**).

10. AUDIT AND FINANCE COMMITTEE

a) July 2015 Financial Reports

Board member and Chair of the Audit and Finance Committee John Shaske presented information as distributed in the briefing package (**Appendix 10**).

11. GOVERNANCE COMMITTEE TERMS OF REFERENCE

Chair Dossa presented information as distributed in the briefing package (**Appendix 11**).

It was moved and seconded that the Board:

Approve the formation of a Governance Committee with the terms of reference as presented.

CARRIED

12. DISCIPLINE COMMITTEE MEMBERSHIP APPOINTMENT

It was moved and seconded that the Board:

Appoint Leza Muir and Nerys Hughes as members of the Discipline Committee for a term ending April 30, 2016.

CARRIED

13. LEGISLATION REVIEW COMMITTEE – BYLAW CHANGES FOR DRUG ADMINISTRATION BY INTRANASAL ROUTE

Board member and Chair of the Legislation Review Committee Bal Dhillon presented information as distributed in the briefing package (**Appendix 12**).

It was moved and seconded that the Board:

Approve the following amendments to the draft Schedule F Part 4 that was circulated in the Board briefing package:

- *Amend Standard 5 by removing 'Patient Response (during and following administration of the drug(s))' and replacing it with 'Any adverse reaction experienced due to the drug administered.'*
- *Remove Standard 9 – Notify and provide relevant immunization record information to the public health unit.*

CARRIED

It was moved and seconded that the Board:

Approve the following resolution:

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

CARRIED

It was moved and seconded that the Board:

Requests a shortened 14 day filing period from the Minister of Health.

CARRIED

14. INTEGRATION OF PHARMACY TECHNICIANS INTO COMMUNITY PRACTICE

Board member Bal Dhillon presented information as distributed in the briefing package **(Appendix 13)**.

15. COLLEGE NAME

Board member Bal Dhillon presented information as distributed in the briefing package **(Appendix 14)**.

It was moved and seconded that the Board:

Direct the Registrar to engage with stakeholders on changing the College name. The Registrar is to report back on the outcome of this stakeholder engagement process by September 2016, at which time, the Board may consider a name change.

CARRIED

16. 125TH ANNIVERSARY WORKING GROUP UPDATE

Board member and Chair of the 125th Anniversary Working Group Ming Chang provided information as distributed in the briefing package.

17. CHANGE DAY PARTNERSHIP

Board member Kris Gustavson provided information as distributed in the briefing package **(Appendix 15)**.

It was moved and seconded that the Board:

Approve the College to be an active partner in Change Day BC by:

- *Sitting on the Steering Committee to oversee and help develop activities to promote Change Day BC;*
- *Including the College logo on Change Day BC promotional materials; and*
- *Encouraging College staff and registrants to participate in Change Day BC by making their own pledges.*

CARRIED

18. IN-CAMERA: PERSONNEL MATTERS

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

'personnel matters or property acquisitions will be discussed'



College of Pharmacists
of British Columbia

**Board Meeting Minutes
September 17 – 18, 2015**

ADJOURN FOR THE DAY

The meeting adjourned for the day at 4:39pm.

Friday, September 18th, 2015

CALL TO ORDER

Chair Dossa called the meeting to order at 9:18am on September 18th, 2015 and welcomed Michael Coughtrie, Dean of Pharmaceutical Sciences at UBC and Mitch Prasad, President of the UBC Pharmacy Undergraduate Society to the table.

19. ADVANCING PHARMACY PRACTICE FROM HOSPITAL TO AMBULATORY CARE

Gregory Egan, the Clinical Pharmacy Specialist in Geriatric Medicine at Vancouver General Hospital gave a presentation entitled Advancing Pharmacy Practice: From Hospital to Ambulatory Care (**Appendix 16**).

20. ADVANCED PRACTICE PHARMACIST UPDATE

Board member and Co-Chair of the Advanced Practice Pharmacist Task Group John Shaske along with Steve Shalansky, also Co-Chair of the Task Group, provided updated information of the recent work on the Advanced Practice Pharmacist certification initiative (**Appendix 17**).

It was moved and seconded that the Board:

Approve changing the Advanced Practice Pharmacist certification title to Certified Pharmacist Prescriber.

CARRIED

21. PRACTICE REVIEW PROGRAM

Board member and Chair of the Practice Review Committee Bob Crague, Compliance Officer Virginia Kwong and Practice Review Program Project Manager gave a joint presentation (**Appendix 18**) on the following:

- Phase 1 Community Practice Updates
- Phase 2 Hospital Practice Development Progress

22. INQUIRY PROCESS AND CASE STUDIES

Independent legal counsel to the College Cathy Herb-Kelly gave a presentation entitled Inquiry Process and Case Studies (**Appendix 19**).

23. MINISTRY OF HEALTH METHADONE UPDATE

Barbara Walman, Assistant Deputy Minister of the Medical Beneficiaries and Pharmaceutical Services Division of the Ministry of Health provided an update on the Ministry's Methadone Maintenance Payment Program.

24. METHADONE MAINTENANCE TREATMENT ACTION PLAN UPDATE

Deputy Registrar Suzanne Solven gave a presentation entitled Methadone Maintenance Treatment Action Plan Update (**Appendix 20**).

25. ROBBERY PREVENTION CAMPAIGN REVIEW

Marlie Oden, Principal at Bridge Communications together with Norene Kimberley an associate of Bridge Communications gave a presentation entitled Robbery Prevention Campaign Review (**Appendix 21**).



College of Pharmacists
of British Columbia

**Board Meeting Minutes
September 17 – 18, 2015**

26. NAPRA BOARD REPRESENTATIVE NOMINATION

It was moved and seconded that the Board:

Recommend Blake Reynolds as the British Columbia nominee to the NAPRA Board of Directors.

CARRIED

27. HPRBC PUBLIC AWARENESS CAMPAIGN PREVIEWS

Marlie Oden, Principal at Bridge Communications gave a presentation entitled HPRBC Public Awareness Campaign Previews (**Appendix 22**).

ADJOURNMENT

Chair Dossa adjourned the meeting at 4:06pm.



College of Pharmacists
of British Columbia

BOARD MEETING September 17 – 18, 2015

Thursday, September 17 – Day 1 @ CPBC Office

1:00	1.	Welcome & Call to Order	Chair Dossa
1:00 – 1:05	2.	Confirmation of Agenda [DECISION]	Chair Dossa
1:05 – 1:10	3.	Board Meeting Minutes a) June 18 – 19, 2015 Board Meeting Minutes [DECISION] b) August 11, 2015 Board Meeting Minutes [DECISION]	Chair Dossa
1:10 – 1:15	4.	Board Meeting Evaluation Feedback	Chair Dossa
1:15 – 1:25	5.	Chair's Report	Chair Dossa
1:25 – 1:35	6.	Registrar's Update a) Activity Report b) Action Items & Business Arising c) Strategic Plan Items for this Board Meeting	Registrar Nakagawa
1:35 – 1:40	7.	Board Composition [DECISION]	Chair Dossa
1:40 – 1:45	8.	Technology Advisory Committee Membership and Vice Chair Appointments [DECISION]	Vice Chair Reynolds
1:45 – 2:05	9.	Telepharmacies	Vice Chair Reynolds
2:05 – 2:20	10.	Audit and Finance Committee a) July 2015 Financial Reports b) Board Policy 2.11 – Reimbursement of Expenses to Board and Committee Members [DECISION]	John Shaske
2:20 – 2:35	BREAK		
2:35 – 2:45	11.	Governance Committee Terms of Reference [DECISION]	Chair Dossa
2:45 – 2:50	12.	Discipline Committee Membership Appointments [DECISION]	Jeremy Walden
2:50 – 2:55	13.	Legislation Review Committee – Bylaw Changes for Drug Administration by Intranasal Route [DECISIONS]	Bal Dhillon
2:55 – 3:10	14.	Integration of Pharmacy Technicians into Community Practice	Bal Dhillon
3:10 – 3:35	15.	College Name [DECISION]	Bal Dhillon



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BOARD MEETING September 17 – 18, 2015

3:35 – 3:50	16.	125 th Anniversary Working Group Update	Ming Chang
3:50 – 4:00	17.	Change Day Partnership [DECISION]	Kris Gustavson
4:00 – 4:30	18.	In-Camera	
4:30	ADJOURN FOR THE DAY		

Friday, September 18 – Day 2 @ UBC Faculty of Pharmaceutical Sciences

9:00		Welcome & Call to Order	Chair Dossa
9:00 – 9:30	19.	Advancing Pharmacy Practice from Hospital to Ambulatory Care	Gregory Egan
9:30 – 10:30	20.	Advanced Practice Pharmacist Update [DECISION]	John Shaske / Steve Shalansky
10:30 – 10:45	BREAK		
10:45 – 11:45	21.	Practice Review Program <ul style="list-style-type: none"> • Phase 1 Community Practice Updates • Phase 2 Hospital Practice Development Progress 	Bob Craigue / Virginia Kwong / Paul Tier
11:45 – 1:15	<i>CPBC Reception for Faculty & Staff</i>		
1:15 – 2:00	<i>Building Tour by Dean Michael Coughtrie for CPBC Board Members</i>		
2:00 – 2:30	22.	Inquiry Process and Case Studies	Cathy Herb-Kelly
2:30 – 3:00	23.	Ministry of Health Methadone Update	Barbara Walman
3:00 – 3:15	BREAK		
3:15 – 3:45	24.	Methadone Maintenance Treatment Action Plan Update	Suzanne Solven
3:45 – 4:05	25.	Robbery Prevention Campaign Review	Chair Dossa
4:05 – 4:20	26.	NAPRA Board Representative Nomination [DECISION]	Chair Dossa
4:20 – 4:45	27.	HPRBC Public Awareness Campaign Previews	Marlie Oden
CLOSING COMMENTS, ROUND TABLE EVALUATION OF MEETING AND ADJOURNMENT			Chair Dossa



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 Craigie, 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

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 Craigie 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.

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 Crague, 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 Teleconference
August 11, 2015
4 pm**

MINUTES

Members Present:

Anar Dossa, Chair & District 6 Board Member
Ming Chang, District 2 Board Member
Bob Craigie, District 5 Board Member
Aleisha (Thornhill) Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member

Regrets:

Blake Reynolds, District 4 Board Member
Norman Embree, Public Board Member
George Walton, Public Board Member

Staff:

Bob Nakagawa, Registrar
Suzanne Solven, Deputy Registrar and Director – Legislation, Discipline and Investigations
Kitty Chiu, Executive / Human Resources Coordinator
Lori Tanaka, Executive Assistant to the Deputy Registrar
Caitlin Roberts, Legislation / Policy Analyst

1. WELCOME & CALL TO ORDER

Chair Dossa called the meeting to order at 4:02pm.

Registrar Nakagawa conducted a roll call to confirm attendance on the call and confirm quorum.

2. CONFIRMATION OF AGENDA

It was moved and seconded that the Board:

Approve the August 11, 2015 Draft Board Teleconference Meeting Agenda as circulated.

CARRIED

3. DRUG ADMINISTRATION BY INTRANASAL ROUTE (Appendix 1)

It was moved and seconded that the Board:

Approves the proposed draft HPA Bylaws, HPA Schedule C Recognized Education Programs, and HPA Schedule F – Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Routes – Standards, Limits and Conditions for Immunization for public posting, as presented.

CARRIED

It was moved and seconded that the Board:

Requests a shortened 28 day public posting period from the Ministry of Health.

CARRIED

ADJOURNMENT

Chair Dossa adjourned the meeting at 4:14pm.



College of Pharmacists
of British Columbia

BOARD MEETING September 17 – 18, 2015

4. Board Meeting Evaluation Feedback

INFORMATION ONLY

Eight (8) Board members completed the online Board Meeting Evaluation Survey at the conclusion of the June 18 – 19, 2015 Board Meeting. Question results are recorded in the below table:

QUESTIONS:	BOARD MEMBERS:								AVG
	1	2	3	4	5	6	7	8	
1. There was sufficient time to responsibly deal with all items on the agenda.	5	5	3	5	4	4	4	5	4.38
2. Discussions stayed on track during the meeting.	5	5	4	5	5	5	4	5	4.75
3. All Board members were given the opportunity to contribute to the discussions.	5	5	4	5	5	5	4	5	4.75
4. The agenda items for this meeting were mostly governance policy matters.	5	4	3	5	5	4	4	5	4.38
5. Diversity of opinion was welcomed and respected.	5	5	4	5	5	5	4	5	4.75
6. Discussions were kept pertinent to the issues.	5	5	4	5	5	5	4	5	4.75
7. The decisions made in this meeting were based on information and facts rather than on personal prejudices or special interest groups.	5	5	4	5	4	5	4	5	4.63
8. The process we used for making decisions was effective.	5	5	4	5	4	4	4	5	4.50
9. We were all given the same amount of time to speak to the items on the agenda.	5	5	4	5	4	5	4	5	4.63
10. Board members, rather than the Registrar, provided most of the input for the items on the agenda.	5	5	5	5	4	4	4	4	4.50

RESPONSE SCALE:

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

1. What worked well?

- Comfort level amongst colleagues to speak openly without being judged
- Well chaired – keeping track of order of speakers and keeping control of the meeting. Good interaction and discussion.
- Good amount of discussion. No one was afraid to express a diversity of opinions.
- Great details in Board Package to provide background information on issues.
- Open discussion.
- Organization is great.

2. What did not work well?

- There could have been more time allocated to discussion of certain agenda items. I hate to see good discussion cut short.
- Organization of the package could be improved, especially when updates are made.
- Short time for prep time.
- So much info.

3. What I would like to see change:

- Allocate more agenda time to items that potentially provoke more discussion.
- More Board members bring treats.
- All good.



College of Pharmacists
of British Columbia

BOARD MEETING September 17 – 18, 2015

5. Chair's Report

INFORMATION ONLY

Since the June 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
- Participated in Board retreat
- Attended Canadian Society of Hospital Pharmacists Council meeting
- Clinical skills development course
- Advanced practice pharmacist discussion and update
- Practice review update
- Meeting with McKesson regarding Relay Health
- Meeting with Health Minister Lake
- Methadone Pharmacies Action Plan
- Government Appointees-request for early appointments
- Prohibition of tobacco sales in pharmacies
- Court of Appeal-status update
- Pharmacists in Community-Based Primary Health Care Teams-support
- Advanced Practice Pharmacist-preliminary discussion
- Met with consultant regarding Registrar evaluation
- Attended Practice Review Committee meeting
- Attended Advanced Practice Pharmacist meeting
- Attended Audit and Finance committee meeting



College of Pharmacists
of British Columbia

BOARD MEETING September 17 – 18, 2015

6. Registrar's Update a) Activity Report

INFORMATION ONLY

Since the last Board meeting, I have been active with the following:

- Finalized letter to the Minister for the annual report
- numerous inquiry committee meetings – including emergent situations requiring the urgent closing of pharmacies in the public interest
- CPRC meetings in Ottawa – accepted chair role for the next 2 years
- Met with Health Canada for our annual meeting
- Staff team building session
- Staff HR issues – Supreme Court challenge
- Meeting with Kendall Ho re: eHealth
- Relaunch and 3 meetings with APP task group – reset the system – weekly meetings and progress
- PODSA meeting with Ministry of Health
- Eprescribing authentication working group meeting (CPhA)
- Meeting with ADM Walman – regular updates
- Meeting with Minister Lake, Chair Dossa, and Board Member Embree
- Leadership Team retreat – planning for the next year – discuss reorganization needs
- Attended meeting of the Health Profession Regulators of BC
- Prepared and participated in the Registrar's evaluation
- Ongoing meetings of the PRP working group
- Covered for Cam Egli's medical leave – APP, PRP and hospital pharmacy
- Participated in 3 APP task group meetings
- Participated in an IM/IT teleconference re: policy considerations with the Ministry of Health
- Attended the Court of Appeal hearing re: Farbeh
- Consulted with the College of Dental Hygiene re: prescribing authority
- Attended a meeting as Chair of CPRC, with CCAPP to discuss the accreditation of foreign pharmacy schools
- Provided staff support to the Technology Advisory Committee meeting
- Board teleconference re: intranasal drug administration by pharmacists
- Attended the CSHP summer education session in Ottawa
- Participated in a joint leadership meeting with the BCPhA leadership
- Regular meetings with the Chair and Vice Chair
- Prepared a Registrar's message for Readlinks – 'Likes' and retweets from pharmacists and nurses
- 2 directors announced their departure from the College resignations (Cam Egli and Mykle Ludvigsen) - developed a reorganization of staff
- Staff evaluations percolated through the organization as well as a compensation review of all staff
- Planning for the September Board meeting to be held at UBC



College of Pharmacists
of British Columbia

BOARD MEETING September 17 – 18, 2015

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

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
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	COMPLETED
Motion: Direct the Registrar to further explore potential College Board composition adjustments, and provide a recommendation.	Apr 2015	COMPLETED
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: <ul style="list-style-type: none"> • 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	COMPLETED
Motion: Direct the Registrar to further explore the issue of non-regulated pharmacy staff.	Apr 2015	IN PROGRESS Nov 2015 Board Mtg
Motion: Direct the Registrar to reappoint Grant Thornton LLP for the 2015/16 and 2016/17 year end audits.	Jun 2015	COMPLETED
Motion: Direct the Registrar to negotiate a five-year contract not to exceed \$800,000 for IT Managed Services with Xyfon Solutions Inc.	Jun 2015	COMPLETED
Motion: Direct the Registrar to take the following actions as outlined in the MMT Action Plan: <ul style="list-style-type: none"> • 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. 	Jun 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 2 nd 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	Item 25
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 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	Sep '16
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 Item 5
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	
Update: Presentation of materials and planning supporting launch of APP certification	Sep'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	Feb '16
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	Item 21
Update: Confirmation of Hospital Pharmacy Pilot Program launch	Nov '15	Feb '16
Update: Report on results from Hospital Pharmacy Pilot Practice Reviews	Feb '16	Jun '16
Update: Report on Practice Review Program results, metrics, learnings	Feb '16	
Update: Report on Practice Review Program results, metrics, learnings	Sep '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	



9. Telepharmacies

Blake Reynolds

Board Vice Chair



College of Pharmacists
of British Columbia

Background

Telepharmacies in BC

- Telepharmacy is the provision of pharmacy services to ensure that British Columbians in rural and remote communities have access to the pharmacy care they need, when they need it and, as much as possible, without having to leave their communities.
 - Legislation enabled this and requires the use of pharmacy technicians at telepharmacy remote sites
- According to the *Pharmacy Operations and Drug Scheduling Act (PODSA)* – Bylaws: “telepharmacy” means the process by which a central pharmacy site operates one or more telepharmacy remote sites, all of which are connected to the central pharmacy site via computer, video and audio link.
- Currently, there are:
 - Five central pharmacy sites and 11 telepharmacy remote sites.
 - Two additional applications for telepharmacy remote sites have been received but have not yet opened.



Background

- According to *PODSA*-Bylaws:
 16. (3) A telepharmacy remote site must be under the direct supervision of a full pharmacist at the central pharmacy site.

 16. (4) A telepharmacy remote site must be under the responsibility of the manager of the central pharmacy site.

 16. (8) A telepharmacy remote site must not remain open and prescriptions must not be dispensed if
 - (a) an interruption in data, video or audio link occurs,
 - (b) a pharmacy technician is not on duty at the telepharmacy remote site, or
 - (c) a full pharmacist is not on duty at the central pharmacy site.



Background

Rationale:

- Currently unregulated employees - pharmacists assistants – are staffing telepharmacy remote sites. This is contrary to *PODSA*-Bylaws requirements.
- Unregulated pharmacy personnel can have access to Schedule 1, 2 and 3 medications, controlled drug substances, and to confidential patient personal health information.
- The College does not maintain a register of who pharmacy assistants are, their qualifications or employment patterns.
- The College does not have the legislative authority to require that Criminal Records Checks be conducted on pharmacy assistants or to hold them accountable for their actions (e.g., Inquiry or Discipline processes, etc.).
- Misalignment with the College's higher level security requirements.



Background

- The *PODSA*-Bylaw requirement for pharmacy technician staffing in telepharmacy remote sites was made in 2010. To date, it has not been enforced.
- On June 8, 2015, College staff reminded telepharmacy managers of this *PODSA*-Bylaw requirement. Staff noted that all telepharmacy remote sites are to have a registered pharmacy technician by **January 1, 2016**.
- The January 2016 date coincides with the Pharmacy Technician Bridging Pathway expiration on December 31, 2015.
- The College has received correspondence from telepharmacy operators on this issue. They request that pharmacy assistants be allowed to staff telepharmacy remote sites.

