College of Pharmacists of British Columbia

Board Meeting
November 20th, 2015
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
Blake Reynolds, Chair, District 4 Board Member
Anar Dossa, Vice-Chair, District 6 Board Member (*present for items 1-8*)
Mona Kwong, District 1 Board Member
Ming Chang, District 2 Board Member
Tara Oxford, District 3 Board Member
Frank Lucarelli, District 5 Board Member
Arden Barry, 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

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

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1. WELCOME & CALL TO ORDER

Registrar Nakagawa called the meeting to order at 9:05am on November 20th, 2015.

2. ELECTION OF CHAIR

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

Registrar Nakagawa called for nominations:

- Blake Reynolds was nominated.

After no further nominations were made, Blake Reynolds was elected by acclamation as the new Board Chair for a 1-year term to conclude at the start of the November 2016 Board meeting.

3. ELECTION OF VICE-CHAIR

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

Chair Reynolds called for nominations:

- Anar Dossa was nominated.

After no further nominations were made, Anar Dossa was elected by acclamation as the new Board Vice-Chair for a 1-year term to conclude at the start of the November 2016 Board meeting.

4. CONSENT AGENDA

a) Items for further discussion

The following items were removed from the Consent Agenda and placed onto the regular Agenda under '13. Items Brought Forward from the Consent Agenda':

- Item (ii) Board Meeting Schedule 2016, and
- Item (xiii) Board Self-Evaluation Tool Kit Results.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as amended.

CARRIED

5. APPROVAL OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the November 20, 2015 Draft Board Meeting Agenda as amended.

CARRIED

6. REQUIREMENT FOR ACCREDITED CE FOR YEARLY REGISTRATION RENEWAL

Gary Jung, Chair of the Quality Assurance Committee gave a presentation regarding the requirement for accredited continuing education (CE) for yearly registration renewal.

It was moved and seconded that the Board:

Directs the Quality Assurance Committee to change their policy for CE requirements for yearly registration renewal as follows:

From:
Yearly completion of CE-Plus consists of:

- *A minimum of 15 hours of learning activities, documented on a minimum of 6 Learning Records with supporting documentation.*
  - *a) All learning must have been completed within the 12 months prior to renewal date.*
  - *b) CE-Plus Learning Records must be completed in English.*

To:
Starting January 1, 2016 (for renewal deadline December 31, 2016) and onwards:
Yearly completion of CE-Plus consists of:

- *A minimum of 15 hours of learning activities, documented on a minimum of 6 Learning Records with supporting documentation.*
  - *a) A minimum of 5 hours of the learning activities must be accredited.*
  - *b) All learning activities must have been completed within the 12 months prior to renewal date.*

CARRIED

7. CERTIFIED PHARMACIST PRESCRIBER

a) Update

Information was provided in the briefing package **(Appendix 3)**.

b) Draft Framework

John Shaske and Steve Shalansky, Co-Chairs of the Certified Pharmacist Prescriber Task Group, presented the principles of the Certified Pharmacist Prescriber Initiative Draft Framework **(Appendix 4)**.

It was moved and seconded that the Board:

Approve the Certified Pharmacist Prescriber Initiative Draft Framework, in principle, considering guidance from the Board.

CARRIED

8. NON-REGULATED PHARMACY STAFF

Board member Jeremy Walden presented an update to the Board on the College's ongoing exploration of non-regulated pharmacy employee registration **(Appendix 5)**.

9. 125TH ANNIVERSARY CELEBRATION

Board member and Chair of the 125th Anniversary Working Group Ming Chang presented.

It was moved and seconded that the Board:

Appoint Leeann McKenzie as the pharmacy technician representative on the 125th Anniversary Working Group.

CARRIED

It was moved and seconded that the Board:

Approve the 125th Anniversary Working Group communications plan, and host a signature gala event to celebrate the 125th anniversary of the College.

CARRIED

10. SOLVING DRUG-RELATED PROBLEMS THROUGH INTERPROFESSIONAL COLLABORATION BETWEEN PHARMACISTS AND PHYSICIANS

Aaron Tejani and Tom Perry gave a joint presentation updating the College Board on the progress of the UBC, Faculty of Medicine research project entitled 'Solving Drug Related Problems through Interprofessional Collaboration between Pharmacists and Physicians' **(Appendix 6)** which the Board granted funds to at their November 2013 meeting. Dr. Tejani is a clinical assistant professor with the Faculty of Pharmaceutical Sciences (University of British Columbia) and Dr. Perry is a specialist in general internal medicine and clinical pharmacology, practicing in Vancouver.