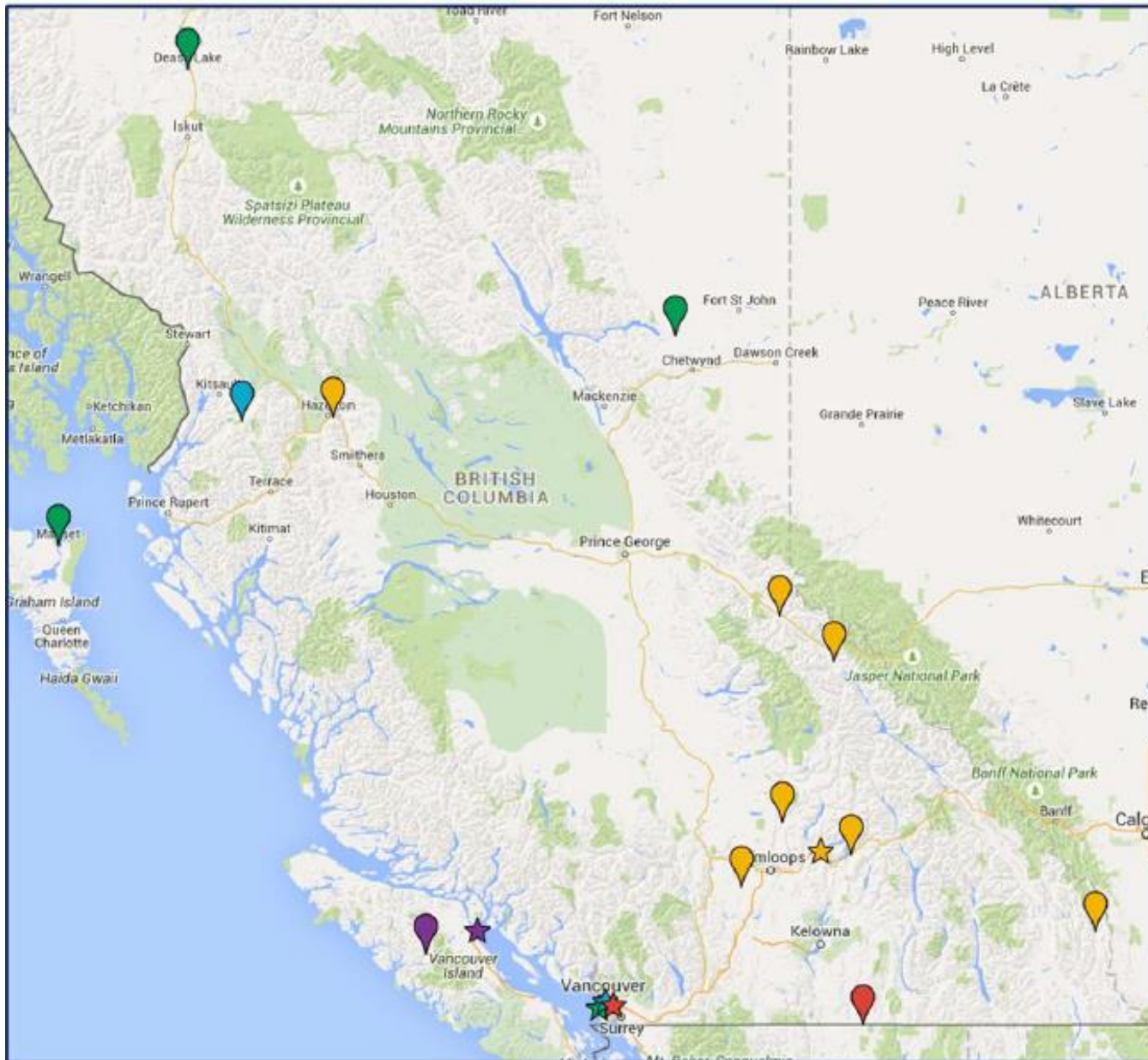


Next Steps

- The College expects that all telepharmacy remote sites will adhere to the *PODSA*-Bylaw requirement for pharmacy technician staffing in telepharmacy remote sites.
- To ensure adherence with this requirement, the Practice Review Program will examine this issue when conducting telepharmacy reviews.



Map of Telepharmacies in BC



	Central Pharmacy Site
	Telepharmacy Remote Site

10. Audit and Finance Committee

John Shaske

Audit and Finance Committee Chair



College of Pharmacists
of British Columbia

10. Audit and Finance Committee

a) July 2015 Financial Reports



Statement of Financial Position – July 2015

Assets	\$
Current	
Cash	1,064,810
Short term investments	9,538,055
Receivables	152,639
Prepays and deposits	369,487
Investment in Joint Venture	1,646,420
Total Current Assets	<u>12,771,411</u>
Development costs	113,634
Property and equipment	755,316
Total Assets	<u><u>13,640,361</u></u>



Statement of Financial Position – July 2015

Liabilities and Net Assets	\$
Liabilities	
Current	
Payables and accruals	906,756
Current portion of capital lease obligations	10,609
Deferred revenue	3,266,046
Unearned revenue	366,685
	<hr/>
Total Current Liabilities	4,550,096
Capital lease obligations	80,850
Total Liabilities	<hr/> 4,630,946
Net Assets	<hr/> 9,009,415
Total Liabilities and Net Assets	<hr/> <hr/> 13,640,361



	YTD BUD	YTD ACTUAL	YTD LE
	5 months	5 months	5 months
REVENUE			
Licensure			
Pharmacy Fees	742,125	742,416	728,277
Pharmacist Fees	1,424,403	1,340,603	1,390,319
Pharmacy Technician Fees	286,114	177,952	232,207
	2,452,642	2,260,970	2,350,803
Non Licensure			
Other revenue	624,853	675,230	685,390
Grant revenue	55,000	56,000	56,056
Investment Income - GIC	100,115	94,555	97,953
Investment Income - JV	104,167	100,000	102,222
	884,134	925,786	941,622
Total Revenue before transfer from Balance Sheet	3,336,776	3,186,756	3,292,424
Transfer from Balance Sheet	795,830	252,750	424,443
TOTAL REVENUE	4,132,607	3,439,506	3,716,867



	YTD BUD	YTD ACTUAL	YTD LE
	5 months	5 months	5 months
EXPENSES			
Board & Registrar's Office	290,615	202,206	243,109
Grant Distribution	169,875	101,500	111,556
Registration and Licensing	110,097	122,228	119,876
Quality Assurance	297,154	202,217	253,149
Inspections	82,167	64,251	72,479
Discipline and Investigations	258,272	109,803	181,358
Legislation	36,506	13,850	24,313
Hospital Pharmacy and Practice	175,717	197,998	186,312
Public Accountability and			
Engagement	223,000	65,597	158,849
Finance and Administration	564,344	573,880	550,622
Salaries and Benefits	1,837,242	1,722,037	1,764,712
TOTAL EXPENSES BEFORE AMORTIZATION	4,044,987	3,375,567	3,666,334
Amortization expenses	120,273	84,195	101,654
TOTAL EXPENSES AFTER AMORTIZATION	4,165,261	3,459,762	3,767,988



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Of

GOVERNANCE COMMITTEE

Background

The Board has established the Governance Committee.

Authority

Health Professions Act (HPA); HPA Bylaws.

Mandate

To provide recommendations to the Board on matters relating to Board governance.

Responsibilities

- Review Board policies and manuals and recommend revisions to these documents.
- Review and make recommendations regarding Board member orientation and ongoing development.
- Review and make recommendations on policies and practices related to the recruitment, election and/or appointment of Board and committee members.
- Provide advice and guidance on Board evaluations, including Board meeting evaluations.
- Assess and make recommendations regarding the governance-related needs of the Board.

Reporting relationship

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

Membership

- At least 3 but no more than 5 Board members appointed by the Board.
- Must include at least one Board public member.

Term of appointment

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 3 consecutive terms.

Any committee member may resign upon written notification to the committee chair.

Committee officers

Board appoints a committee chair and vice-chair from among the members of the committee.

Voting rights

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

Meeting procedures

<i>Schedule:</i>	At least three times annually to fulfill its mandate and responsibilities.
<i>Format:</i>	In person, by teleconference or by videoconference.
<i>Agenda:</i>	Developed by College staff in consultation with the committee chair with input from committee members.
<i>Attendees:</i>	Only Governance Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
<i>Quorum:</i>	A majority of the committee.
<i>Minutes:</i>	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
<i>Secretariat Support:</i>	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 issues or at any time a conflict of interest or potential conflict of interest arises.

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

SCHEDULE

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

1. *Sections 18 is repealed and the following substituted:*

Drug Administration Committee

18. (1) The drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.
- (2) The committee must include
- (a) one full pharmacist,
 - (b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee,
 - (c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and
 - (d) one person nominated by the Ministry of Health Services.
- (3) The drug administration committee
- (a) must review, develop and recommend to the board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of preventing diseases, disorders and conditions, and
 - (b) may
 - (i) review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and
 - (ii) make recommendations to the board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of treating diseases, disorders and conditions.

- (4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration or on any other matter considered by the committee.

2. *Section 43 is repealed and the following substituted:*

Certification of Practising Pharmacists for Drug Administration

43. (1) A practising pharmacist may apply to the registrar under this section for certification that the practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation.
- (2) The registrar must grant certification under this section if the practising pharmacist has
- (a) provided evidence satisfactory to the registrar that the practising pharmacist has
 - (i) successfully completed within the year prior to application an education program in drug administration, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule “C”,
 - (ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and
 - (iii) a current certificate in first aid from a program approved by the board and specified in Schedule “C”,
 - (b) submitted a signed application for certification in Form 13, and
 - (c) paid the fee specified in Schedule “D”.
- (3) If certification is granted under this section, the registrar must enter a notation of certification for drug administration in the register in respect of the practising pharmacist.
- (4) To maintain certification under this section, a practising pharmacist must declare upon registration renewal
- (c) that he or she has successfully completed a continuing education program in drug administration approved by the board and specified in Schedule “C” if an injection has not been administered in the preceding three years, and
 - (b) that he or she has successfully completed a continuing education program in administering a drug by intranasal route approved by

- the board and specified in Schedule “C” if a drug has not been administered by intranasal route in the preceding three years, and
- (c) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and
 - (d) maintain current certification in first aid from a program approved by the board and specified in Schedule “C”.
- (5) The registrar must remove a practising pharmacist’s notation of certification from the register if the practising pharmacist fails to meet any of the requirements in subsection (4), and the practising pharmacist must not again perform a restricted activity under section 4(1) (c.1) of the Regulation until
- (a) the requirements in subsection (4) are met to the satisfaction of the registrar, and
 - (b) the registrar has re-entered a notation of certification for drug administration in the register in respect of the practising pharmacist.

3. *Section 43.1 is added:*

Intranasal Drug Administration

- 43.1 A practising pharmacist who has been certified under section 43(1) must complete the program specified in Schedule C on intranasal drug administration prior to administering an intranasal drug.

4. *Section 86 is repealed and the following substituted:*

Drug Administration

86. Standards, limits, and conditions respecting practising pharmacists and drug administration, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule “F”.

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

5. *By repealing Schedule C and Schedule F - Part 4 and substituting the attached new Schedule C and Schedule F - Part 4.*

College of Pharmacists of B.C.
HPA Bylaw - Schedule C
RECOGNIZED EDUCATION PROGRAMS

FULL PHARMACIST REGISTRATION			
Location	Recognized Pharmacy Education Program	Recognized Universities	Location
Canada	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	Dalhousie University, College of Pharmacy	Halifax, Nova Scotia
		Memorial University of Newfoundland	St. John's, Newfoundland
		Université de Montréal, Faculté de pharmacie	Montréal, Québec
		Université Laval, Faculté de pharmacie	Québec, Québec
		University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences	Edmonton, Alberta
		University of British Columbia, Faculty of Pharmaceutical Sciences	Vancouver, B.C.
		University of Manitoba, Faculty of Pharmacy	Winnipeg, Manitoba
		University of Toronto, Leslie L. Dale Faculty of Pharmacy	Toronto, Ontario
		University of Saskatchewan, College of Pharmacy and Nutrition	Saskatoon, Saskatchewan
		University of Waterloo, School of Pharmacy	Kitchener, Ontario
United States	Baccalaureate or Pharm.D (entry level) Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE)	Albany College of Pharmacy and Health Sciences	New York
		Appalachian College of Pharmacists	Virginia
		Auburn University Harrison School of Pharmacy	Alabama
		Belmont University School of Pharmacy	Tennessee
		Butler University College of Pharmacy and Health Sciences	Indiana
		California Northstate University College of Pharmacy	California
		Campbell University School of Pharmacy and Health Sciences	North Carolina
		Cedarville University School of Pharmacy	Ohio
		Chicago State University College of Pharmacy	Illinois
		Concordia University School of Pharmacy	Wisconsin
		Creighton University Medical Center School of Pharmacy and Health Professions	Nebraska
		Drake University College of Pharmacy and Health Sciences	Iowa
		Duquesne University Mylan School of Pharmacy	Pennsylvania
		D'Youville College School of Pharmacy	New York
		East Tennessee State University Bill Gatton College of Pharmacy	Tennessee
		Fairleigh Dickinson University School of Pharmacy	New Jersey
		Ferris State University College of Pharmacy	Michigan
		Florida Agricultural & Mechanical University College of Pharmacy and Pharmaceutical Sciences	Florida
		Hampton University School of Pharmacy	Virginia
		Harding University College of Pharmacy	Arkansas
		Howard University College of Pharmacy	Washington, D.C.
		Husson University School of Pharmacy	Maine
		Idaho State University College of Pharmacy	Idaho
		Lake Erie College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Lipscomb University College of Pharmacy and Health Sciences	Tennessee
		Loma Linda University School of Pharmacy	California
		Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences	New York
		Manchester University College of Pharmacy	Indiana
		Marshall University School of Pharmacy	West Virginia
		MCPS University School of Pharmacy-Worcester	Massachusetts
		MCPS University School of Pharmacy-Boston	Massachusetts
		Mercer University College of Pharmacy & Health Sciences	Georgia
		Midwestern University Chicago College of Pharmacy	Illinois
		Midwestern University College of Pharmacy-Glendale	Arizona
		North Dakota State University College of Pharmacy, Nursing and Allied Sciences	North Dakota
		Northeast Ohio Medical University College of Pharmacy	Ohio
		Northeastern University Bouve' College of Health Sciences School of Pharmacy	Massachusetts
		Notre Dame of Maryland University School of Pharmacy	Maryland
		Nova Southeastern University College of Pharmacy	Florida
		Ohio Northern University College of Pharmacy	Ohio
		Ohio State University College of Pharmacy	Ohio
		Oregon State University College of Pharmacy	Oregon
		Pacific University School of Pharmacy	Oregon
		Palm Beach Atlantic University Lloyd L. Greory School of Pharmacy	Florida
		Philadelphia College of Osteopathic Medicine School of Pharmacy	Pennsylvania
		Presbyterian College School of Pharmacy	South Carolina
		Purdue University College of Pharmacy	Indiana
		Regis University School of Pharmacy	Colorado
		Roosevelt University College of Pharmacy	Illinois
		Rosalind Franklin University of Medicine and Science College of Pharmacy	Illinois
		Roseman University of Health Sciences College of Pharmacy	Nevada
		Rutgers, the State University of New Jersey Ernest Mario School of Pharmacy	New Jersey
		Sanford University McWhorter School of Pharmacy	Alabama
		Shenandoah University Bernard J. Dunn School of Pharmacy	Virginia
		South Carolina College of Pharmacy	South Carolina
		South College School of Pharmacy	Tennessee
		South Dakota State University College of Pharmacy	South Dakota
		South University School of Pharmacy	Georgia
		Southern Illinois University Edwardsville School of Pharmacy	Illinois
		Southwestern Oklahoma State University College of Pharmacy	Oklahoma
		St. John Fisher College Wegmans School of Pharmacy	New York
		St. John's University College of Pharmacy and Health Science	New York
		St. Louis College of Pharmacy	Missouri
		Sullivan University College of Pharmacy	Kentucky
		Temple University School of Pharmacy	Pennsylvania
		Texas A & M University Health Science Center Irma Lerma Rangel College of Pharmacy	Texas
		Texas Southern University College of Pharmacy and Health Sciences	Texas
		Texas Tech University Health Sciences Center School of Pharmacy	Texas
		Thomas Jefferson University Jefferson School of Pharmacy	Pennsylvania
		Touro New York College of Pharmacy	New York
		Touro University - California College of Pharmacy	California
		Union University School of Pharmacy	Tennessee
		University at Buffalo The State University of New York School of Pharmacy & Pharmaceutical Sciences	New York
		University of Arizona College of Pharmacy	Arizona
		University of Arkansas for Medical Sciences College of Pharmacy	Arkansas
		University of California, San Diego Skaggs School of Pharmacy & Pharmaceutical Sciences	California
		University of California, San Francisco School of Pharmacy	California
		University of Charleston School of Pharmacy	West Virginia
		University of Cincinnati James L. Winkle College of Pharmacy	Ohio
		University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences	Colorado
		University of Connecticut School of Pharmacy	Connecticut
		University of Findlay College of Pharmacy	Ohio
		University of Florida College of Pharmacy	Florida
		University of Georgia College of Pharmacy	Georgia
		University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy	Hawaii
		University of Houston College of Pharmacy	Texas
		University of Illinois at Chicago College of Pharmacy	Illinois
		University of Iowa College of Pharmacy	Iowa
		University of Kansas School of Pharmacy	Kansas
		University of Kentucky College of Pharmacy	Kentucky
		University of Louisiana at Monroe College of Pharmacy	Louisiana
		University of Maryland Eastern Shore School of Pharmacy	Maryland
		University of Maryland School of Pharmacy	Maryland
		University of Michigan College of Pharmacy	Michigan
		University of Minnesota College of Pharmacy	Minnesota
		University of Mississippi School of Pharmacy	Mississippi
		University of Missouri-Kansas City School of Pharmacy	Missouri
		University of Montana College of Health Professions and Biomedical Sciences Skaggs School of Pharmacy	Montana
		University of Nebraska Medical Center College of Pharmacy	Nebraska
		University of New England College of Pharmacy	Maine
University of New Mexico College of Pharmacy	New Mexico		
University of North Carolina Eshelman School of Pharmacy	North Carolina		
University of Oklahoma College of Pharmacy	Oklahoma		
University of Pittsburgh School of Pharmacy	Pennsylvania		
University of Puerto Rico Medical Sciences Campus School of Pharmacy	Puerto Rico		
University of Rhode Island College of Pharmacy	Rhode Island		
University of Saint Joseph School of Pharmacy	Connecticut		
University of Southern California School of Pharmacy	California		
University of South Florida School of Pharmacy	Florida		
University of Tennessee Health Science Center College of Pharmacy	Tennessee		
University of Texas at Austin College of Pharmacy	Texas		
University of the Incarnate Word Feik School of Pharmacy	Texas		
University of the Pacific Thomas J. Long School of Pharmacy & Health Sciences	California		
University of the Sciences Philadelphia College of Pharmacy	Pennsylvania		
University of Toledo College of Pharmacy and Pharmaceutical Sciences	Ohio		
University of Utah College of Pharmacy	Utah		
University of Washington School of Pharmacy	Washington		
University of Wisconsin-Madison School of Pharmacy	Wisconsin		
University of Wyoming School of Pharmacy	Wyoming		
Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy	Virginia		
Washington State University College of Pharmacy	Washington		
Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences	Michigan		
West Virginia University School of Pharmacy	West Virginia		
Western New England University College of Pharmacy	Massachusetts		

Location	Recognized Pharmacy Education Program	Recognized Universities	Location
		Western University of Health Sciences College of Pharmacy	California
		Wilkes University Nesbitt College of Pharmacy & Nursing School of Pharmacy	Pennsylvania
		Wingate University School of Pharmacy	North Carolina
		Xavier University of Louisiana College of Pharmacy	Louisiana
CERTIFIED PRACTICE - CERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE			
Location	Recognized Pharmacy Education Program	Recognized Providers	
British Columbia	Pharmacy 403	UBC Faculty of Pharmaceutical Sciences	
British Columbia	Immunization Competency Program for BC Health Professionals and Administration of Injections - Practical Administration of Injections for BC Pharmacists (CCCEP Stage 2 Accredited)	BC Pharmacy Association	
Canada	Pharmacy Based Immunization Delivery in Canada (CCCEP Stage 2 Accredited)	Canada Safeway	
Canada	Administering Injections and Immunizations Preparation Course - Part 1 and Part 2 (CCCEP Stage 2 Accredited)	Alberta Pharmacists' Association	
Canada	Injection and Immunization Training Program (CCCEP Stage 2 Accredited)	Ontario Pharmacists' Association	
Canada	Injectable Medication and Vaccine Administration Training Program for Pharmacists (CCCEP Stage 2 Accredited)	Pear Healthcare Solutions Inc.	
Canada	Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and Practical Training for the Immunization Competencies Education Program (CCCEP Stage 2 Accredited)	rxBriefCase	
Canada	Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and Administration of Injections Training Program for Manitoba Pharmacists (CCCEP Stage 2 Accredited)	rxBriefCase and College of Pharmacists of Manitoba	
Canada	Immunization Competencies Education Program, Essential Competencies for Injection of Other Substances (Module 15) and Theory and Technique in Administration of Injections - A Course for Practising Pharmacists	rxBriefCase, University of Toronto Leslie Dan College of Pharmacy	
Canada	Immunization and Injection Administration Training Program (CCCEP Stage 2 Accredited)	Dalhousie Continuing Pharmacy Education	
British Columbia	Intranasal Immunization Drug Administration Module	College of Pharmacists of British Columbia	
Canada	Cardiopulmonary Resuscitation	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
CERTIFIED PRACTICE - RECERTIFICATION OF PRACTISING PHARMACISTS FOR DRUG ADMINISTRATION BY INJECTION AND INTRANASAL ROUTE			
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Canada	First Aid	St. John Ambulance, Canadian Red Cross, WorkSafeBC, Lifesaving Society, EMP Canada, Academy of Emergency Training	
PHARMACY TECHNICIAN REGISTRATION			
Location	Recognized Pharmacy Education Program	Recognized Education Programs	Location
British Columbia	Certificate Program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	CDI College Insignia College of Health and Business NTI Community College Okanagan College Selkirk College Thompson Career College Vancouver Community College	Burnaby Victoria Surrey Kelowna Castlegar Kamloops Vancouver



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

STANDARDS

1. The pharmacist must assess the appropriateness of the drug for a patient, including:
 - Appropriate indication for the patient
 - Appropriate dose and route of administration
 - Allergy status
 - Risk factors, including immunosuppression and pregnancy
 - Contraindications and precautions including anaphylaxis and fainting
 - Prior immunization history
2. Obtain informed consent from the patient or patient's representative with regards to:
 - Drug to be administered
 - Purpose of the drug
 - Benefits and risks of the drug
 - Remaining in the pharmacy for a 15-30 minute wait period following administration of the drug
3. If administering drug by injection, prepare and provide care of the injection site including:
 - Assessing the injection site
 - Selecting and landmarking the injection site
 - Determining the requirement for dressings
4. Prepare for drug administration including:
 - Using aseptic technique and universal precautions for infection control in preparation, administration, and disposal of the drug
5. The pharmacist must document for each drug given:
 - Informed consent
 - Assessment of the appropriateness of the drug for the patient
 - Drug, dose and lot number given
 - Route of administration
 - Site of administration
 - Date and time of administration
 - Any adverse reaction experienced due to the drug administered
 - Patient or patient's representative contact information
 - Providing patient or patient's representative with the administering pharmacists' contact information
 - Patient teaching done
 - Adverse reactions and management
 - Plans for follow-up
6. Implement appropriate emergency measures including but not limited to:
 - Basic first aid
 - Use of epinephrine and diphenhydramine
 - CPR
 - Management of needlestick injuries



HPA BYLAWS SCHEDULE F
Part 4 – CERTIFIED PRACTICE – DRUG ADMINISTRATION BY INJECTION
AND INTRANASAL ROUTE
STANDARDS, LIMITS AND CONDITIONS

7. Develop, maintain and review, at least annually, a policy and procedure manual including:
 - Emergency procedure and treatment protocol
 - Precautions required for patients with latex allergies
8. Maintain a setting within which the drug is to be administered that is clean, safe, comfortable and appropriately private and furnished for the patient.
9. Notify and provide relevant information to other health professionals, as appropriate, including:
 - The Adverse Event Following Immunization (AEFI) form

LIMITS

1. A practising pharmacist must not administer a drug by injection or intranasal route unless it is for the purpose of immunization.
2. A practising pharmacist must not administer an injection to a child under 5 years old.
3. A practising pharmacist must not administer a drug by intranasal route to a child under 2 years old.

CONDITIONS

1. A practising pharmacist must apply to the College of Pharmacists of B.C. for certification to administer immunizations within 1 year of successful completion of the required certification program.
2. A practising pharmacist must not provide immunization services in B.C. prior to receiving notification from the College of Pharmacists of B.C. of their certification to administer immunizations.

14. Integration of Pharmacy Technicians into Community Practice

Bal Dhillon

Board Member



College of Pharmacists
of British Columbia

College's 2014 Strategic Plan

Five major strategic areas:

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

An objective under “Scope of Practice” is:

- *Encourage uptake of registered pharmacy technicians into community pharmacy practice settings.*



November 2014 Board Direction

The Board received information on the College's *Community Pharmacy Technician Integration Survey* from June 2014.

The Board directed the Registrar to develop a plan that incorporates all of the following recommendations and to report back by April 2015:

- Evaluate the implementation of pharmacy technician regulation;
- Ensure compliance officers understand the role of pharmacy technicians and their scope; and
- Enhance communications.



Evaluation of Pharmacy Technician Regulation

- College staff developed a plan consisting of multiple focus groups and a survey to be sent to registrants and pharmacy assistants.

March 2015 Focus Group

- 22 pharmacy professionals attended the focus group.
- It involved small and large group discussion on the following topics:
 - Experiences with the implementation of the regulation;
 - If the goals of pharmacy technician regulation have been achieved;
 - Scope of practice and concerns about delegation of responsibility; and
 - Recommendations for improvement.
- The final discussion included a review of survey questions. Attendees provided feedback on the survey questions, following the meeting.



Evaluation of Pharmacy Technician Regulation, continued

April 2015 Board Meeting

- An update was provided, including an overview on:
 - The communications plan;
 - How Compliance Officers have been educated on the role and scope of pharmacy technicians;
 - A summary of the March 2015 Focus Group, including next steps. Key next steps were:
 - A registrant survey to be distributed in April 2015.
 - A second focus group to be held in summer 2015 to discuss the survey findings.



Evaluation of Pharmacy Technician Regulation, continued

April 2015 Registrant Survey

- Goal: To assess the overall understanding about the value and experience of the regulation of pharmacy technicians.
- Sent to all registrants, all pre-registered pharmacy technicians and a list of pharmacy assistants.
- 719 responses were received (*not everyone answered all questions*):
 - 51% were pharmacists; 31.2% were pharmacy technicians; and 17.8% were pharmacy assistants.
 - 58.3% work in community; 29.9% work in hospital; 6% work in “other”; 4.6% work in long-term care; and, 1.3% work in academia.
 - 30.2% have worked in pharmacy for 11-20 years; another 30.2% worked for 21 years or more; 20.4% worked for 6-10 years; and, 19.2% have worked in pharmacy for 1-5 years.



Evaluation of Pharmacy Technician Regulation, continued

April 2015 Registrant Survey, continued:

- Key Selected Findings:
 - Over 80% of pharmacy technicians feel like a valued member of their team.
 - The most common reasons reported why pharmacy assistants decided not to become pharmacy technicians had to do with the cost of regulation and that there was little to no pay increase.
 - Comparing the 2014 and 2015 survey findings, an increase was shown in the number of respondents indicating that pharmacy technicians are ‘valuable’ or ‘very valuable’. Also, there was a reduction in the selection of ‘no value’.
 - Almost 70% believe that in general, pharmacy technicians have the knowledge, skills and abilities to practice to their full scope.
 - When asked if a pharmacist’s priorities should shift from a traditional product-focused dispensing role to a patient-focused role, 90.8% of respondents indicated “yes.” However, respondents were split (with 51.5% stating “yes” and 48.5% stating “no”) when asked if they have seen the pharmacist’s role shift.



Evaluation of Pharmacy Technician Regulation, continued

April 2015 Registrant Survey, continued:

Respondents ranked ways that the College can best support the integration of pharmacy technicians in community pharmacies (*“1” is the most important action and “5” is the least important action*):

1. Liaise with community pharmacy management with an aim to enhance understanding of pharmacy technicians’ scope of practice.
2. Develop continuing education courses on the roles and responsibilities of pharmacy technicians.
3. Develop workshops and focus groups on collaborative practice.
4. Publish information on professional liability issues with respect to the role and responsibilities of pharmacy technicians and pharmacists.
5. Enhance communication by publishing case studies and real-life examples on the roles and responsibilities of pharmacy technicians.



Evaluation of Pharmacy Technician Regulation, continued

July 2015 Focus Group

- Purpose: To review the results of the April 2015 Registrant Survey and obtain feedback on them.
- 16 pharmacy professionals attended.
- Small and large group discussion was held on the survey findings and the attendees' experience with the regulation of pharmacy technicians.



Evaluation of Pharmacy Technician Regulation, continued

July 2015 Focus Group, continued

- Attendees generally agreed with the results of the ranking of the recommendations from the April 2015 Registrant Survey.
- They also suggested that the College support the integration of pharmacy technicians in community pharmacies, through:
 - Education on the pharmacist role and on good practices of integrating pharmacist patient-focused roles in community pharmacies.
 - Attendees noted this suggestion because exploring the advanced level work of pharmacists could also help pharmacy technicians take on more technical functions.



Next Steps

- The results from the April 2015 Registrant Survey will be published on the College`s website.
- The status of the recommendations to the College follows.



Recommendation	Status
Enhance communication by publishing case studies and real-life examples on the roles and responsibilities of pharmacy technicians.	The College's Public Accountability and Engagement Department has incorporated this item into their work plan.
Publish information on professional liability issues with respect to the role and responsibilities of pharmacy technicians and pharmacists.	The College's Public Accountability and Engagement Department has also incorporated this item into their work plan.
Develop workshops and focus groups on collaborative practice.	The College has actively supported collaborative practice education, and will continue to do so. For instance, in February 2015, the College partnered with the UBC College of Health Disciplines to deliver a free continuing education program on collaborative practice to both pharmacists and pharmacy technicians. For this program, four regional workshops were held.
Develop continuing education courses on the roles and responsibilities of pharmacy technicians.	The College will engage UBC's Continuing Professional Development Department on developing these programs.
Liaise with community pharmacy management with an aim to enhance understanding of pharmacy technicians' scope of practice.	This item is a component of the Registrar's ongoing liaison work with pharmacies.
Support education on the pharmacist role and on good practices of integrating pharmacist patient-focused roles in community pharmacies.	The College's Public Accountability and Engagement Department has also incorporated this item into their work plan.

15. College Name

Bal Dhillon

Board Member



College of Pharmacists
of British Columbia

November 2013 Board Direction

The Board discussed whether to change the College's name. Key issues included:

- The subject of the College name has been raised in a number of venues, particularly amongst pharmacy technicians.
- The current name does not reflect the full scope of responsibility of the College.
- The steps needed to change the College name have not yet been determined.
- The College could consider adopting an operating name separate from its legal one.
- The name, *College of Pharmacy Professionals of British Columbia*, was provided as an option to replace the existing name.

The Board directed the Registrar to investigate options for a possible name change and report back at the April 2014 Board meeting.



April 2014 Board Direction

The subject of the College name was brought back for discussion. Key issues included:

- Concerns about the College name were raised at various venues (e.g., December 2012 survey, roadshows, etc.). The need for a more inclusive name was identified in these venues.
- An official name change may require legislative amendments, and this is unlikely to be a government priority.
- An unofficial name change, using an operating name, is often done for branding purposes or for a new strategic focus.
- An official change to the College name could be proposed when it can be included in wider set of legislative reforms.

No final motion was made at this meeting, and no final direction was provided to College staff.



Other Pharmacy Regulatory Authorities

- Names of the eight PRAs that regulate or register Pharmacy Technicians:

Province	BC	AB	MB	ON
College Name	College of Pharmacists of British Columbia	Alberta College of Pharmacists	College of Pharmacists of Manitoba	Ontario College of Pharmacists

Province	NB	NS	PEI	NL
College Name	New Brunswick College of Pharmacists	Nova Scotia College of Pharmacists	Prince Edward College of Pharmacists	Newfoundland and Labrador Pharmacy Board

- Saskatchewan's, *Pharmacy Amendment Act, 2014*, will enable the regulation of pharmacy technicians and change the name of that province's PRA to the *Saskatchewan College of Pharmacy Professionals*. This Act is not yet in force.



Discussion

- A more descriptive name, such as *College of Pharmacists and Pharmacy Technicians*, has also been suggested as an option.
- Officially changing the College name would require a regulatory amendment. The College can only request that government make this change. However, this is unlikely to be a government priority.
- Ministry staff and legal counsel recommended not to make an unofficial change (i.e., using an operating name, separate from its legal one) to the College name. A marketing / branding change is misaligned with the public protection role of the College.



Options

1. Pursue an “Unofficial” Name Change, to:
 - a) *College of Pharmacy Professionals of British Columbia, or*
 - b) *College of Pharmacists and Pharmacy Technicians of British Columbia*

2. Pursue an Official Name Change, to:
 - a) *College of Pharmacy Professionals of British Columbia, or*
 - b) *College of Pharmacists and Pharmacy Technicians of British Columbia*

3. Engage Stakeholders and Pursue an Official Name Change at a Later Date.



15. College Name

MOTION:

Direct the Registrar to engage with stakeholders on changing the College name. The Registrar is to report back on the outcome of this stakeholder engagement process by September 2016, at which time, the Board may consider a name change.



PREPARED FOR: College of Pharmacists of BC

TITLE: Change Day BC

PURPOSE: To provide information regarding Change Day BC and request a partnership with the College of Pharmacists of BC on this initiative.

BACKGROUND:

The BC Patient Safety & Quality Council (the Council) was created in 2008 to provide a provincial perspective to quality improvement and patient safety activities. The Council is tasked with bringing health system stakeholders together in a collaborative partnership to promote and inform a provincially coordinated, innovative, and patient-centred approach to quality and patient safety in British Columbia.

On October 15, 2015 (15-10-15), we are inviting anyone involved in health, social and community care to commit to making a change or trying something new to make our system better for British Columbians – whether they are patients, residents, clients, families or those working in the health and care system. We are planning to launch the Change Day BC campaign at the Quality Forum, our annual conference, on February 19, 2015. We will further promote Change Day BC by developing resources and toolkits for partners, champions and pledgers.

Change Day BC is building on the success of a global movement started in 2013 by the National Health Service (NHS) in England. Pledges for NHS Change Day have included such things as:

- tasting a pediatric medicine to appreciate why children complain about the taste;
- spending a day in a wheelchair to better understand the patient experience;
- smiling at colleagues to brighten their day;
- learning more about diabetes to better comprehend the personal and social impacts of diabetes; and
- introducing oneself by name to patients, residents or clients – a relatively little thing that can positively affect an individual's experience of treatment and care which resulted in a global movement #hellomynameis.

We believe that individual acts of change – small or big – can collectively add up to significant improvements for British Columbians and our system.

Pledges will be collected online at changedaybc.ca (under development) or by completing and mailing a pledge postcard. Our goal is to reach 5000 pledges by 15-10-15.

Our Request:

The College of Pharmacists of BC, in its aims to promote collaborative practice and dedication to continuous quality improvement, can use this campaign to help achieve these goals. Our hope is that through collaboration across multiple organizations, professions and individuals we will build momentum and participation in Change Day BC to realize this opportunity to promote innovation and quality of care in our system. See below for FAQ regarding Change Day BC.

We are inviting the College of Pharmacists of BC to be an active partner in Change Day BC by:

1. Participating in a Steering Committee to oversee and help develop activities to promote Change Day BC;
2. Demonstrate partnership through the inclusion of College of Pharmacists BC logo on promotional materials related to Change Day; and
3. Encourage those connected with your organization to participate by making their own pledges that are meaningful to them, whatever they may be.

If you have any questions or suggestions with regard to this campaign, please do not hesitate to contact us. We hope you will join us as we engage those who care deeply about improving health, social and community care in our province!

For further information:

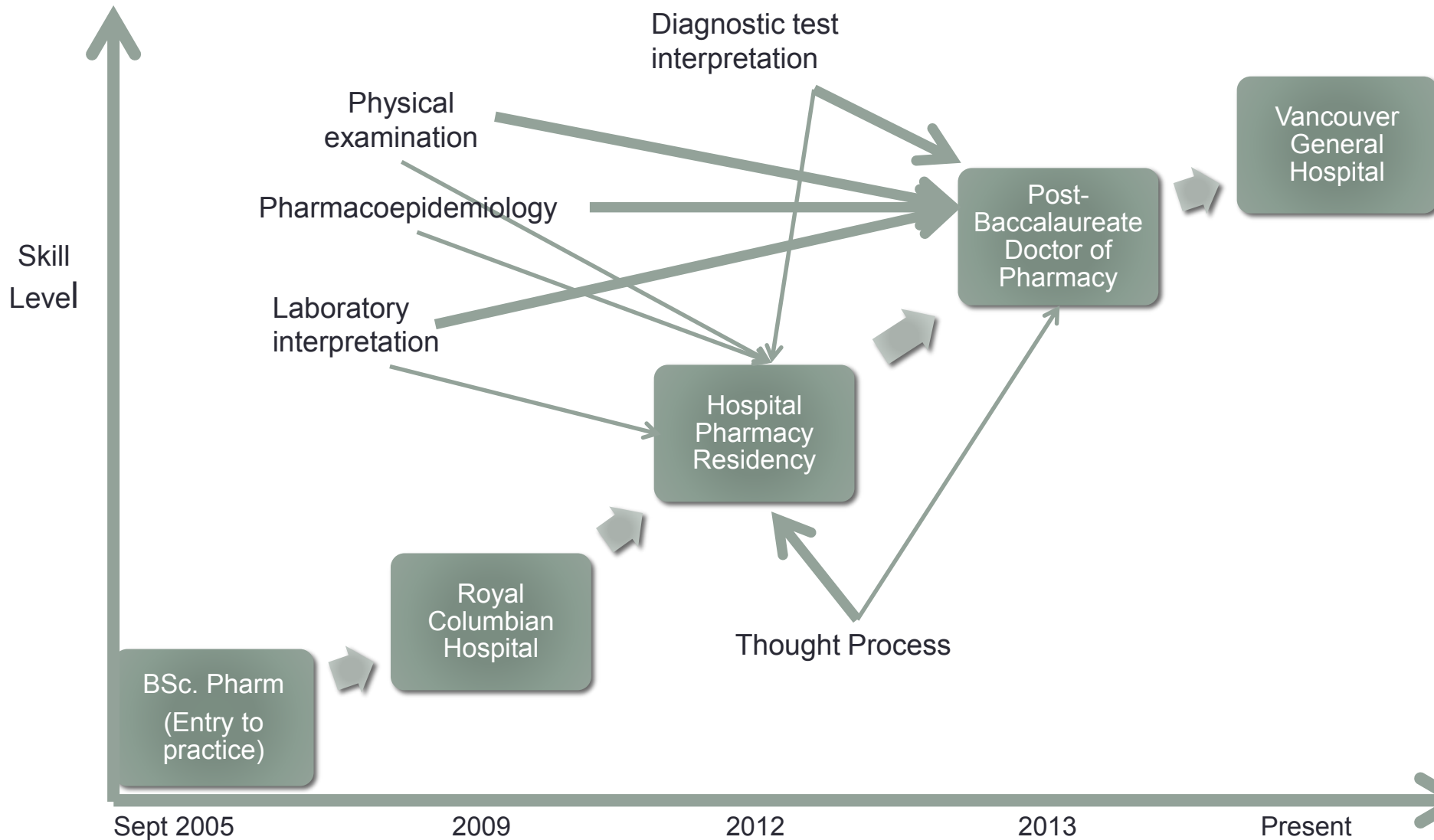
Colleen Kennedy
Director, Innovation & Engagement
BC Patient Safety & Quality Council
1.778.471.1366
ckennedy@bcpsqc.ca

ADVANCING PHARMACY PRACTICE: FROM HOSPITAL TO AMBULATORY CARE

Dr. Greg Egan, BSc. Pharm, ACPR, PharmD

Clinical Pharmacy Specialist in Geriatric Medicine
Vancouver General Hospital

Continuum of Training



Residency Program

- 12 months duration
- 30 positions in BC each year
- 6 different hospitals & clinics in the Lower Mainland
 - Medical unit
 - Surgical unit
 - Coronary care unit
 - Intensive care unit
 - Nephrology unit
 - Emergency department
 - Neurology unit
 - Outpatient HIV outpatient clinic

Post-Baccalaureate Doctor of Pharmacy

- 20 months duration
- 8 students per year at UBC
- 8 months of didactic learning in the classroom
- 12 months of rotations
 - 8 different hospitals & clinics across Canada
 - Cardiology clinics
 - Cardiac transplant
 - Stroke neurology
 - Pediatric intensive care
 - Geriatric psychiatry
 - Infectious diseases
 - Oncology clinics

VGH Clinical Services

Critical Care

ICU
(3)

CCU
(1)

Emerg
(4)

CSICU
(1)

Medicine

Internal Medicine
(5)

Hospitalist
(3)

Respirology
(1)

Palliative Care
(1)

Infectious Disease
(2)

Nephrology
(2)

Surgery

General Surgery
(3)

Vascular Surgery
(2)

Orthopedic Surgery
(2)

Spine / Trauma
(1)

Transplant

BMT
(3)

SOT
(4)

Neurosciences

Neurology
(1)

Neurosurgery
(1)

Psychiatry
(1)

Outpatient Clinics

Afib &
HF
(2)

Geriatric
Medicine
(1)

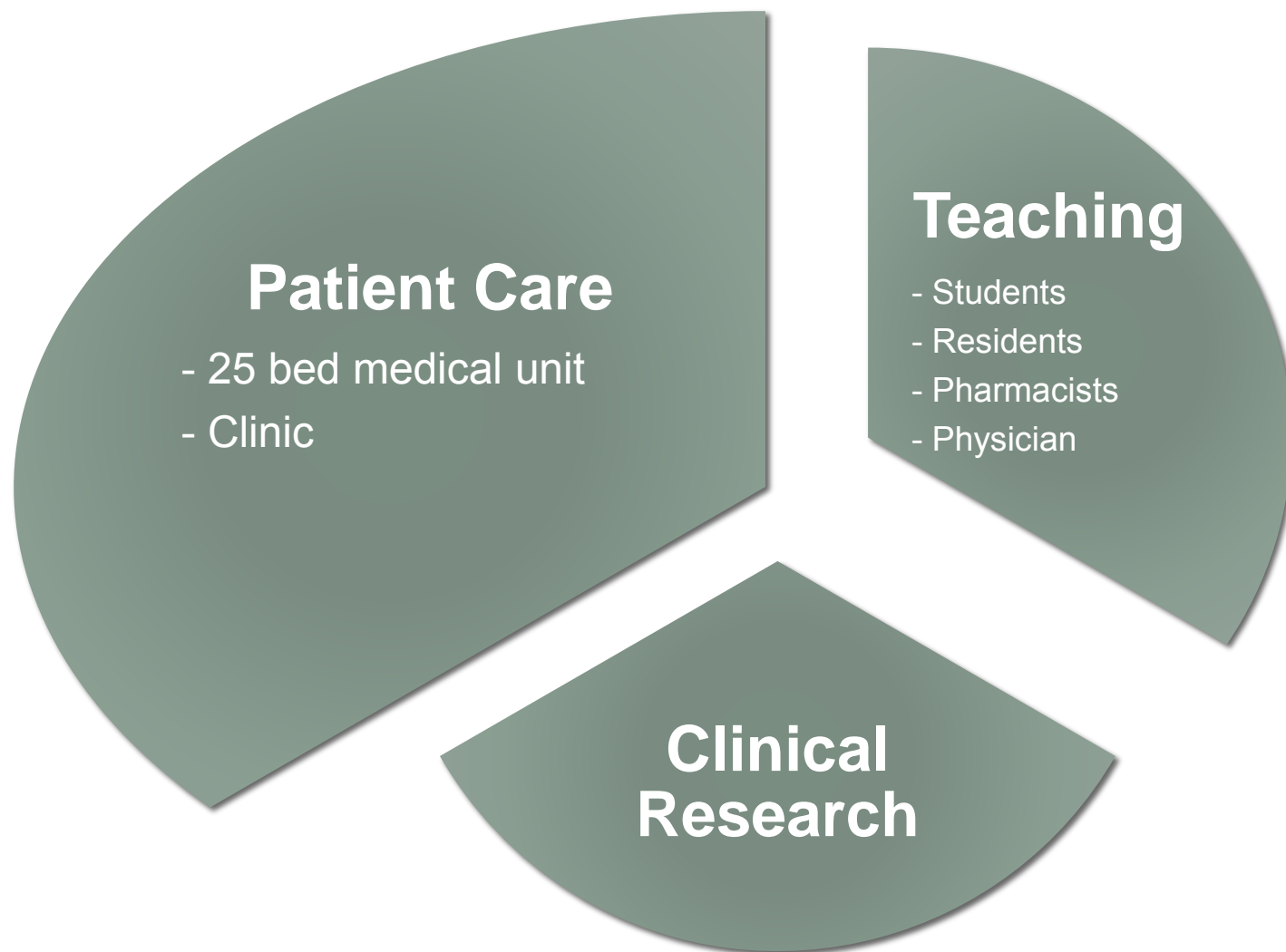
Chronic Kidney
Disease
(1)

Diabetes Clinic
(1)

BMT
(1)

SOT
(2)

Clinical Pharmacy Specialist



Geriatric rapid access clinic

- Novel position since Jan 2015
 - Requested by Dept. of Geriatric Medicine
 - Polypharmacy leading to emergency dept. visits and hospital admissions
- Pharmacist assessment
 - Independent clinic appointment
 - Screen referrals to clinic
 - Geriatricians refer patients
 - Dictation of consult note sent to GP, geriatrician, relevant subspecialists

Pharmacist in the Hospital

- 78 year old man admitted to hospital with heart failure
 - Has co-morbid Atrial fibrillation, diabetes, COPD and hypertension
 - On admission was prescribed 8 medications
 - 2 new medications added while in hospital
- Ready for discharge today & the attending physician asks:
 - “Can you please prepare his prescriptions for discharge, organize any special authority if needed and education him and his family.”