11. E-REFERENCE FUNDING CONSIDERATION – RX FILES

Chief Operating Officer Mary O'Callaghan presented.

It was moved and seconded that the Board:

Direct the Registrar to subscribe to RxFiles for 12 months at a maximum cost of $17,000.

CARRIED

12. STRATEGIC PLAN 2017/18 – 2019/20

Chief Operating Officer Mary O'Callaghan presented **(Appendix 7)**.

13. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

The following items were removed from the Consent Agenda and placed on the regular Agenda for further discussion:

- Item (ii) Board Meeting Schedule 2016:

Thursday, February 18, 2016
Friday, February 19, 2016
Board Strategic Planning Session – February 19, 20, and 21, 2016

Thursday, April 14, 2016
Friday, April 15, 2016

Thursday, June 23, 2016
Friday, June 24, 2016

Thursday, September 15, 2016
Friday, September 16, 2016
Location/venue for this date to be considered at a future Board meeting

Thursday, November 17, 2016
Friday, November 18, 2016

CPBC Annual General Meeting
Saturday, November 19, 2016

It was moved and seconded that the Board:

Approve the 2016 Board Meeting Schedule as circulated.

CARRIED

- Item (xiii) Board Self-Evaluation Tool Kit Results **(Appendix 6)**.

14. DRUGSAFEBC IMPACT UPDATE

Director of Communications & Engagement, Gillian Vrooman, presented an update of the impact to date of the College's DrugSafeBC program **(Appendix 7)**.

15. IN-CAMERA

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.'

16. ADJOURNMENT

Chair Reynolds adjourned the meeting at 3:40pm.

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4. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as amended.

i. September 17 – 18, 2015 Draft Board Meeting Minutes **[DECISION]**

ii. (Removed from Consent Agenda and placed onto the regular Agenda under item '13. Items Brought Forward from the Consent Agenda'.)

iii. Chair's Report

iv. Registrar's Update
   a. Activity Report
   b. Action Items & Business Arising
   c. Strategic Plan Milestones

v. Committee Membership Appointments **[DECISION]**

vi. UBC CPPD 2014/15 Update

vii. Continuing Education Tools and Programs

viii. Practice Support to Registrants

ix. Report on Outcomes of Collaborative Opportunities Program

x. Report on Numbers of Pharmacists Participating in Clinical Skills Development Program

xi. Practice Review Program – Hospital Pharmacy Practice Review Update

xii. Audit and Finance Committee (LE2)

xiii. (Removed from Consent Agenda and placed onto the regular Agenda under item '13. Items Brought Forward from the Consent Agenda'.)

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4.b.i. September 17 – 18, 2015 Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the Draft September 17 – 18, 2015 Board Meeting Minutes as circulated.

Appendix	
1	Draft September 17 – 18, 2015 Board Meeting Minutes

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 Craigue, District 5 Board Member
Aleisha Enemark, District 7 Board Member
Bal Dhillon, District 8 Board Member
Norman Embree, Public Board Member
Kris Gustavson, Public Board Member
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'

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 Craigue, 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)**.

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

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4.b.iii. Chair's Report

INFORMATION ONLY

Since the September 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
- Attended BC Health Regulators Meeting
- Attended Practice Review Committee meeting
- Participated in FIP 2015 Conference in Germany
- Met with the Dean, Faculty of Pharmaceutical Sciences, UBC
- Met with President BCPhA
- Met with Registrar and President, UK General Pharmaceutical Council
- Met with Past CEO, National Pharmacy Association, UK
- Met with Harry Cayton, CEO Professional Standards Association, UK

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4.b.iv Registrar's Update
a) Activity Report