Pharmacist in the Clinic

- 73 year old woman suffers from falls and “blacking-out” has presented to emerge several times over past 6 months
- She was referred to the pharmacist by the geriatrician for assessment of polypharmacy
- The geriatrician asks:
 - “Could you see her in the clinic several times and try to taper-off some of her medications that could be worsening these episodes?”
- ...She is currently on 15 different medications

Pharmacist in the Clinic

- 96 year old woman admitted to hospital with pneumonia and high blood pressure
 - A pharmacist in the hospital made changes to her blood pressure medications
 - Blood-work ordered by the pharmacist (on behalf of the physician) to monitor her electrolytes and kidney function
- Upon follow-up in the clinic:
 - Her blood pressure improved
 - Her kidney function was stable
 - She was tapered off another one of her blood pressure medications

Advancing Patient Care



Dr. Greg Egan splits his time between VGH inpatient units and the outpatient Geriatric Rapid Access Clinic to help seniors with their medication regimens.

“Greg’s the best thing ever to happen to us”

When 96-year-old Muriel Li was referred to a VGH clinical pharmacist, her daughters Marilyn and Linda were nervous.

“Our mom has gone through numerous medications for her high blood pressure over the past 10 years,” explains Marilyn Leung. “Some meds caused many unpleasant side effects — even hospital visits. We were fearful of change.”

Thanks to Dr. Greg Egan, their fears were soon dispelled.

Advancing Patient Care

- **Societal Need**
 - Comprehensive and safe discharge from hospital
 - Longitudinal follow-up of drug therapy
- **Current Practice**
 - Pharmacists make decisions but physician is ultimately responsible
 - Pharmacists are delegated authority to complete tasks
 - Prescriptions, special authority application, laboratory monitoring
- **Future Pharmacy Practice**
 - Ability to independently perform tasks
 - Take responsibility for follow-up of drug therapy

Thank you!

- Any questions?



College of Pharmacists
of British Columbia

Advanced Practice Pharmacist Update

Board Meeting
September 18, 2015

Presented by:
John Shaske, APPTG Co-Chair
Steve Shalansky, APPTG Co-Chair

Background

- Task Group's report (v1.2) published [March 28, 2013]
- College response to the Ministry of Health's call for comments on its cross-sector policy discussion papers [June 01, 2015]
- Response introduced the proposed Advanced Practice Pharmacist (APP) program, its benefits demonstrated in other jurisdictions
- College brought on pharmacy S.M.E. Parkash Ragsdale and project management S.M.E. Eric Wuolle [June 2015]
- Project kick-off meeting and Steering Committee formed in June 2015
- Met with the Task Group Co-Chairs to establish initial engagement plan, including information package, a planned workshop, and background documents to help scope the details of the APP
- Established Task Group document repositories [early July 2015]



Project Overview

1. Project Update
2. Project Strategy
3. Project Phases
4. Project Approach
5. Action Items



Project Update

- 1. Developed documents for Task Group comment:**
 - a. draft eligibility criteria
 - b. draft assessment process and criteria
 - c. draft standards, limits and conditions
- 2. Organized workshop to re-engage the APPTG to develop draft eligibility criteria and standards of practice**
- 3. Organized activities with a project approach**



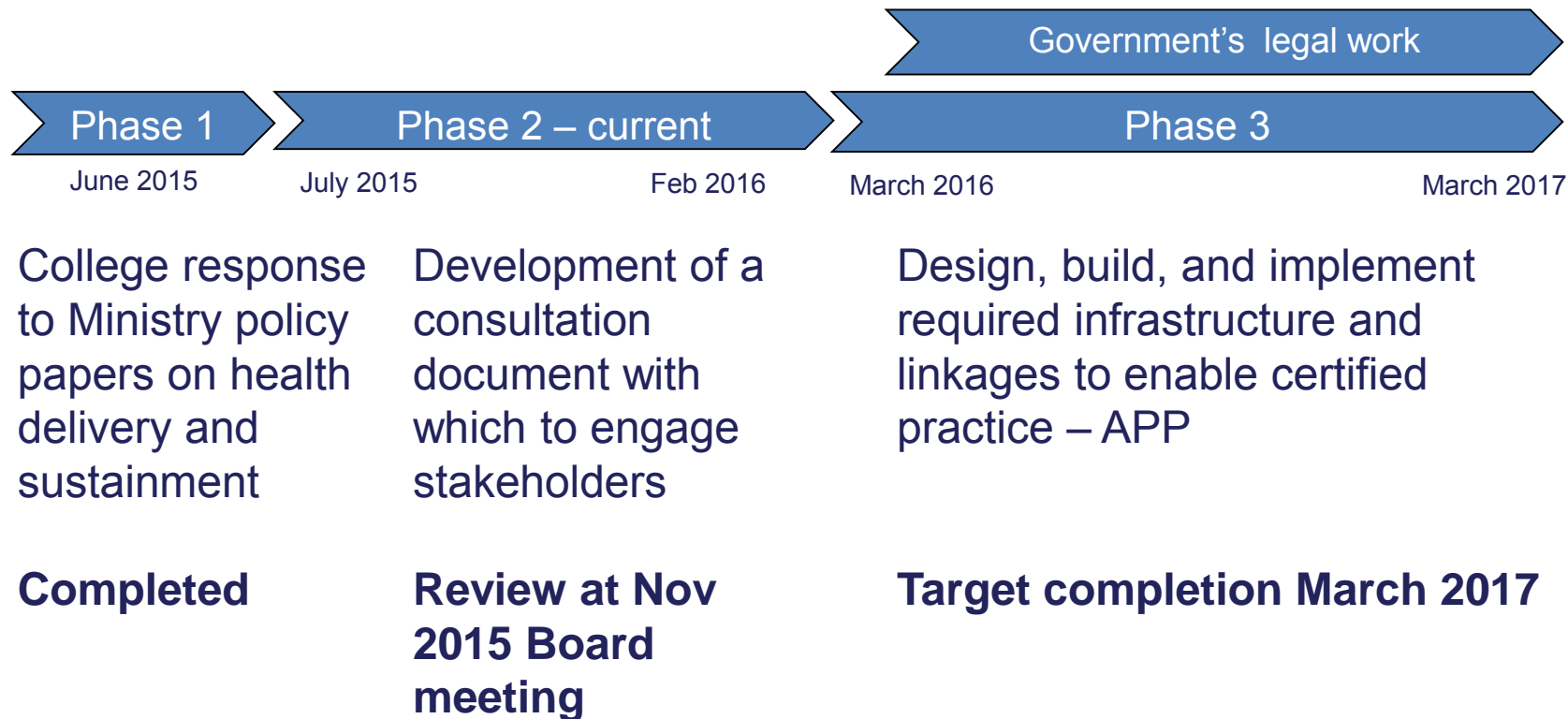
Project Strategy

Key strategies deployed:

- Update approach based on legal counsel and Ministry input
- Re-engage with the Task Group to obtain essential input and feedback on the certified APP framework
- Maintain a patient safety focus and competency standards as cornerstones of the certified APP
- Use external resources for specialized skills, knowledge to augment College resources
- Review and reflect stakeholders' responses to framework and its key elements



Project Phases



Action Items

- Develop the legislative material for certification /renewal requirements, standards, limits and conditions on practice, and a plan to mitigate the risk of pharmacist prescribing for financial gain only
- Review the draft framework with key stakeholders, and work with the Task Group to finalize its recommendations on the prescriber pharmacist framework to the Board.
- Analyze the potential impacts on College operations, staffing, and registrant eligibility assessment(s), and infrastructure.



Goals of APPTG Workshop #1 - July 24, 2015

- Update 2013 recommendations of the Task Group
- Discuss the eligibility criteria
- Draft Standards of Practice for prescribing



Recap of Workshop #1

Requirements

- Need a “Made in BC” solution
- Alberta model does have enough specifics to fit within the structure of the BC legislative framework



Recap of Workshop #1

Legislative Changes

- Two regulation changes by government
 1. Pharmacists Regulation
 2. Prescribed Health Care Professions Regulation
- HPA Bylaw changes by the College
 1. Standards, Limits and Conditions



Goals of Workshop #2 – August 10-11, 2015

- Develop the APP credential material required to develop the legislative framework for APP enactment
- Develop a communication strategy and plan for external stakeholder engagement
- Create comprehensive and precise information to draft legislation and obtain external stakeholder buy-in [APP Task Group]



Recap of Workshop #2

Recommendations

- Go forward with pursuing additional prescribing authority
- Call it Certified Pharmacist Prescriber for now
- Certified Pharmacist Prescriber more accurately reflects the certified practice compared to Advanced Practice Pharmacist



Recap of Workshop #2

Eligibility Criteria

- Includes a qualifying exam and a practical assessment
- The practical assessment may include an OSCE approach or an assessment at the practice site
- The practical assessment depends on the requirements and resources available



Recap of Workshop #2

Patient Safety – Double Check

- Agreement on how dispensing is a restricted activity that provides a safety check in the medication system when drugs are prescribed by an authorized provider
- Agreement that a pharmacist that prescribes a medication for a patient will not dispense that medication



Recap of Workshop #2

Mitigation Plan

- Agreement to develop a robust plan to mitigate the risk of pharmacist prescribing for financial gain only



Next Steps

- Develop a consultation document based on the Task Group recommendations
 - Eligibility criteria
 - Renewal requirements
 - Standards, limits and conditions
- Develop a Stakeholder Engagement Plan
- Seek feedback from the Task Group
- Task Group makes a recommendation to the Board in November





College of Pharmacists
of British Columbia

Practice Review Program Community Pharmacy Practice (Phase 1) Update

Presented by:

Bob Craigie

Chair, Practice Review Committee

September 18, 2015

Board Meeting

Business Stream

Update	Next Steps
<ul style="list-style-type: none"> • Coordinator continues to use scheduling application <ul style="list-style-type: none"> ○ Scheduled pharmacies for July, August and September 2015 	<ul style="list-style-type: none"> • Schedule pharmacies for October 2015
<ul style="list-style-type: none"> • 160 Pharmacy Reviews and 357 Pharmacy Professionals Reviews conducted as of August 31st, 2015 	<ul style="list-style-type: none"> • Refine Pharmacy Professional Reviews for Pharmacy Technicians
<ul style="list-style-type: none"> • Launched the first Practice Review Program Feedback Survey for completed registrants 	<ul style="list-style-type: none"> • Continue to send Practice Review Program Feedback Survey to completed registrants
	<ul style="list-style-type: none"> • Continue to develop Release 2 of Phase 1 (e.g. Residential Care services, compounding)



Communications Stream

Update	Next Steps
<ul style="list-style-type: none">• New Practice Review Program Insights article in Readlinks	<ul style="list-style-type: none">• Continue to develop Readlinks articles for Practice Review Program Insights
<ul style="list-style-type: none">• In the process of developing a communications plan for Phase 1 (ongoing) and Phase 2 (launch)	<ul style="list-style-type: none">• Finalize communications plan for Phase 1 (ongoing) and Phase 2 (launch)



Legislation/Complaints Resolution Stream

Update	Next Steps
<ul style="list-style-type: none"><li data-bbox="291 468 832 708">• Ongoing meetings with the Complaints Resolution and Legislation Departments to discuss and resolve issues arising from reviews	<ul style="list-style-type: none"><li data-bbox="967 468 1599 708">• Continue ongoing meetings with Complaints Resolution and Legislation Departments to discuss and resolve issues arising from reviews



Human Resources Stream

Update	Next Steps
<ul style="list-style-type: none"><li data-bbox="291 468 890 654">• Hired a Compliance Officer for Phase 1 (for reviews and Practice Support) and practice support	<ul style="list-style-type: none"><li data-bbox="967 468 1508 554">• Training of new Compliance Officer



IT Stream

Update	Next Steps
<ul style="list-style-type: none">• Temporary staff hired - Business Analyst and IT Developer	<ul style="list-style-type: none">• Complete development of web-based and stand-alone applications
<ul style="list-style-type: none">• Initiated data migration from manual excel forms to review application	<ul style="list-style-type: none">• Compliance Officers to test Review Application and QA data integrity

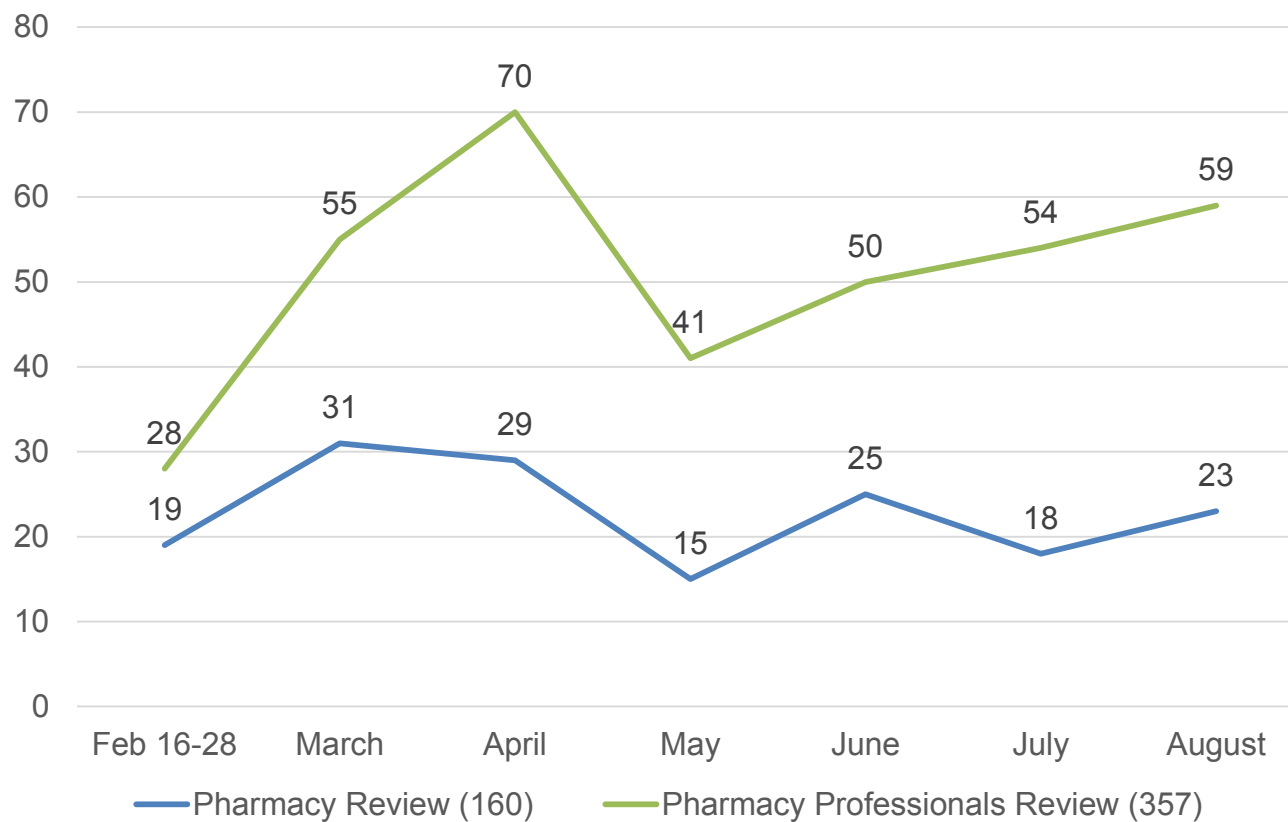


Historical Data

Fiscal Year	# of Routine Inspections
2011	166
2012	90
2013	138
2014	122

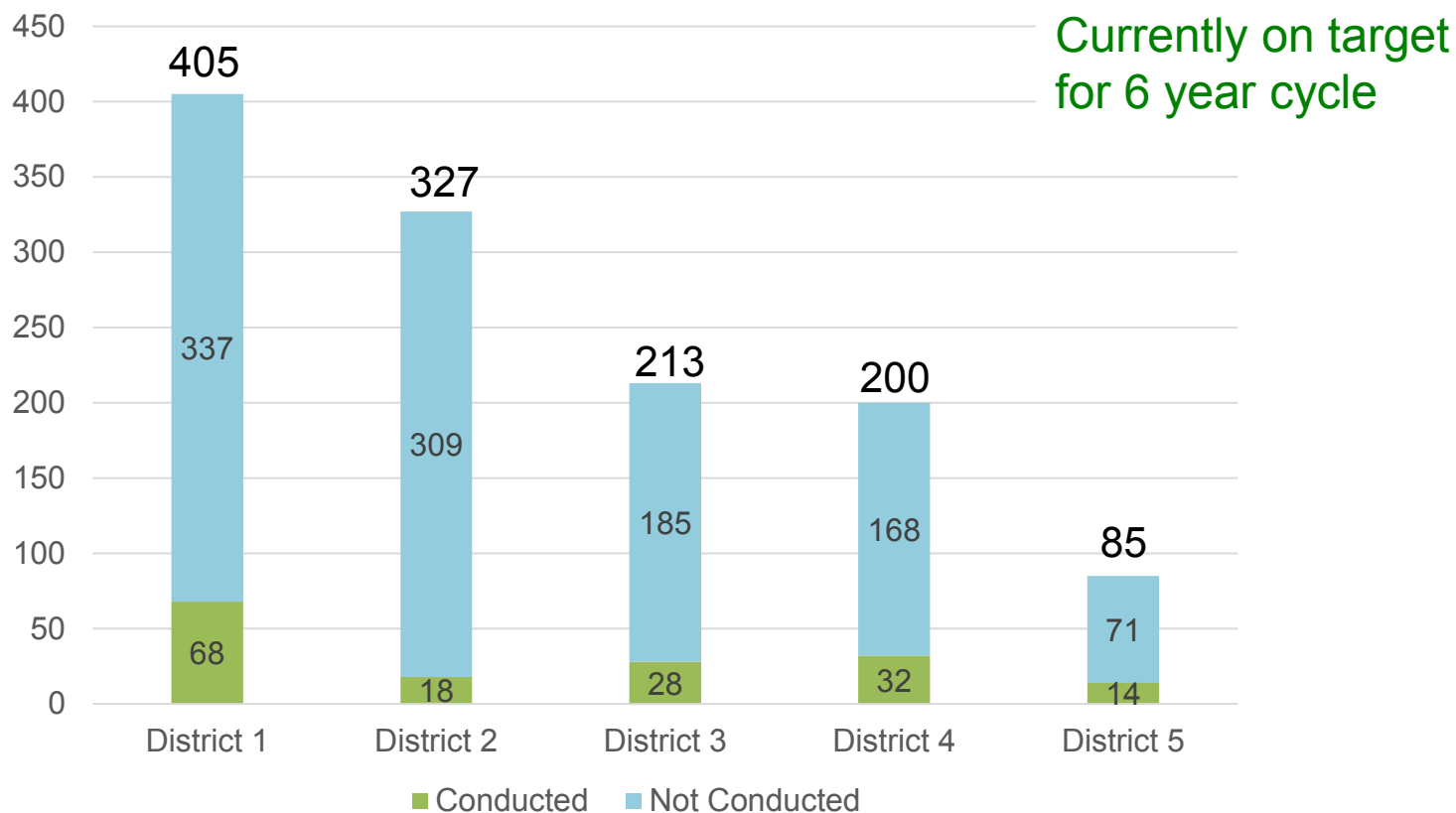


Reviews Conducted Overall



Pharmacy Reviews by District

February 16th – August 31st, 2015



Questions





College of Pharmacists
of British Columbia

Community Pharmacy Practice Phase 1 - The First 6 Months

Presented by:

Virginia Kwong

Compliance Officer

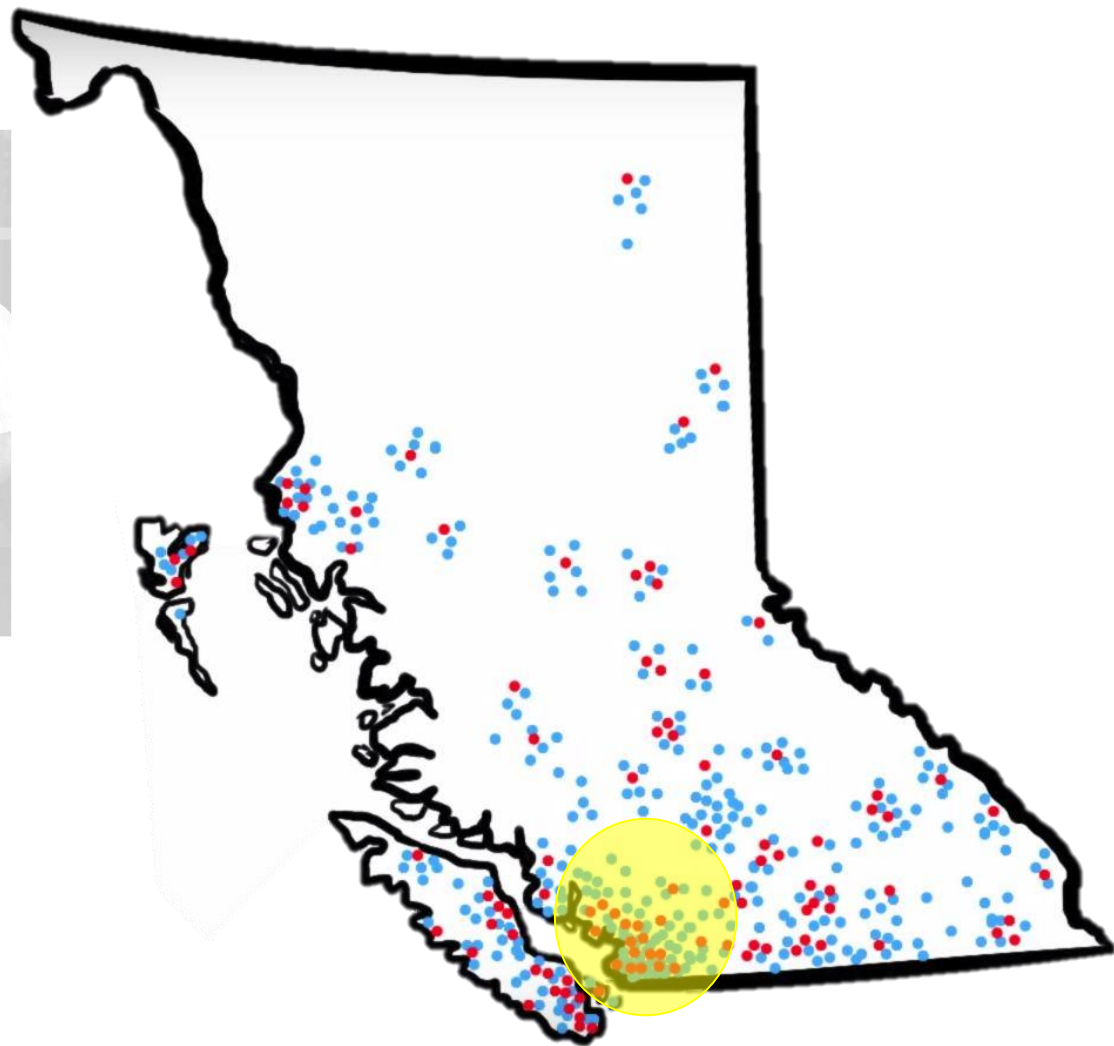
September 18, 2015

Board Meeting

Compliance Officers: Districts 1 & 2



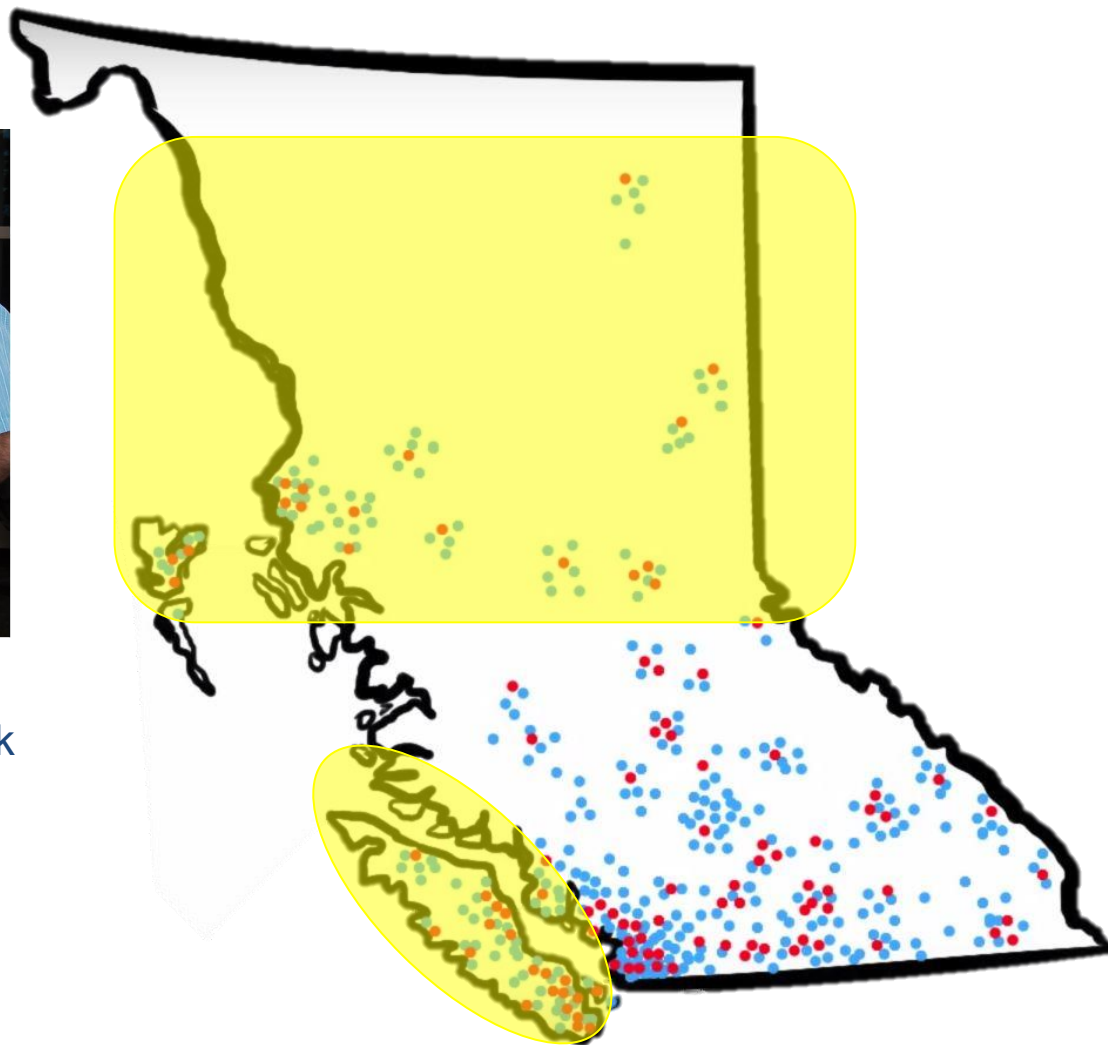
Jane Virginia
Xia Kwong



Compliance Officers: Districts 3 & 5



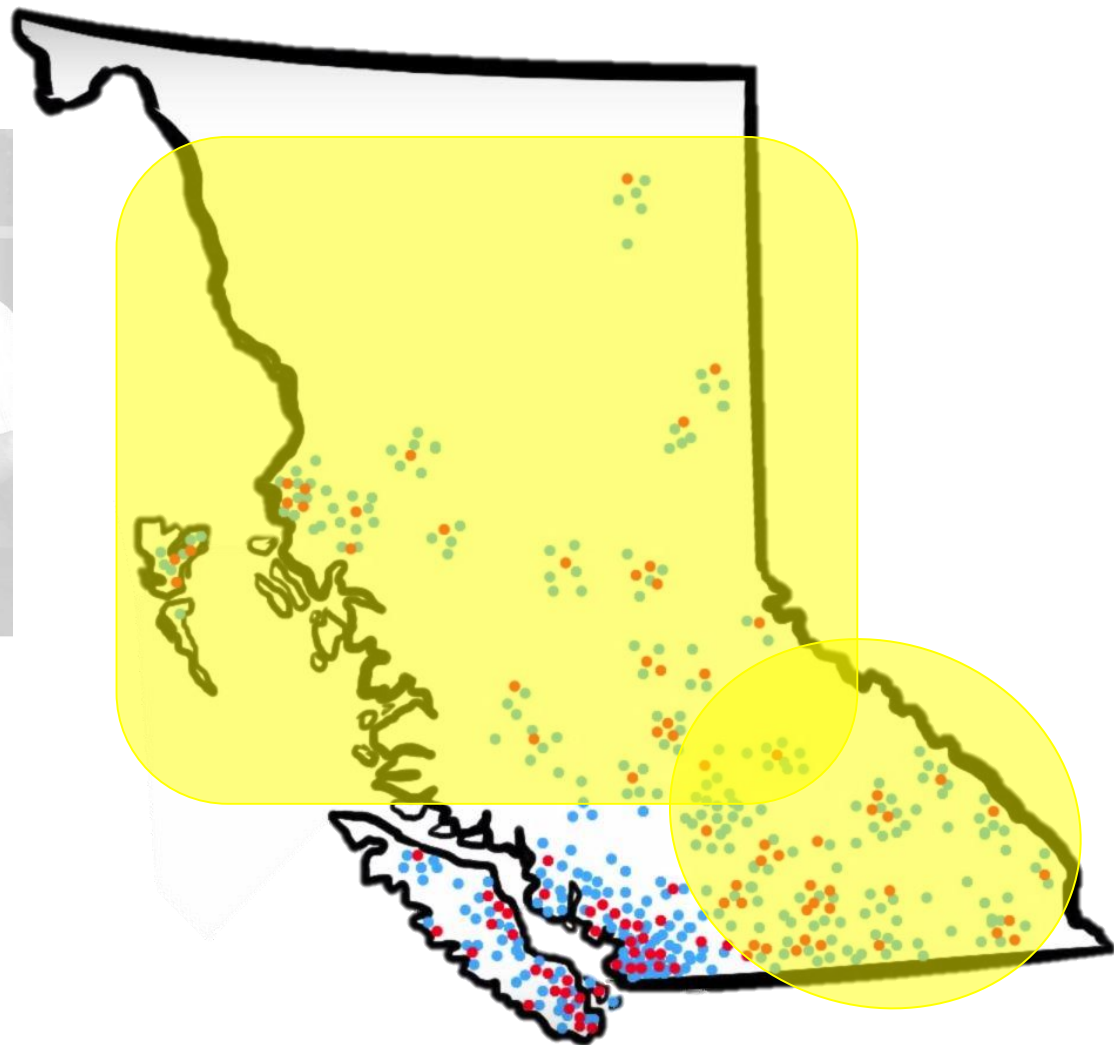
Dwain
Nottebrock



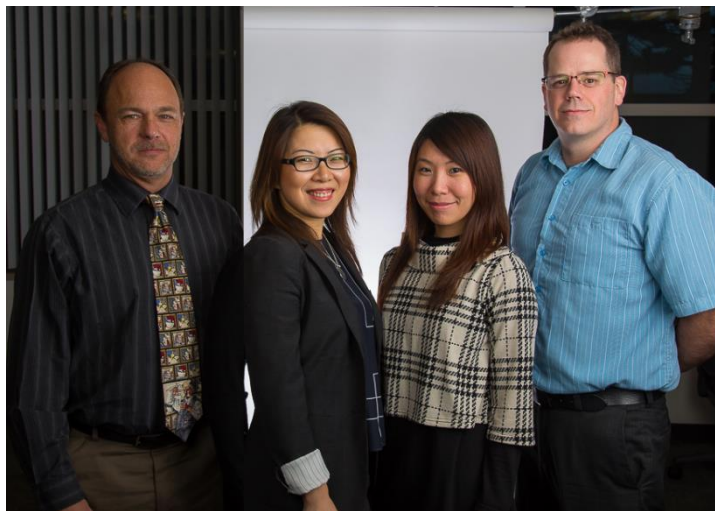
Compliance Officers: Districts 4 & 5



David Morhun



PRP Team



David Morhun Jane Xia Virginia Kwong Dwain Nottebrock
Compliance Officers



Ashifa Keshavji,
Director




Ashley Cheung
Coordinator




Megi Korovesi
Program Assistant



Compliance Officers Experience On-Site

- 
- Most registrants:
 - Cooperative
 - Understood purpose of program
 - Willing to comply
 - Valued feedback
 - Preferred scheduling vs. unexpected visit

- 
- Some registrants:
 - Frustrated with legislation
 - Prefer exams over being observed
 - Queries from Head Office (items that affect the whole chain)



Common Reasons for Non-Compliance



Examples of the “Misses”

PODSA Bylaw Section 3(2)(v):

A manager must advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy;

- Some pharmacy managers thought this bylaw applied only to internet pharmacies and so did not report their company’s website

PODSA Bylaw Section 11(1)(b)

*A pharmacy that does not comprise of 100% of the total area of the premises must ensure that a sign reading “**Medication Information**” is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist’s advice.*

- Signage displayed includes:
 - “Health Information Center”
 - “Patient Consultation”



Examples of the “Misses”

HPA Bylaw Schedule F Section 9(3):

*For a single-entity product, the label must include (a) the generic name, **and** (b) at least one of (i) the brand name, (ii) the manufacturer’s name, or (iii) the drug identification number.*

- Some Pharmacy Managers thought Brand + DIN were sufficient (without noticing that generic name is a must).

PPP-12:

*Prescriptions must be retained for a period of three years **after their most recent activity including refill transactions.***

- Some Pharmacy Managers thought rxs needed to be retained for a total of 3 years total (not considering refill date)
- Some Pharmacy Managers thought it is a total of 4 years (not considering BCP’s)



College of Pharmacists
of British Columbia

*Practice Review Program Insights: Retaining
Prescriptions*

Assumptions – Patients

“Why is storage a counseling requirement? Isn’t it common sense?”

- Real comments from patients during practice reviews:
 - “No one has told me that before! I have always been storing my meds in the bathroom!”
 - “Oh...so you mean I cannot store it in the fridge?”

“Why do we have to counsel refills? The patients have been on it for many years!”

- Real comments from a patient during practice reviews:
 - “No one has ever told me that I cannot take this drug with grapefruit juice and I have been getting this drug from your pharmacy for many years.”



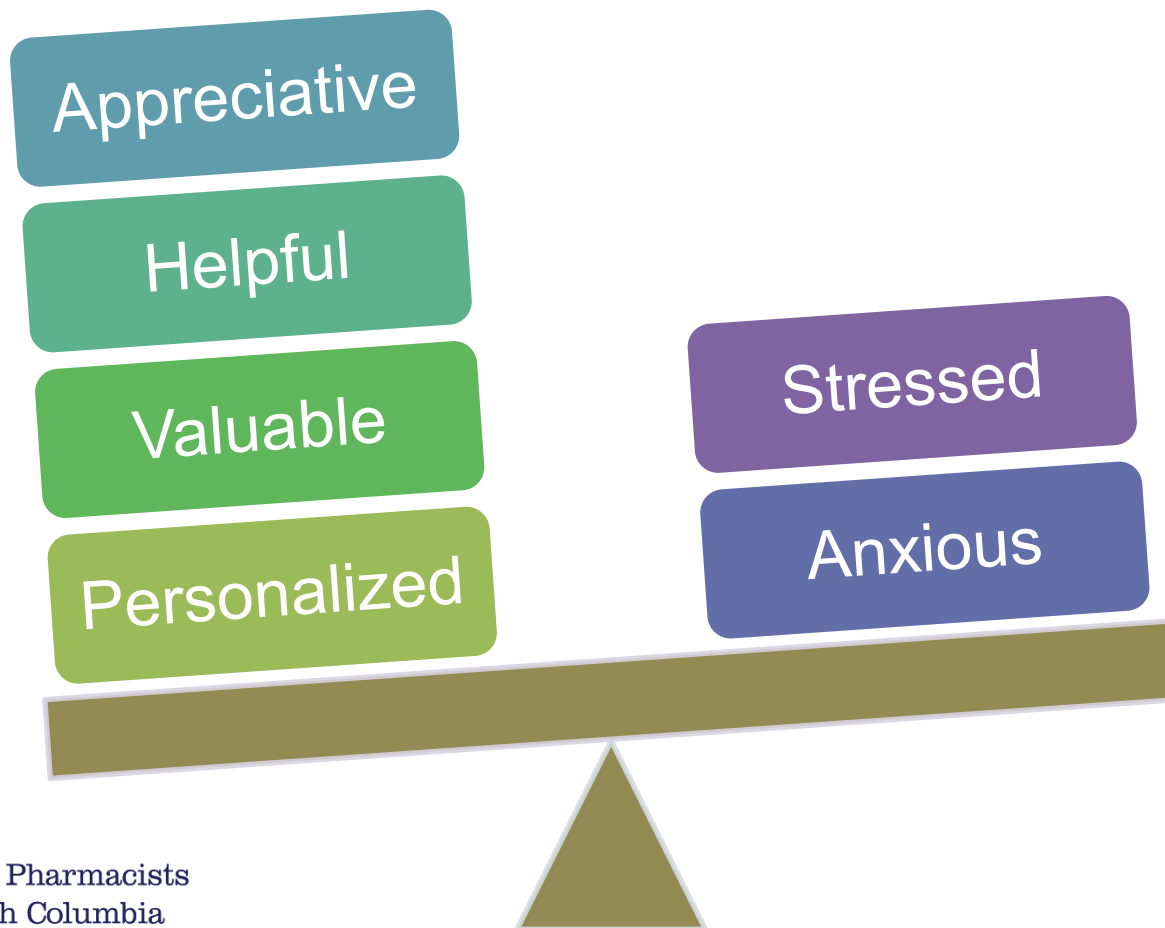
Assumptions - Coworkers

“What does your handwritten initial mean on the hardcopy?”

- Real conversation with two pharmacists during the practice review:
 - After speaking with Pharmacist A, CO asked Pharmacist B the same questions plus one more:
 - **CO:** *“If you knew Pharmacist A typed this prescription, would you go back and check PharmaNet?”* [rxs were typically typed by a pharmacy assistant]
 - **Pharmacist B:** *“I am very confident in Pharmacist A so I don’t go back and review PNET.”*
 - **Pharmacist A** heard our conversation and said: *“Actually...when I am typing for the sake of typing, I don’t assess the profile clinically...I thought you would go back and check PNET when checking the product regardless of who typed the prescription [like the way I always do]”*
 - **Pharmacist B:** *“oh.....(shocked) OK. I am going to get the same stamp that my friend uses at his pharmacy to document these steps clearly.”*



Comments from Registrants On-Site



Comments from Registrants in their Acknowledgement Email

Thanks again for the opportunity to improve my suggestions regarding

Thanks for everything. has been a great experience interacting with

It was a pleasure having you on site.

Thank you very much for your time in discussing issues in general. I received me much valuable guidance for practice

I want to thank you for your visit. Your visit has created positive motivation towards striving for excellence

I received your letter, and I would like to thank you for the review and all of the information that you shared. It was useful.