INFORMATION ONLY

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

- Several meetings and conversations with the Chair and Vice Chair
- Prepared to present with Angie Westmacott on the incentives court case to the CNAR conference in Vancouver; presented at the conference
- Numerous discussions regarding telepharmacy in BC
- Interviewed, selected and hired a new Director of Communication and Engagement – Gillian Vrooman
- Attended the FIP conference, including the technicians meeting, with Chair Dossa and the Registrar and Past President of the Alberta College of Pharmacists
- On the way back from FIP, joined Alberta in meetings with:
    - Duncan Rudkin, CEO and Nigel Clarke, President and Robert Humm, Head of Regulatory of the General Pharmaceutical Council of the UK – their approach is to look at standards and principles – observe and ask for feedback. Met with the whole pharmacy team. They don't govern the profession.
    - Harry Cayton, CEO of the Professional Standards Authority to discuss their reforms including right touch legislation, and the role of regulation in quality – good enough vs gold standards
    - Mike Holden and Deborah Evans about Healthy Living Pharmacies in the UK
    - Bruce Warner, the Deputy Chief Pharmacist in England about pharmacy in the UK. Interesting that pharmacist prescribers in the UK are not in community pharmacy, although their legislation says that they are authorized.
- Vacation!
- Operational planning sessions with the Leadership Team
- Meeting with Dean Coughtrie
- Interviewed for mat leave coverage for our Director of Policy and Legislation
- Met with Brendan Carr, CEO of Island Health Authority to discuss PRP, Pharmacist prescribing, NAPRA sterile compounding standards, pharmacy technicians, privacy management and CPBC registrants, and telepharmacy.
- Regular meeting with Barb Walman, ADM Medical Beneficiary and Pharmaceutical Services Division
- Met with Drs Aaron Tejani and Tom Perry to discuss their Medication Review Grant
- Met with Arlene Paton, ADM Population and Public Health to discuss pharmacist access to Panorama, through linkage with PharmaNet
- Attended the Annual HPRBC Board and Staff forum – Harry Cayton – right touch legislation and rethinking regulation – how many Colleges do we really need?
- Presented to the PharmaSave managers on the Practice Review Program, with Ashifa Keshavji, Director of Practice Reviews and Quality Assurance

- Met with John Johnston, VP of the Interior Health Authority, and Kevin Peters, Director of Pharmacy to discuss PRP, Pharmacist prescribing, NAPRA sterile compounding standards, pharmacy technicians, privacy management and CPBC registrants, and telepharmacy.
- Met with Carla Gregor, VP of the Provincial Health Authority to discuss PRP, Pharmacist prescribing, NAPRA sterile compounding standards, pharmacy technicians, privacy management and CPBC registrants, and telepharmacy.
- Met with SDM/Loblaw to discuss PPP74
- Met with Vivian Giglio and Michele Babich of the Fraser Health Authority to discuss PRP, Pharmacist prescribing, NAPRA sterile compounding standards, pharmacy technicians, privacy management and CPBC registrants, and telepharmacy.
- Met with Vivian Eliopoulos and Michele Babich of the Vancouver Coastal Health Authority to discuss PRP, Pharmacist prescribing, NAPRA sterile compounding standards, pharmacy technicians, privacy management and CPBC registrants, and telepharmacy.
- Meeting scheduled with the telepharmacy providers
- Attended the CPRC and NAPRA Board meetings
- Presented to the PharmD students on Federal and Provincial initiatives

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

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UDPATE
Motion: Direct the Registrar to further explore the issue of non-regulated pharmacy staff.	Apr 2015	COMPLETED (Item 8)
Motion: Direct the Registrar to take the following actions as outlined in the MMT Action Plan: • Develop, plan and implement new undercover investigations, • Conduct priority 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
Motion: Direct the Registrar to draft bylaws regarding pharmacy security measures.	Sep 2015	IN PROGRESS
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 make consider a name change.	Sep 2015	IN PROGRESS

COLLEGE OF PHARMACISTS OF BC

Three (3) Year Strategic Plan & Details Operational Plan
Fiscal Years: 2014/15 to 2016/17

Completed
On track
Delayed
On hold

Strategic Plan Areas	Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)	Status	Rationale for Delay	Previous Delay Date
1. Public Expectation	(a) Role and value of profession	1	Decision: Board review outcomes of roles and values analysis with pharmacy profession stakeholders	Apr-15	Completed		
		2	Decision: Board refine plan based on outcomes of 2nd year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb-16	On track		
		3	Decision: Board refine plan based on outcomes of 3rd year of networking meetings reviewing roles and values with pharmacy profession stakeholders	Feb-17	On track		
	(b) Public Awareness Strategy	4	Update: Results of baseline public awareness survey available for Board review	Sep-15	Completed		
		5	Decision: Board endorse plan for public awareness program in 16/17	Nov-15	Feb-16	Delayed because the College's Communications department is in the midst of developing a Media, Communications and Engagement Strategy to support the College in meeting its communications and engagement objectives. This new strategy will address the public awareness needs of the College amongst others included in the current and upcoming strategic plan.	
		6	Decision: Board approves launch of program	Feb-16	On track		
		7	Update: Results of public awareness survey available for Board review	Feb-17	On track		
2. Interdisciplinary Relationships	(a) Work with other regulated healthcare professionals to identify interdisciplinary opportunities for collaboration and improvement in healthcare services.	8	Update: Report on outcomes of collaborative opportunities program	Nov-14	Completed		
		9	Decision: Options presented to Board on refinements to program	Apr-15	Completed		
		10	Update: Report on APP Stakeholder Engagement Plan	Nov-14	Completed		
		11	Update: Report on outcomes of collaborative opportunities program	Nov-15	On track		
		12	Decision: Options presented to Board on refinements to program	Feb-16	On track		
		13	Update: Report on outcomes of collaborative opportunities program	Nov-16	On track		
		14	Decision: Options presented to Board on refinements to program	Feb-17	On track		
	(b) Create opportunities for pharmacists and pharmacy technicians to improve and enhance their practice by establishing a means in which they can deepen their relationships and understanding of each other's role.	15	Update: Report on outcomes of pharmacist/pharmacy technician networking sessions	Apr-15	Completed		
		16	Update: Report on outcomes of pharmacist/pharmacy technician networking sessions	Feb-16	On track		
		17	Update: Report on outcomes of pharmacist/pharmacy technician networking sessions	Feb-17	On track		
3. Scope of Practice	(a)(i) Enhance availability of continuing education tools and programs	18	Decision: Report on survey of what new CE tools and programs required, decision on what tools and programs to prioritize for rest of year	Jun-14	Completed		
		19	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov-14	Completed		
		20	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov-15	Feb-16	Delayed because the Quality Assurance Committee needs to complete a learning needs survey prior to bringing recommendation to the Board.	
		21	Decision: Report on new CE tools and programs, decision on program direction for next fiscal year	Nov-16	On track		
	(a)(ii) Encourage BC pharmacists to enroll in programs that support best practices	22	Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov-14	Completed		
		23	Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov-15	On track		
		24	Update: Report on numbers of pharmacists participating in clinical skills development programs	Nov-16	On track		
	(a)(iii) Provide the University of BC faculty of pharmaceutical sciences and the BC pharmacy technician program institutions with feedback on jurisprudence exam results and changes to standards or scope of practice to help inform their curricula	25	Update: Report on process developed for tracking changes in legislation and jurisprudence exam results, and advising educational institutions	Jun-15	Completed		
		26	Update: Report on changes noted in legislation and jurisprudence exam results that will be communicated to educational institutions	Jun-16	On track		
	(a)(iv) Encourage uptake of registered pharmacy technicians into community practice settings	27	Decision: Board reviews results of survey and decides on future regulation of technicians and how best to integrate registered technicians into community pharmacies and potentially registering pharmacy assistants (certified non-registrants) (N.B. Decision not made in Jun 14)	Jun-14	Completed		
		28	Decision: Board decides whether it wishes to pursue registration of all currently non-regulated pharmacy staff (i.e. all people who will touch drugs)	Apr-15	Completed		
		29	Decision: Board reviews/approves action plan for further registration	Nov-15	Completed (Sep-15)		
	(b)(i) Improve the quality of current adaptations by updating the standards, limits and conditions	30	Decision: Board approves updated standards, limits and conditions and policy changes (Phase 1)	Nov-15	On hold	On hold due to the review of policy and bylaw requirements/enforceability.	
		31	Update: Report on progress of Phase 1	Jun-16	On hold	On hold because it is linked to milestone 30.	