Questions





College of Pharmacists
of British Columbia

Hospital Pharmacy Practice Phase 2 - Results of the September 16, 2015 Practice Review Committee Workshop

Presented by:

Paul Tier

Project Manager

September 18, 2015

Board Meeting

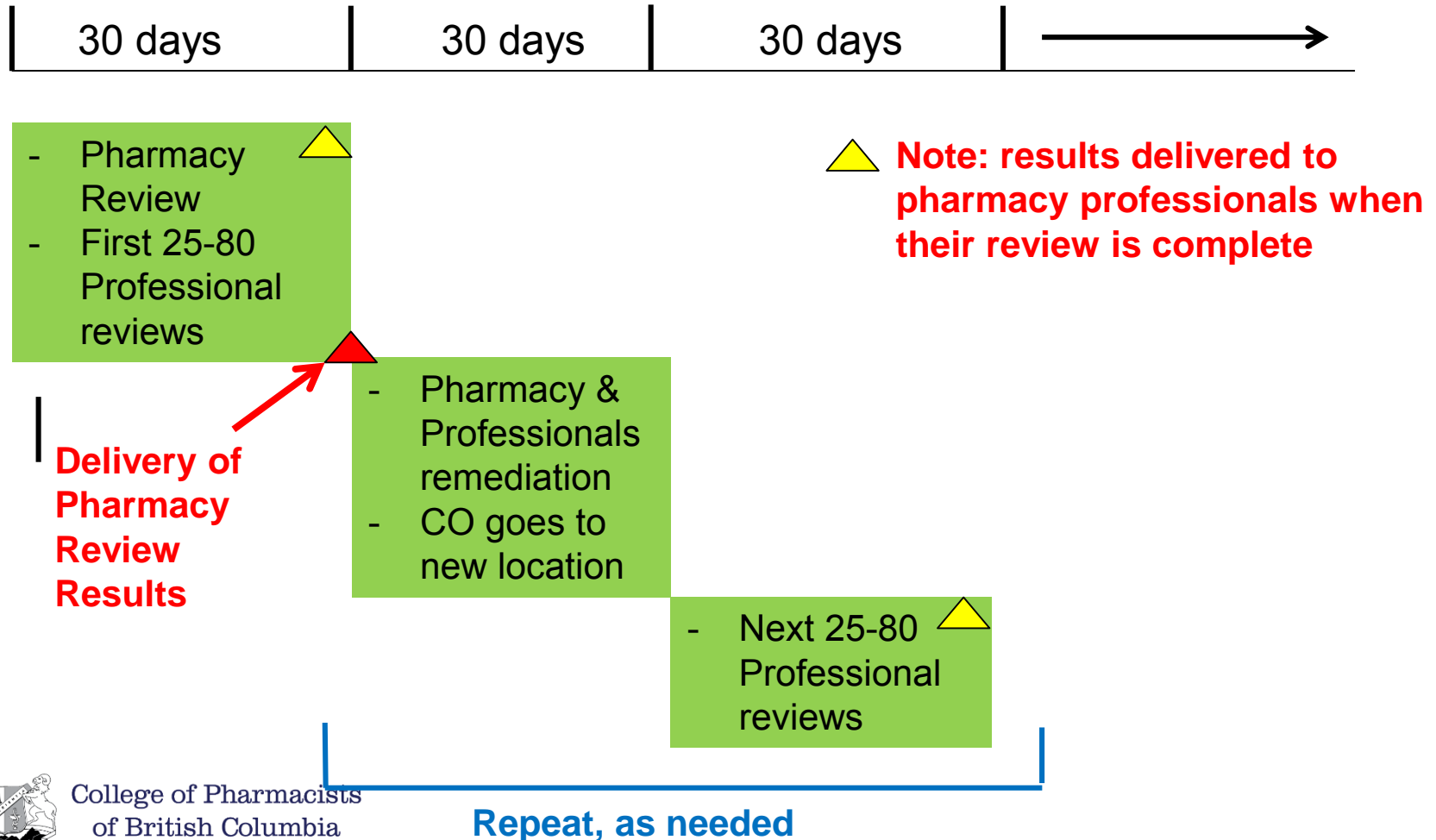
Scheduling Large Hospitals

- Reviewed proposed design to allow multiple visits by Practice Review Compliance Officers to complete all registrants reviews
- Allows PRP Hospital Coordinator to work with hospital pharmacy manager (or delegate) to achieve optimal scheduling of College and Pharmacy staff
- **PRC reviewed and approved design proposal**



Scheduling Large Hospitals (Cont'd.)

Proposed Segmenting of Reviews



Reviewing Registrants – Pharmacists and Technicians

- **The most difficult and contentious area of PRP-2 (Hospitals) to design:**
 - Many different roles in hospital pharmacy
 - Challenge for consistency of review versus Focus Areas
 - We have already introduced a 5th Focus Area for product processing
- **PRC reviewed and approved design that:**
 - Allows the review of registrants by type and setting
 - Allows three options to assess compliance (observe, case recall, standardized questioning)
 - Promotes consistency between community and hospital
 - Resolves outstanding issues in community PRP






Registrant / Setting

	Community Pharmacists	Community Technicians	Hospital Pharmacists	Hospital Technicians
Focus Areas	Patient Identification Verification	Patient Identification Verification	Patient Identification Verification	Patient Identification Verification
	Documentation	Documentation	Documentation	Documentation
	Counseling/ Communication/ Collaboration	Counseling/ Communication/ Collaboration	Counseling/ Communication/ Collaboration	Counseling/ Communication/ Collaboration
	PharmaNet Profile Check		Patient Oriented Pharmacy Practice	
		Drug Distribution (Product Processing) (NAPRA)		Drug Distribution (Product Processing) (NAPRA)

How to Review all Registrants, All Focus areas

Propose 3 methods to review compliance for any focus area:

#	Description	Details	
1	Observe practice	Watch work performed Interact, clarify	
2	Case Recall	Review recent work Recall charts, orders, computerized records, etc.	
3	Standardized Questioning	Ask standardized questions “How would you do X”	



Sterile Compounding

- **Clarified previous discussions on practice reviews as they affect sterile compounding:**
 - Cross-jurisdictional group will be providing future guidance of standards for both pharmacy and registrants
 - College currently performs inspection/reviews of pharmacies
- **PRC reviewed and approved design to:**
 - Continue reviewing pharmacies to current standards for PRP (in both hospital and community practices)
 - Implement new standards for pharmacies and registrants as standards become available



Additional topics reviewed by PRC

- **Received informational discussion paper on issue of Pharmacy Manager named on hospital pharmacy license:**
 - Current confusion around pharmacy directors who are not on-site being named as pharmacy manager
 - College decision to continue to accept pharmacists named by Health Authority on license, and clearly advise of responsibilities, especially as they apply to PRP
- **Reviewed and sent back to team for further analysis the following topics:**
 - Requirements to sign and maintain records of orders in hospital pharmacies
 - Providing backup Compliance Officer (pharmacist) for hospital pharmacy practice reviews



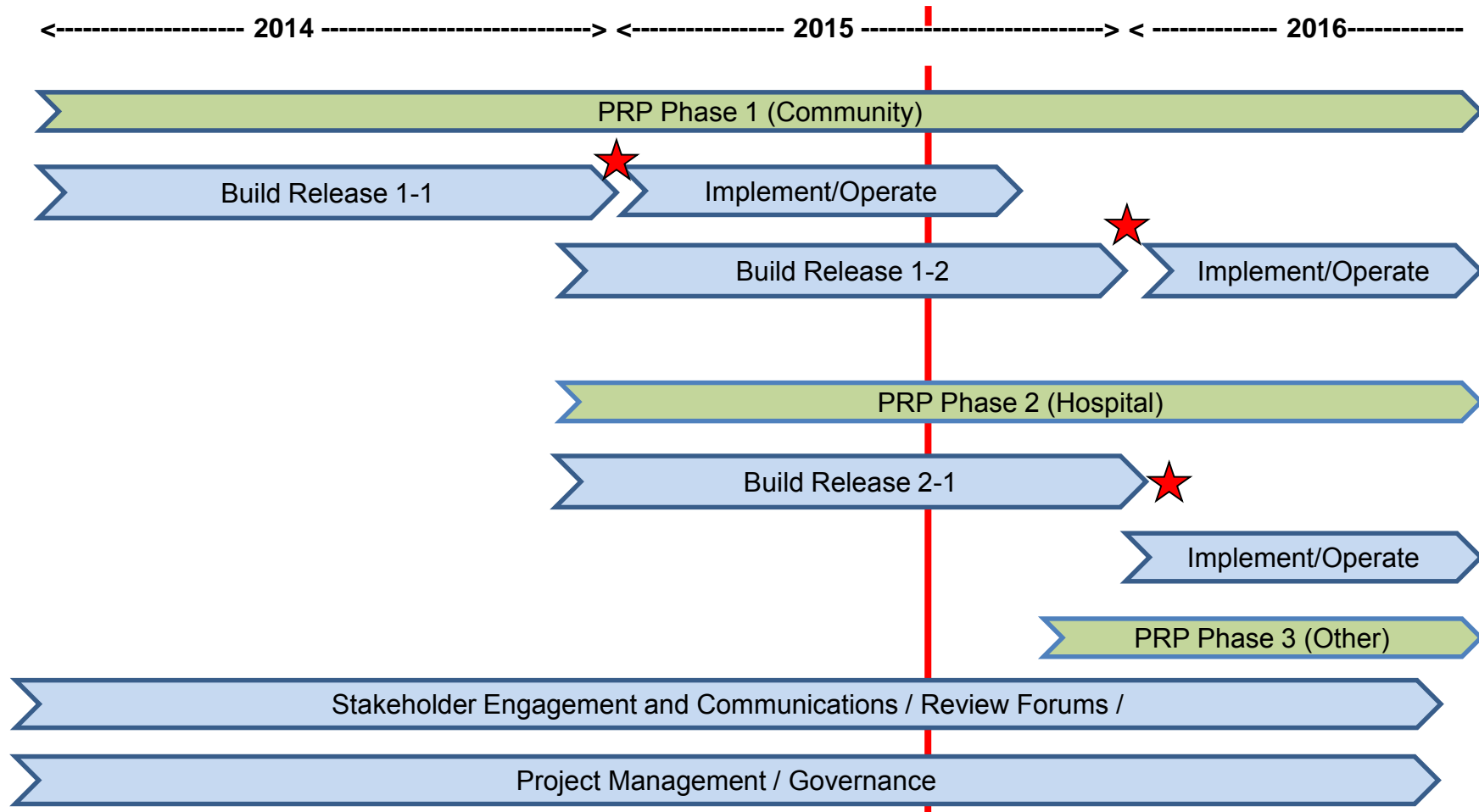
Board Endorsement:

PRC approved program design for hospital pharmacy reviews

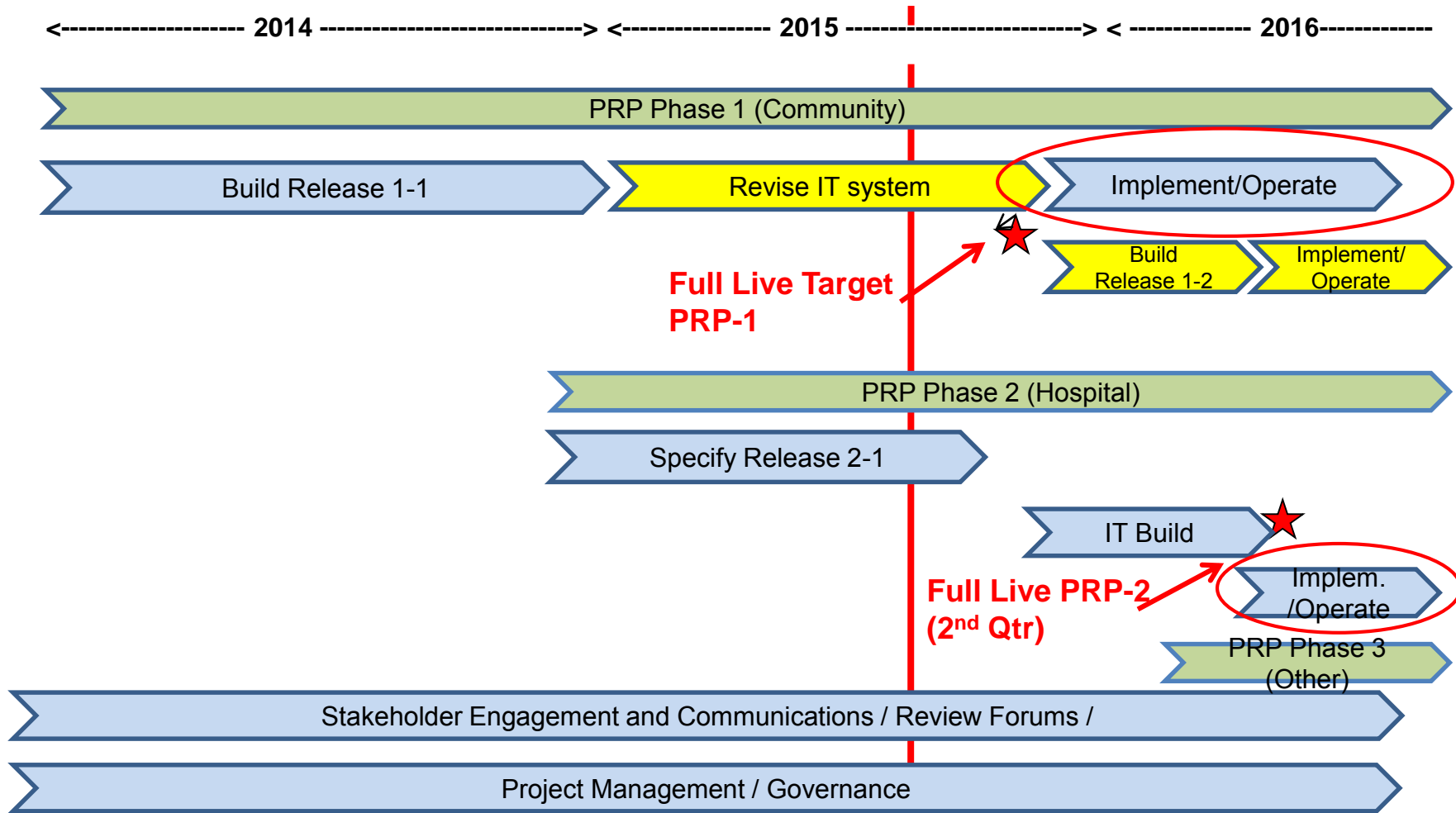


College of Pharmacists
of British Columbia

The PRP Project Plan - Previous Milestones



The PRP Project Plan - New Milestones



Reasons for Delay

- **The PRP business processes are designed around use of a new computerized system**
- **System not ready; started rollout of program with the use of interim spreadsheet forms:**
 - **Business of conducting reviews has been implemented**
 - **Pace is not sustainable without the use of the IT support system**
- **Development of the system has been delayed:**
 - Lack of Business Analyst - miscommunications re requirements
 - Lack of development and testing methodologies, disciplines and resources
 - Changes in personnel – ramp-up time
- **Focus on getting technology complete for Phase 1 has impacted initiation of development in Phase 2**
 - Business analyst, project manager, business owners focussed on getting Phase 1 (Community) up and running
 - Phase 2 (Hospital) will follow, once Phase 1 (Community) is running



Foundational Improvements Made

(Lessons learned yields prevention of recurrence)

- **Addition of Business Analyst and recognition of the role**
- **Test environment now in place, and first steps towards structure and methodology for development and testing**
- **First steps towards improved infrastructure:**
 - More robust support organization (internal and external)
 - Upgraded hardware, plus access to cloud capacity
 - Improved telecommunications



Phase 2 (Hospital) Practice – Based on foundation of Phase 1 (Community)

- **Sound design for scheduling, conducting reviews, delivering results, follow-up on Action Items**
- **New design for scheduling large hospital pharmacies**
- **New design addressing hospital-specific issues for practice reviews**

Benefits of New target dates for the Practice Review Program:

- **Stable, tested system will be available for building Phase 2 on**
- **More time for consultation: HPAC, expanded Forum, PTSBC, CSHP, etc.**
- **More time to refine business rules, training**



Questions





College of Pharmacists
of British Columbia

Inquiry Process and Case Studies

Board Meeting

September 18, 2015

Presented by:

**Catharine Herb-Kelly Q.C., Counsel to the College of
Pharmacists of B.C.**

What is Administrative Law?

It is the law that governs public officials and tribunals who make decisions that affect the interests of individual persons and whose authority to make those decisions is derived from statute. Administrative law prescribes the rules by which these authorities are expected to operate and when these rules are not complied with, provides the complaint procedure and remedies.

— Blake, Administrative Law in Canada, 4th ed. P. 5



Sources of Administrative Law

- Administrative bodies such as the College and its committees (Inquiry, Discipline, Registration etc.) derive their mandate from the applicable legislation.
- The matters over which the College and its committees have authority to act are set out in and limited by the *Health Professions Act* , the *Pharmacy Operations and Drug Scheduling Act*, their Regulations and bylaws.



Sources of Administrative Law

- In addition to the applicable legislation, all activities must be responsive to the common law rules of procedural fairness and natural justice.
- Courts require that decisions affecting the rights of individuals be made following procedures that are fair to the affected party.
- Minimally this means that before a decision is made that is adverse to a party's interests, that party must be advised what case he/she must meet and be given an opportunity to respond.



Some Important Sub-Rules

- Some of the rules that are frequently raised in the Investigations, Inquiry and Discipline context are:
 - Delay (may include the HPRB provisions);
 - Failure to give adequate notice;
 - Failure to provide an opportunity to respond;
 - Failure to provide adequate reasons;
 - Failure to comply with the statute;
 - Bias.



Appeals

- The *HPA* provides a right of appeal to the BCSC from decisions of the Registration Committee, the Discipline Committee and the Inquiry Committee when it acts pursuant to section 35 (extraordinary suspension, conditions).
- Parties also have the right to seek judicial review to the BCSC pursuant to the *Judicial Review Procedure Act*.
- Appeal to the Health Professions Review Board.



Consequences of Appeals

- What can a Court do?
- Options include:
 - Upholding the decision;
 - Quashing the decision;
 - Substituting its decision in place of the tribunal's;
 - Sending the case back to the tribunal with directions to do certain things;
 - Awarding costs against the College.



Case Study – Manijeh Farbeh

First Court Challenge - Grounds

- She claimed she had no notice that her registration might be suspended at the March meeting;
- She was not given an opportunity to respond to the evidence the IC relied upon when it suspended her the second time;
- The suspension was not necessary to protect the public; and
- The IC's reasons were inadequate.



First Court Challenge Outcome

- It was clear the IC considered her 22 page response;
- The new concerns identified in the second suspension were described and they were *prolific and of numerous types* (paragraph 29, judgment);
- Many of the concerns had been brought to her attention before;
- The Judge accepted the urgency of the situation – supported by abundant evidence detailed in the IC's decision.



The Hearing – Appeal #2

Grounds of Appeal

- The panel failed to adequately advise her regarding her right to obtain counsel;
- Independent counsel to the panel acted beyond her proper role;
- Reasonable apprehension of bias;
- She did not admit the allegations in 1 & 2 so the finding that she committed those offences was unreasonable.



Result of Appeal #2

- In December 2011, Justice Burnyeat dismissed most of the appeal, but concluded that the discussion about admitting the first 2 allegations in the Citation was equivocal, so the findings of guilt were quashed.
- He sent the case back to the panel to reconsider its decision as to penalty in view of his decision.
- The panel reconvened in July 2012 and upheld its decision to cancel her registration on the basis the evidence still supported this result and reduced the award of costs from \$35,000.00 to \$30,000.00.



College Appeal #3

- In February 2013, the College appealed Burnyeat J's decision to quash the first 2 findings to the BCCA on the basis that he should have sent those matters back to the Panel to consider those allegations on their merits.
- The BCCA agreed with the College's position and the Panel reconvened to address those charges in March 2014. Manijeh admitted the charges and the Panel left its previous decision on penalty undisturbed.



Manijeh Appeals Again - #4

- Appealed the penalty to the BCSC which upheld the cancellation of registration and costs award as there was no legal basis upon which to disturb the decision.
- The panel considered and addressed in its reasons all of the relevant considerations, including all of Manijeh's arguments.



Are We Close to the End?

- Manijeh obtained leave to appeal the dismissal of her last appeal on penalty on August 5, 2015.
- This will be heard by the BCCA later this year.
- The issues will be whether the penalty was too severe given that she practiced for 9 years without incident before the events in question and there might be mitigating factors that were ignored – she worked in a high risk setting with inadequate resources.



Case #2 – Ali Laal

- Laal derailed the proceeding;
- Argument that the College had failed to comply with the *HPA* regarding deadlines (delay) as a result of which the Discipline Committee lost its jurisdiction to proceed;
- The BCSC refused to hear this argument since the appeal was brought before the case had been concluded – therefore no decision on the timeliness issue was obtained.



Derailing the College

- Prevent decisions overturned or tinkered with (Farbeh)
- Delay of the College's process (Laal – court delayed DC hearing, lack of notice)
- College must comply with legislation and principles of procedural fairness to retain the protection of s. 24 of the HPA (acting in good faith) and therefore exposing the College to liability



Case study background

- Important dates (timeline)
- Relevant issues to admin law
- Relevant issues to CPBC legislation
- Court dates
- Current appeal



What does all of this mean?





College of Pharmacists
of British Columbia

Methadone Maintenance Treatment Action Plan Update

**Board Meeting
September 18, 2015**

**Presented by:
Suzanne Solven, Deputy Registrar**



SOCCER

Looking to the future

John Herdman, coach of the women's soccer squad, will face some tough decisions in the next 14 months

PAGE 5

THE GLOBE AND MAIL

TUESDAY, JUNE 30, 2015

SECTION 5

Globe British Columbia

PUBLIC HEALTH

Methadone pharmacies under scrutiny

College of Pharmacists plans undercover investigations to flag questionable practices, such as offering incentives

WENDY STUECK VANCOUVER

The College of Pharmacists of B.C. plans to conduct at least six undercover operations over the next three years as part of an effort to rein in problem methadone pharmacies, according to a new action plan obtained by The

Globe and Mail. The plan also calls for at least 40 "priority inspections" of pharmacies that have come under scrutiny for questionable billing or other practices through PharmaCare, the provincial drug plan.

The college's action plan follows a Ministry of Health review

of B.C.'s Methadone Maintenance Payment Program that flagged several concerns, including improper billing of methadone claims; lucrative dispensing fees that can add up to \$6,500 a year for each methadone client; and clusters of pharmacies in Surrey and Vancouver's Downtown East-

side that cater almost exclusively to methadone patients.

Those concerns, along with a Ministry of Health crackdown on problem pharmacies through a new regulation introduced last year, have been detailed in recent stories in The Globe and Mail.

"Although the college has taken

a number of significant steps towards improving [methadone maintenance treatment] pharmacy care in B.C. over the past eight years, concerns still exist," the report, which outlines an action plan to be carried out between 2015 and 2018, says.

CBC Media Coverage

Cut to video



College of Pharmacists
of British Columbia

MMT Action Plan Overview

2015-2018

**Undercover
Investigations
(n=6)**

**Focused
Inspections
(n=40)**

**Stakeholder
Relations**

**Legislation
Review**



Goal 1: Undercover Investigations

Undercover Investigations

**June 2015 -
August 2015**

In the interest of confidentiality & security, the College will not be reporting on the progress of Undercover Investigations



Goal 2: Focused Inspections

Focused Inspections

**May 2015 –
August 2015 (8)**

- 2** suspensions;
L/C on manager
- 3** given list of
deficiencies with 30 day
deadline
- 3** premise deemed
appropriate



Goal 3: Stakeholder Relations

Stakeholder Relations

June – August 2015

- City of Langley
- College of Physicians and Surgeons of BC
- City of Vancouver
- Vancouver Police Department
- Ministry of Health
- Vancouver Coastal Health Authority
- Patient Liaison Working Group (late-September)



Goal 4: Legislation Review

Legislation Review

**June 2015 –
August 2015**

Changes to be informed by
results of inspections

Prioritized on larger
Legislation Plan
(to be presented at
November Board meeting)



Case Study: Native Vancouver Pharmacy (NVP)



Case Study: Native Vancouver Pharmacy

1. Plan for Focused Inspection

2. Focused Inspection (May 20, 2015)

3. Focused Inspection Findings

- Pest infestation
- Mould
- Flooring, walls, ceilings and windows filthy and damaged
- Poor lighting
- Food handling













"Attention"

Please kindly put all the
Nutritionals (Sugar, Powdered
Milk,...) back into the Glassy
Cabinet Shelves (top sections),
at the end of the day.
Hopefully, they can be saved
from Lion Micel?





Case Study: Native Vancouver Pharmacy

- 4. Post-Inspection**
- 5. Inquiry Committee Meeting (May 27, 2015)**
- 6. Investigate Pharmacy (May 27, 2015)**
- 7. Prepare for Suspension of Pharmacy Licence**



Case Study: Native Vancouver Pharmacy

8. Pharmacy Suspension (May 29, 2015)

- Delivery of notice
- Ongoing communications with pharmacy manager and director





PHARMACY

MEDICATION INFORMATION

PHARMACY LICENCE SUSPENSION

DEAR PATIENTS OF NATIVE VANCOUVER PHARMACY:
If you have active prescriptions on file at Native Vancouver Pharmacy, please see your physician or visit a walk-in clinic for a new prescription.
Starting June 12, you will no longer be able to get your prescriptions filled at this pharmacy until further notice.



THE COLLEGE OF THE PHARMACY PROFESSION IN BC, IT RECEIVED ITS AUTHORITY FROM THE HEALTH PROFESSIONS ACT AND THE PHARMACY OPERATIONS AND DRUG SCHEDULING ACT TO IMPOSE THIS SUSPENSION.

For more information, please visit the College website
bcpharmacists.org

NATIVE VANCOUVER PHARMACY
4850 EASTWICK STREET, VANCOUVER, BC, V6M 4L1
PH: 604-271-7300 • FAX: 604-271-7307

Attention Valued Clients
Please return Methadone Empty
Cups to the Pharmacy Staff for
a safe Disposal.
Thank you for your
cooperation.
Management



"ATTENTION OUR VALUED CUSTOMERS"

OWNED BY "MEDICAL HEALTH OFFICE OF "VANCOUVER COASTAL HEALTH", WE ARE NOT ALLOWED TO SERVE YOU WITH ANY KIND OF FOOD SOURCE LIKE: MUFFINS, COOKIES, CAKES, ICE CREAM, FROM NOW ON, WE ARE WORRY FOR THE INCONVENIENCE.

RECEIVED
NATIVE VANCOUVER PHARMACY

PHARMACY LICENCE SUSPENSION

DEAR PATIENTS OF NATIVE VANCOUVER PHARMACY:

If you have active prescriptions on file at Native Vancouver Pharmacy, please see your physician or visit a walk-in clinic for a new prescription.

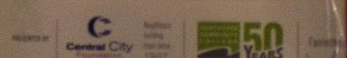
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College of Pharmacists of British Columbia

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For more information, please visit the College website
bcpharmacists.org

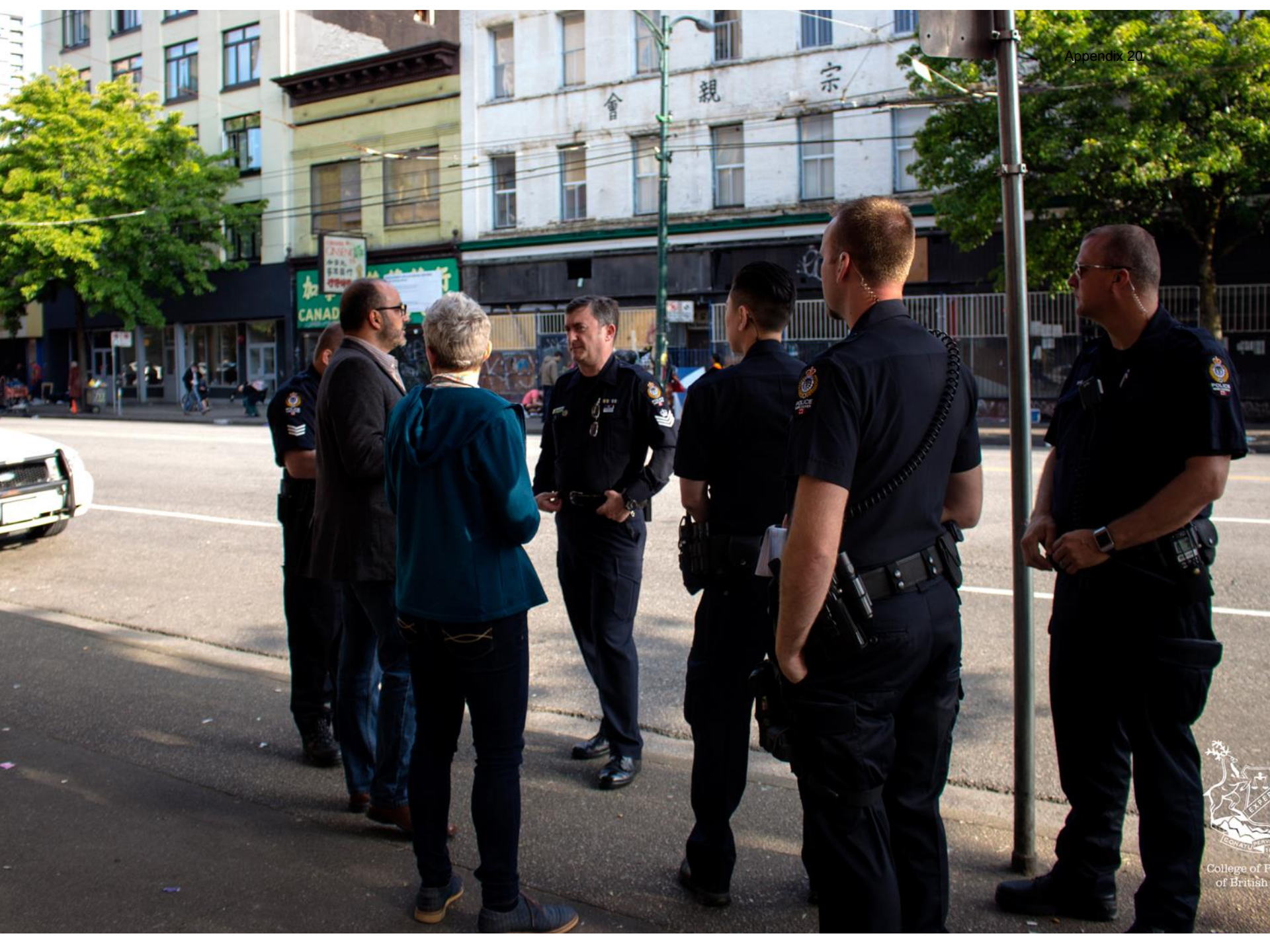


Join your NEIGHBOURS

fair in the square 2015

FREE Sun, May 31st 11am to 2pm
VICTORY SQUARE PARK HASTINGS & CABBIE GASTOWN

hosted by Marc Smith - 30DayAdventures



Case Study: Native Vancouver Pharmacy

9. Post-Suspension

10. Inquiry Committee Meeting (June 8, 2015)

11. Post-meeting

12. Review Remedial Measures



Case Study: Native Vancouver Pharmacy

13. Pharmacy Visit (July 8, 2015)

14. Visit New Life Pharmacy (July 9, 2015)

15. Post-Review

16. Inquiry Committee Meeting (Sept 3, 2015)







College of Pharmacists
of British Columbia

Robbery Prevention Campaign Review

Origin

- During the development of PPP-74, Walgreen's had indicated that success of its public awareness program was critical to the success of the entire program.
- Chair Dossa, in her remarks during the Town Hall, indicated that an "innovative" public awareness campaign would be launched.
- PPP-74 commits the College to undertaking public awareness activities



Objectives

3 original high level objectives:

- To explain why the program is necessary
- To validate how it has worked elsewhere
- Mandate is public safety: to serve and protect the public.





The Team

- Marlie Oden
- Norene Kimberley
- Trish Neufeld
- Julie Coghlan-Smith
- Victoria Chemko
- Mykle Ludvigsen
- Jon Chen
- Brooke Forbes

Advisory

- Bob Nakagawa*
- Suzanne Solven
- Lori Tanaka
- Caitlin Roberts



Targeting

- General Public
- Criminal Element
- Community Pharmacy Staff
- Media
- Law Enforcement
- Government
- Other smaller targets (e.g. College staff, other regulatory bodies, health care professionals etc.)



Public

- Pharmacy robbery is a surprisingly frequent and often violent crime; it happens in your neighbourhood causing serious emotional harm to pharmacy staff and patients.
- Drugs stolen from a pharmacy end up on the streets, contributing to high rates of addiction, overdose and death.
- The College is taking a zero-tolerance approach on these issues and is mandating PPP-74 to make pharmacies and communities safer.



Criminal Element

- Individuals who would rob or have robbed a pharmacy, with or without weapons, either for personal or financial gain by selling on the street. Of those individuals:
 - Some are free and on the streets;
 - Some are at some stage of being ‘in the system’
 - Some are actually incarcerated.

It should be noted that by ‘would rob’, we mean those who might be considering a first robbery, or who might be influenced by others to do so.



Criminal Element Messaging

- Narcotics in pharmacies will now be stored in time-delay safes, amongst other security requirements
- There is no chance that, should you choose to initiate a pharmacy robbery, you will get away with it. **You will be caught.**
- Goal: **Prevent the robbery from happening in the first place!**



Assumptions & Decisions

- Criminals watch television, read newspapers, and surf the internet just like everyone else. Including those criminals currently incarcerated.
- A program brand is a way to link responsibility for setting and enforcing requirements in this area with the College
- Take whatever steps necessary to avoid becoming part of the Federal Election Campaign



DrugSafeBC

- DrugSafeBC is the public name brand of PPP-74.

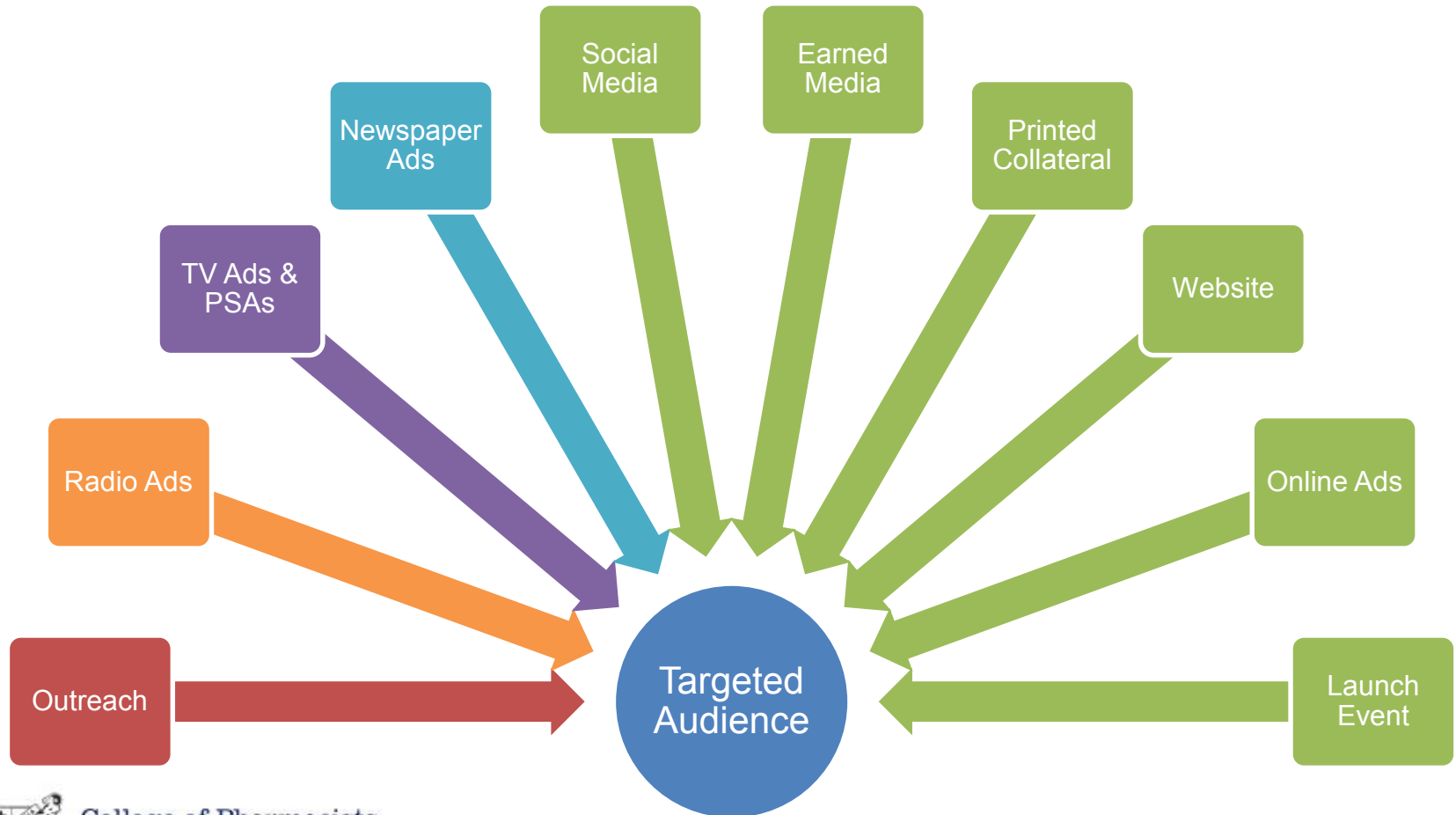


The Plan: Research

- Mustel Research contracted to provide pre- and post-campaign evaluation the degree to which public awareness has risen.
- Dr. Graham Farrell, Professor and Research Chair, Environmental Criminology, SFU will also be researching this policy initiative from a crime prevention perspective.



The Plan: Integrated and Multi-Phase



Success to Date

- Launch event held at the Pharmasave at Oak and 42nd in Vancouver with Chair Dossa as host. Earned media opportunities result.
- Digital ads on Google and Facebook launched that day
- Printed collateral (signs/posters) up across the province. 1240 community pharmacies were sent multiple signs
- ¼ page advertisements in the Vancouver Sun, Times Colonist, and 8 other regional or multicultural papers as of today.



Samples of Newspaper Ads



**TIME IS UP
FOR DRUG THIEVES**

The College of Pharmacists of British Columbia works to keep the public safe.

All BC pharmacies are required to store narcotics in a time-delay safe and keep only limited quantities on site.



Safer pharmacies. Safer communities.

A PROGRAM OF  College of Pharmacists of British Columbia

FOR MORE INFORMATION VISIT bcpharmacists.org/drugsafebc



College of Pharmacists
of British Columbia

College Website – DrugSafeBC Page

- The College website is the central location for all public information on DrugSafeBC:

TIME IS UP FOR DRUG THIEVES



There are more than 1240 pharmacies in BC. Some are located inside major grocery and drugstore chains while others are located right on the street. More than likely there is a pharmacy right in your neighbourhood and you might even have a nodding acquaintance with the pharmacist and pharmacy technicians who work there.

What you may not know is that last year far too many BC pharmacies were held up and had narcotics such as OxyContin, Percocet and fentanyl stolen. In fact, more than 92% of these robberies were committed with a weapon such as a wooden or metal club, a knife or even a gun. To date in 2015 there have been more pharmacy robberies than in all of 2014, putting public safety at risk.

The mandate of the College of Pharmacists of British Columbia is the protection of the public; something had to be done, and done now. So, effective September 15, BC pharmacies are required to use time-delay safes for the storage of narcotics.

Imagine if you'd been a customer when such a robbery occurred. Imagine the fear and trauma that the pharmacist and pharmacy technicians would have experienced both during, and in the days following the crime.

THERE ARE OVER

1240

PHARMACIES
IN BC



92%

OF ROBBERIES WERE
COMMITTED WITH A
WEAPON



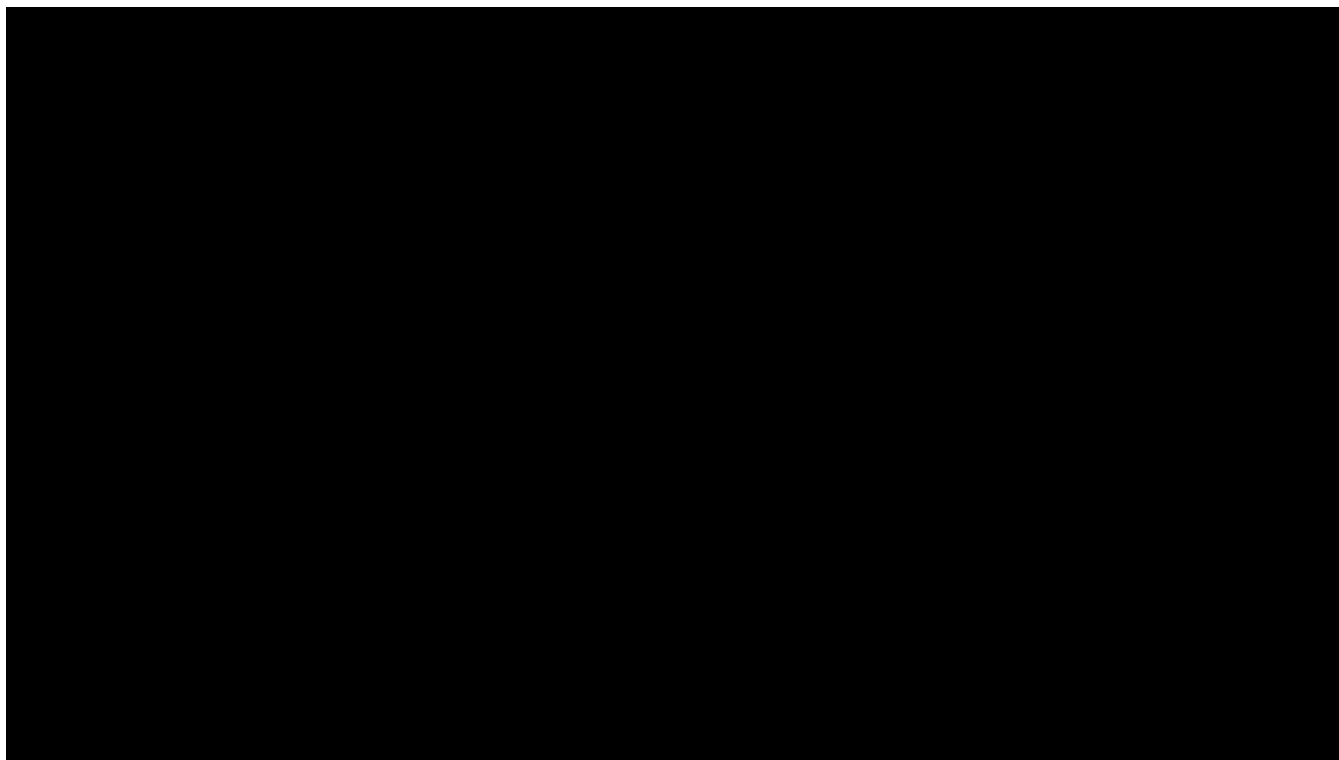


Television Ads

- Designed to target both the general public and the criminal element.
- Like all ads, we've used a layering approach to ensure that there is something you discover each time you view/hear it to avoid audience fatigue with them.
- Also designed to meet the requirements of TVB, the body that allocates airtime for Public Service Announcements.



Television Ads



Television Ads

All over BC criminals
have threatened lives

ROBBING PHARMACIES



Final Comments

- There are additional video ads that are intended for social media that are still in development.
- Radio ads are now in the development process.
- As part of the College's Strategic Plan, a public awareness campaign on the roles and values of pharmacists and pharmacy technicians is scheduled for 2016. That project will be able to build upon this one.