		32	Decision: Board approves updated standards, limits and conditions (including removal of restrictions on PPP58 adaptations)	Feb-17	On hold	On hold because it is linked to milestone 30.	
	(b)(ii) Changes to standards/limits/conditions for injection authority	33	Decision: Board approves public posting of proposed bylaw changes of updated standards, limits and conditions for injection authority that removes limitation to immunization only and provides guidance around injections of all appropriate drugs	Sep-15	Sep-16	Delayed because of the Ministry of Health's request to accommodate their bylaw backlog processing timelines. In addition, delayed because of the pharmacy security bylaw priority, and the review of policy and bylaw requirements/enforceability.	
		34	Decision: Board approves filing of bylaw changes	Jan-16	Feb-17	Delayed because it is linked to milestone 33.	
		35	Update: Legislation in force	Apr-16	Apr-17	Delayed because it is linked to milestone 33.	
	(b)(iii) Advanced Pharmacist Practice certification	36	Update: Report on updated project plan	Apr-15	Completed		
		37	Update: Report on Board Chair meeting with Minister of Health in Spring 2015 (to include proposed regulation submission)	Jun-15	Completed		
		38	Update: Results of request for regulation changes from MoH.	Nov-15	Jun-16	Delayed because the Ministry of Health identified a need for a fulsome description of the societal need, plans to address perverse incentives and certification requirements (eg. eligibility criteria, renewal requirements and SLC in order for it to be considered). In addition, there needs to be a consultation plan developed.	
		39	Decision: Board approve public posting of proposed bylaw changes supporting APP certification	Jun-16	Sep-16	Delayed because it is linked to milestone 38.	
		40	Update: Presentation of materials and planning supporting launch of APP certification	Sep-16	On track		
		41	Decision: Board approve filing of bylaw changes with MoH supporting APP certification	Feb-17	On track		
4. Standards	(a) Review and map standards (HPA/PODSA/PPP/NAPRA) to ensure relevancy and consistency.	42	Decision: Board approve public posting of proposed bylaw changes supporting package of legislation updating 6 standards	Feb-15	Completed		
		43	Decision: Board approve filing of proposed bylaw changes updating 6 standards	May-15	Jun-16	Further delayed because of the Ministry of Health's request to accommodate their bylaw backlog processing timelines. In addition, delayed because of the pharmacy security bylaw priority, and the review of policy and bylaw requirements/enforceability.	Nov-15
		44	Update: Package of legislation in force	Sep-15	Aug-16	Further delayed because it is linked to milestone 43.	Mar-16
	(b) Develop a comprehensive, integrated policy guide that incorporates standards, guidelines and indicators of good practice and standards	45	Decision: Board approve policy guide for publication incorporating standards and indicators for standards of 4(a)	Sep-15	Sep-16	Further delayed because it is linked to Objective 4(a).	Nov-15
		46	Update: Report on Tools and communication plan developed to support standards of 4(a)	Feb-16	Feb-17	Delayed because it is linked to Objective 4(a).	
	(c) Develop standards for pharmacy workload	47	Decision: Board approve public posting of proposed bylaw changes supporting standards for pharmacy workload	Feb-15	Completed		
		48	Decision: Board approve filing of bylaw changes of standards for pharmacy workload	May-15	Jun-16	Further delayed becaue of the Ministry of Health's request to accommodate their bylaw backlog processing timelines. In addition, delayed due to the pharmacy security bylaw priority, and the review of policy and bylaw requirements/enforceability.	Nov-15
		49	Update: Legislation in force for new standards for pharmacy workload	Sep-15	Aug-16	Delayed again because it is linked to milestone 48.	Mar-16
	(d) Strengthen enforcement to improve compliance	50	Update: Report on setting up of new Practice Review Program infrastructure	Jun-14	Completed		
		51	Update: Report on setting up of new Practice review Program infrastructure (Community compliance officers hired/trained, Oversight Committee in place, roll out of community communication plan, tools and processes in place)	Sep-14	Completed		
		52	Update: Confirmation of Community Pilot Program launch	Nov-14	Completed		
		53	Update: Results from Community Pilot Practice Reviews	Feb-15	Completed		
		54	Update: Launch of formal Community Practice Review program	Apr-15	Completed		
		55	Update: Practice Review Program results, metrics, learnings Update: Progress report on setting up of hospital Practice Review Program infrastructure (compliance officer hired/trained, roll out of communications plan, tools and processes in place, launch of pilot program)	Sep-15	Completed		
		56	Update: Confirmation of Hospital Pharmacy Pilot Program launch	Nov-15	Sep-16	Further delayed because Phase 1 is delayed; Phase 2 will be implemented in Q2 (June-August).	Feb-16
		57	Update: Report on results from Hospital Pharmacy Pilot Practice Reviews	Feb-16	Feb-17	Further delayed because it is linked to milestone 56.	Jun-16
		58	Update: Report on Practice Review Program results, metrics, learnings	Feb-16	On track		
		59	Update: Report on Practice Review Program results, metrics, learnings	Sep-16	On track		