Our mandate is to
serve and protect
the public

BC Health Regulators

Public Awareness Campaign

09.18.14

Presentation to the College of Pharmacists of BC

Marlie Oden – Principal, Bridge Communications

- **Began her marketing career in Edmonton; moved to Vancouver to manage the Tourism BC account**
- **Founded Bridge Communications in 1995**
- **Worked with College of Registered Nurses of BC, BC College of Social Workers, City of Vancouver, Variety, and dozens of non-profit groups.**
- **Serves on the boards of VIFF, Bard on the Beach, and TheatreSports**



The launch of the campaign

2013



Care

Make sure your health professional is regulated, licensed and accountable.

**Regulated Health Professionals
Our purpose, your safety**

Audiologists, Chiropractors, Certified Dental Assistants, Dental Hygienists, Dental Technicians, Dentists, Denturists, Dietitians, Hearing Instrument Practitioners, Licensed Practical Nurses, Massage Therapists, Midwives, Naturopathic Physicians, Nurse Practitioners, Occupational Therapists, Opticians, Optometrists, Pharmacists, Pharmacy Technicians, Physicians and Surgeons, Physiotherapists, Podiatrists, Psychologists, Registered Psychiatric Nurses, Registered Nurses, Social Workers, Speech-Language Pathologists, Traditional Chinese Medicine Practitioners and Acupuncturists

For more information visit www.bchealthregulators.ca




Trust

Make sure your health professional is regulated, licensed and accountable.

**Regulated Health Professionals
Our purpose, your safety**

Audiologists, Chiropractors, Certified Dental Assistants, Dental Hygienists, Dental Technicians, Dentists, Denturists, Dietitians, Hearing Instrument Practitioners, Licensed Practical Nurses, Massage Therapists, Midwives, Naturopathic Physicians, Nurse Practitioners, Occupational Therapists, Opticians, Optometrists, Pharmacists, Pharmacy Technicians, Physicians and Surgeons, Physiotherapists, Podiatrists, Psychologists, Registered Psychiatric Nurses, Registered Nurses, Social Workers, Speech-Language Pathologists, Traditional Chinese Medicine Practitioners and Acupuncturists

For more information visit www.bchealthregulators.ca




Safe

Make sure your health professional is regulated, licensed and accountable.

**Regulated Health Professionals
Our purpose, your safety**


Audiologists, Chiropractors, Certified Dental Assistants, Dental Hygienists, Dental Technicians, Dentists, Denturists, Dietitians, Hearing Instrument Practitioners, Licensed Practical Nurses, Massage Therapists, Midwives, Naturopathic Physicians, Nurse Practitioners, Occupational Therapists, Opticians, Optometrists, Pharmacists, Pharmacy Technicians, Physicians and Surgeons, Physiotherapists, Podiatrists, Psychologists, Registered Psychiatric Nurses, Registered Nurses, Social Workers, Speech-Language Pathologists, Traditional Chinese Medicine Practitioners and Acupuncturists

For more information visit www.bchealthregulators.ca



Transit Ads

BC Health Regulators



Safe, Care & Trust

Our Purpose, Your Safety

Ask your health professional if he or she is registered or licensed by a regulatory college

For specific information, to ask a question or report a concern contact the appropriate regulatory college

In BC, regulated health professionals can expect quality care. Visit www.bchealthregulators.ca to learn more.

visit www.bchealthregulators.ca

詩省衛生監管機構



安全、護理及信任

我們的目標，閣下的安全

您的衛生專業人員，他/她是否已獲得具監管的管理院給予註冊或發出執照。

取得特定資訊、提問或舉報，請聯絡適當的具監管權的管理院。

在卑詩省，具監管權的管理院發出執照給大部分醫療專業人員。我們的使命是保護您，那麼您就可期望能夠從您的受監管醫護人員那裏得到合格、合乎道德和安全的護理。

我們是卑詩省的 20 多個具監管權的管理院，受《衛生專業法》及《社工法》規

管。我們確保我們的領照專業人員是合資格的，遵循標準行事。

我們會對病人、公眾及其他醫護人員提出的投訴，作出回應。假如衛生專業人員的執業是不安全或不合乎道德的，我們會採取行動。

想取得更多資訊，請瀏覽 www.bchealthregulators.ca

BC Health Regulators



Ligtas, Nangangalaga at Tiwala

Ang Aming Layunin, Ang Kaligtasan Mo

Tanungin ang iyong pangkalusugang propesyonal kung siya ay nakarehistro o lisensiyado ng isang regulatoryong kolehiyo.

Para sa partikular na kaalaman, upang magtanong o mag-ulat ng isang alalahanin, makipag-ugnay sa naaangkop na regulatoryong kolehiyo.

Para sa karagdagang impormasyon bisitahin ang www.bchealthregulators.ca

Multicultural print advertising

BC주 보건 규제 기관

안전, 보살핌 그리고 신뢰

우리의 목적은 당신의 안전입니다

의료인에게 규제 협회에 등록되어 있거나 규제 협회
면허가 있는지 질문하십시오.

구체적인 정보 확인이나 문의 또는 우려 사항 신고 시,
해당 규제 협회로 연락하십시오.

BC주 규제 협회들은 대부분 의료인에게 면허를
발급합니다. 우리의 임무는 대중을 보호하는
것이므로 협회 소속 의료 제공자로부터는
윤리적이고 안전한 적격 서비스를 기대하실
수 있습니다.

우리는 보건직종법과 사회복지사법이 적용되는

BC주의 200여 규제 협회로 이루어져 있으며, 면허를
소지한 유지적 전문 의료인들이 기준을 준수하게
합니다.

우리는 환자, 일반인 및 다른 의료 제공자들로부터
불만 사항이 접수되면 대처하고 전문 의료인의
행위가 불안정하거나 비윤리적이면 조치합니다.

자세한 사항은 www.bchealthregulators.ca를 보시기 바랍니다.

ਬੀ ਸੀ ਹੈਲਥ ਰੈਗੂਲੇਟਰਜ਼

ਸੁਰੱਖਿਅਤ, ਸੰਭਾਲ ਅਤੇ ਭਰੋਸਾ

ਸਾਡਾ ਉਦੇਸ਼, ਤੁਹਾਡੀ ਸੇਫ਼ਟੀ

ਆਪਣੇ ਸਿਹਤ ਮਾਰਨ ਨੂੰ ਪੁੱਛੋ ਕਿ ਕੀ ਉਹ ਨਿਯਮ ਬਣਾਉਣ ਵਾਲੇ
ਕਿਸੇ ਕਾਲਜ ਦਾ/ਦੀ ਮੈਂਬਰ ਹੈ ਜਾਂ ਉਸ ਵਲੋਂ ਲਾਇਸੈਂਸਸ਼ੁਦਾ ਹੈ।

ਖਾਸ ਜਾਣਕਾਰੀ ਲਈ, ਸਵਾਲ ਪੁੱਛਣ ਲਈ ਜਾਂ ਕਿਸੇ ਫਿਕਰ ਦੀ

نهادهای واضع و اعمال کننده ی مقررات بهداشتی در بی سی

ایمنی، مراقبت و اعتماد

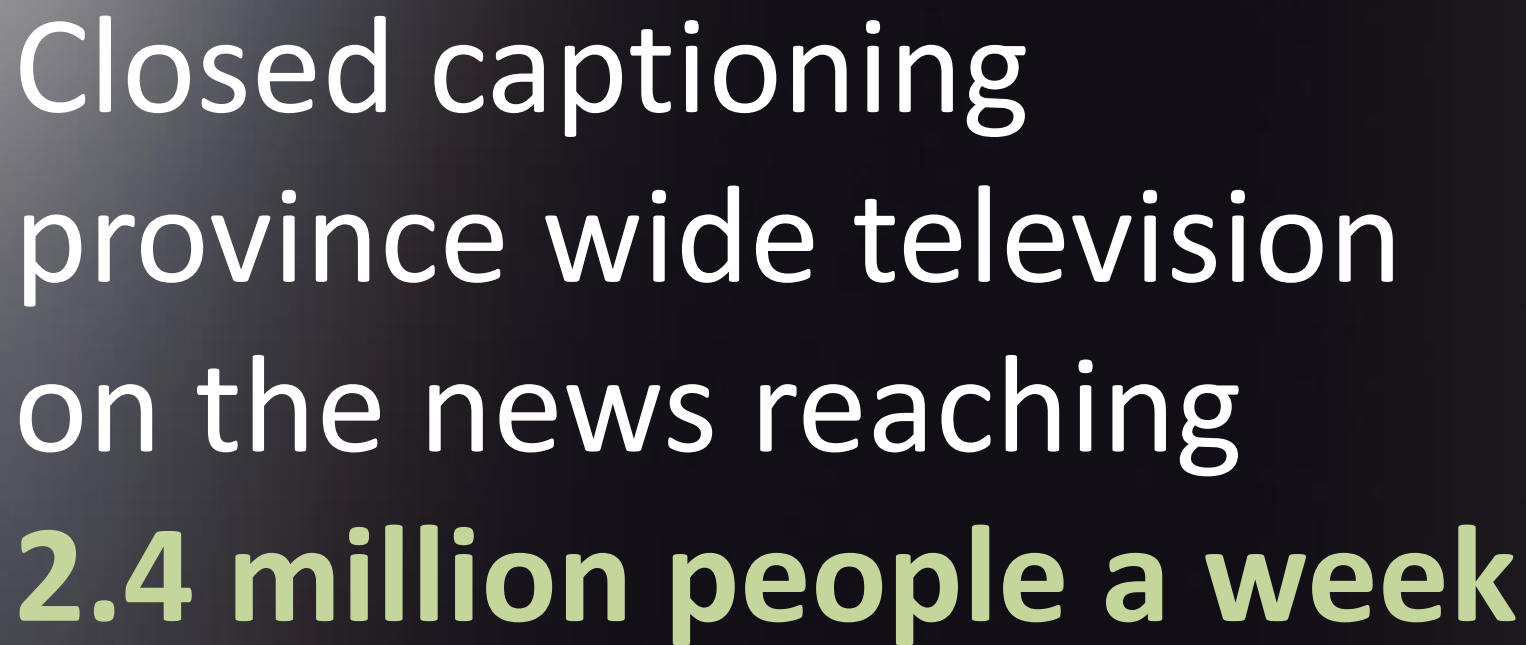
هدف ما، ایمنی شما

برای اطلاعات خاص، برای طرح پرسش یا
برای گزارش کردن نگرانی خود با کالج
مربوطه تماس بگیرید.

از متخصص بهداشتی خود پرسید که آیا
عضو یک کالج واضع و اعمال کننده ی مقررات
بهداشتی (regulatory college) هست یا نه.

برای اطلاعات بیشتر از وبسایت www.bchealthregulators.ca دیدن کنید.

Multicultural print advertising

A Sony television set is shown from a front-facing perspective. The screen is dark and displays white text. The text reads: "Closed captioning province wide television on the news reaching 2.4 million people a week". The number "2.4 million people a week" is highlighted in a light green color. The television has a black bezel and a silver stand. The background behind the television is a collage of three faces: a man's face on the left (orange tint), a woman's face in the center (green tint), and another woman's face on the right (blue tint).

Closed captioning
province wide television
on the news reaching
2.4 million people a week



Year 2

Year 2

- Pre campaign research



Year 2

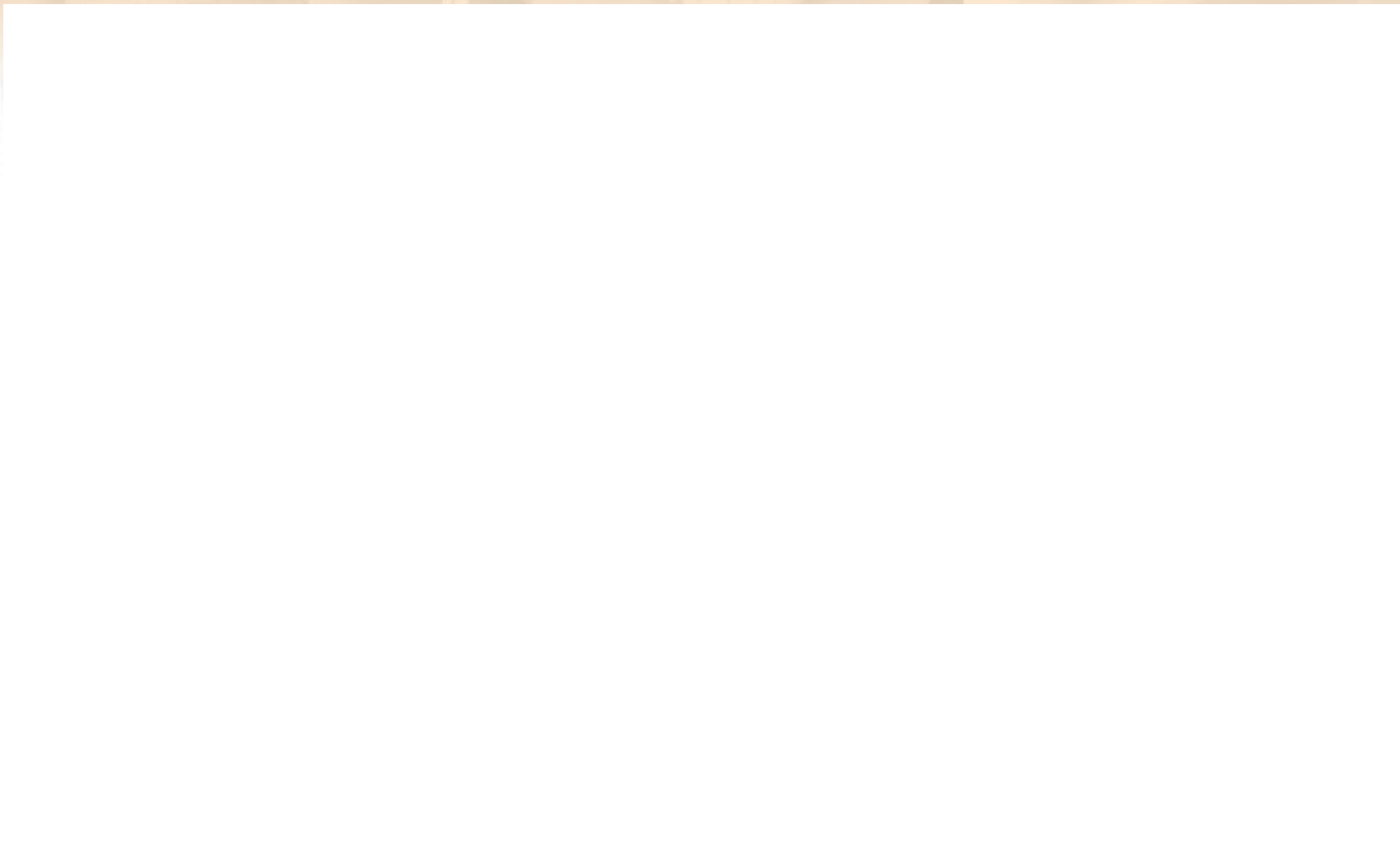
- Closed captioning television
(Global news only)



Year 2



Year 2



Year 2



Year 2



Year 2

- Bus shelters



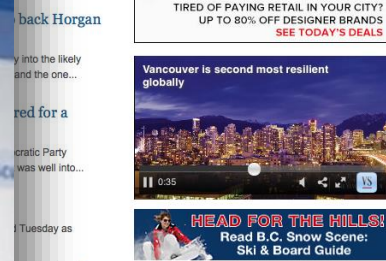
Year 2

- Enhanced website in *9 languages*



Year 2

- Digital ads start



Year 2

- Social media including video interviews, including YouTube Channel
- Create disruptive components



Year 2

- Earned media main stream and ethnic – ethics, education, standards, criminal, registered, professional



Year 2

- Print brochure for each college to print

How do regulatory colleges work?

Colleges are responsible for setting and enforcing the standards, or rules, of their professions. Under BC law, our mandate is to serve and protect the public.

Each college has a board which includes members elected by its peers and at least two public members appointed by government. Members of the profession and the public are also involved in college complaints, discipline processes and other committees.

The college regulates the profession. The board oversees the college's activities and is accountable for how the college operates. This is called self-regulation. Self-regulation is a privilege granted by government. Government recognizes that the profession is best positioned to know what education and practice standards are needed to ensure public safety and high quality services.

About our public awareness campaign

Launched: September 2013

Purpose:

- Deliver a common message about the role of professional self-regulation in healthcare
- Health professionals work under professional standards and ethics
- Explain why and how the general public can contact a regulator

Languages:
English, Spanish, Cantonese/Mandarin, Punjabi, Korean, Vietnamese, Tagalog and Farsi

Delivery:
bus shelter posters, closed caption Global TV ads, paid advertising in ethnic news, multi-language website

Duration of project:
five to seven years



Regulated Health Professionals

Our Purpose, Your Safety

In BC, regulatory colleges license most health care professionals. Our mandate is to protect you. So you can expect qualified, ethical and safe care from your regulated health care provider.

www.bchealthregulators.ca

In BC, regulatory colleges license most health care professionals. Our mandate is to protect you. So you can expect qualified, ethical and safe care from your regulated health care provider.

www.bchealthregulators.ca

500 BC Health Professionals (Must be regulated)

QUESTIONS

78% YES

Are you a health professional regulated by a regulatory body to ensure the highest standards of practice?

99% Public
2% Other
29% Don't know

If anyone, who are the people or groups that the regulatory bodies are intended to serve?

Massage therapy	4%
Emergency medical assisting, Dental Hygiene, Naturopathic medicine, Midwifery	3%
Lab technicians, Dental technology, Occupational therapy	2%
Traditional Chinese medicine and acupuncture, Podiatric medicine, Optician, Dietetics	1%
None	25%

16% YES
84% NO

If anyone, have you ever contacted or considered contacting a health professional's regulatory body?

Our Purpose, Your Safety

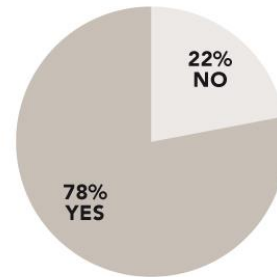
In BC, regulatory colleges license most health care professionals. Our mandate is to protect you. So you can expect qualified, ethical and safe care from your regulated health care provider.

www.bchealthregulators.ca

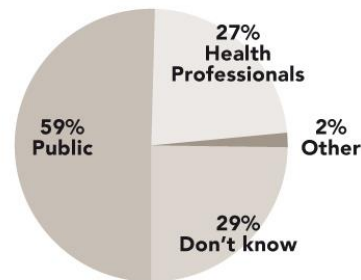
Year 2

- Metrics measurement

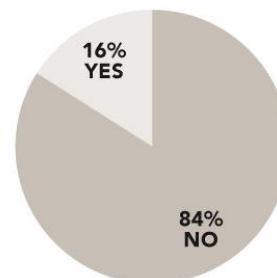
QUESTIONS



Are you aware that under the Health Professions Act, the majority of BC's health professionals are governed by regulatory colleges or bodies that ensure their members are qualified, competent and follow clearly defined standards of practice and ethics?



If aware, who are the people or groups that the regulatory bodies are intended to serve?



If aware, have you ever contacted

UNAIDED QUESTION

Which health professions can you name that are regulated under the Health Professions Act?

Medicine	62%
Nursing	43%
Dentistry	30%
Chiropractic	19%
Physical therapy	17%
Pharmacy	9%
Psychology	6%
Optometry	5%
Massage therapy	4%
Emergency medical assisting; Dental Hygiene; Naturopathic medicine; Midwifery	3%
Lab technicians; Dental technology; Occupational therapy	2%
Traditional Chinese medicine and acupuncture; Podiatric medicine; Optician; Dietetics	1%
None	25%

Year 2

- Success Health Fairs
- Canada Day Parade



Year 2

- Displays ready for use at health/public events



Year 2

- Member of BC Health Regulators to their material /websites



Post campaign research

Year 2

Post campaign research



What we know



You already know what this is advertising.



A Universal Experience



The next level



Visuals that make you stop, look and listen



More than make believe.

Ugit, comnit ut arum rate eos et occus
voluptia corpus illupitat rempor ati
dre pos aut et omnisciis. Rum rem. Ut
voluptium conse nobit arum rate eos et
occus voluptia corpus illupolupic

Regulated Health Professionals
Our purpose, your safety

www.bchealthregulators.ca



It's more than pretend.

Ugit, comnit ut arum rate eos et occus voluptia
corpos illupitat rempor ati dre pos aut et omnisciis.
Rum rem. Ut voluptium conse nobit arum rate eos
et occus voluptia corpos illupolupic



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Our purpose, your safety

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Saying you are one doesn't make you one.

Ugit, comnit ut arum rate eos et occus voluptia
corpos illupitat rempor ati dre pos aut et omnisciis.
Rum rem. Ut voluptium conse nobit arum rate eos
et occus voluptia corpos illupolupic

Regulated Health Professionals
Our purpose, your safety

www.bchealthregulators.ca



A young boy with brown hair, wearing a blue and white striped shirt and a black stethoscope, is looking down at a clipboard he is holding. The background is a blue-tinted image of a hospital room with medical equipment. The text is overlaid on the left side of the image.

Becoming a regulated health professional takes more than wishful thinking.

Ugit, comnit ut arum rate eos et occus voluptia
corpos illupitat rempor ati dre pos aut et omnisciis.
Rum rem. Ut voluptium conse nobit arum.

Regulated Health Professionals
Our purpose, your safety

www.bchealthregulators.ca