COLLEGE OF PHARMACISTS OF BC

Three (3) Year Strategic Plan & Details Operational Plan

Fiscal Years: 2014/15 to 2016/17

Completed
On track
Delayed
On hold

Strategic Plan Areas	Objectives	#	Reporting Milestones	Board Meeting (mmm-yy)	Status	Rationale for Delay	Previous Delay Date
		60	Update: Report on Practice Review Program results, metrics, learnings	Feb-17	Sep-18		
	(e) Align CE requirements with evolving practice and standards	61	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Sep-14	Completed		
		62	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Nov-15	Feb-16	Delayed because the Quality Assurance Committee needs to complete a learning needs survey prior to bringing recommendation to Board.	
		63	Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program	Nov-16	On track		
	(f) Prohibit tobacco products in premises where a pharmacy is located	64	Decision: Board approve public posting of proposed bylaw changes supporting prohibition of tobacco products in premises where a pharmacy is located	Jun-14	Completed		
		65	Decision: Board approve filing of bylaw changes with MoH supporting prohibition of tobacco products in premises where a pharmacy is located	Nov-14	Completed		
		66	Update: Legislation in place that prohibits tobacco products in premises where a pharmacy is located	Feb-15	On hold		
	(g) Prohibit use of loyalty programs related to the provision of pharmacy services	67	Update: Summary report on loyalty point prohibition complaints for 2015/16	Feb-15	N/A		
5. Technology	(a) Act as a key stakeholder in order to facilitate enhancements to the PNet database such that a more complete drug history is available for clinicians	68	Update: PNet Services contract signed;	Apr-15	Completed		
		69	Update: Report on status of request MoH for enhancements to PNet	Feb-15	Completed		
		70	Update: Report on status of request to MoH for enhancements to PNet	Apr-16	On track		
		71	Update: PNet profiles contract renewed	Feb-17	On track		
	(b) Provide e-access to current and comprehensive drug information	72	Decision: Board determines options for e-library resources	Jun-14	Feb-16	Further delayed because the College is researching more suitable resources.	Sep-15
		73	Decision: Board approves roll out of e-library (Phase 1)	Nov-14	Completed		
		74	Update: Report on results of survey on uptake and effectiveness of e-library. Review if any changes required	Nov-15	Apr-16	Delayed because it is linked to milestone 72.	
		75	Update: Report on results of survey on uptake and effectiveness of e-library. Review if any changes required	Nov-16	On track		
	(c) Access to view patient lab information	76	Update: Report summarizing need to provide access to lab data	Sep-14	Completed		
		77	Update: Outcomes of discussions with MoH regarding access to lab data	Jun-15	Completed		
		78	Decision: Board approve public posting of proposed bylaw changes supporting access to lab data	Apr-16	On track		
		79	Decision: Board approve filing of bylaw changes with MoH supporting access to lab data	Sep-16	On track		
		80	Update: Legislation in force granting access to laboratory data	Feb-17	On track		

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.v. Committee Membership Appointments

DECISION REQUIRED

Due to the changes in the Board membership as a result of the 2015 Board elections, the following recommendations are being made to committees that require appointments in order to remain adequately constituted.

Recommended Board Motion 1:

Appoint George Walton as the Chair of the Audit and Finance Committee.

Recommended Board Motion 2:

Appoint Norm Embree as the Public Board Representative member of the Quality Assurance Committee.

Recommended Board Motion 3:

Appoint Norm Embree as the Chair of the Governance Committee.

Recommended Board Motion 4:

Appoint Bal Dhillon as Vice-Chair of the Governance Committee.

Recommended Board Motion 5:

Appoint Anar Dossa and Blake Reynolds as members of the Governance Committee.

Recommended Board Motion 5:

Appoint Michael Ortynsky as Chair of the Practice Review Committee.

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.vi.UBC CPPD 2014/15 Update

INFORMATION ONLY

Purpose

Glenda MacDonald, the Director of UBC Continuing Pharmacy Professional Development (CPPD) Division provided a report to update the Board on UBC CPPD programs and activities from March 1st, 2014 to February 28th, 2015. The report is attached (Appendix 1).

Appendix	
1	UBC CPPD 2014-15 Final Report

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences

UBC Continuing Pharmacy Professional Development

Programs and Activities for the 2014-15 CPBC Fiscal Year

September 2015

Glenda MacDonald, BSP, ACPR, PharmD, RPh

Director
UBC Continuing Pharmacy Professional Development
glenda.macdonald@ubc.ca
604-822-3085

Executive Summary

This report summarizes the UBC Continuing Pharmacy Professional Development activities and initiatives in support of the BC College Of Pharmacists Strategic Goals during the 2014-15 Fiscal Year.

CPPD, in consultation with CPBC, committed to six deliverables for the 2014-15 fiscal year. Specific activities, target dates and milestones were agreed upon by both organizations, and are detailed in this report. All target dates and milestones were met, and all deliverables successfully achieved.

UBC CPPD developed and/or delivered 99 programs and activities during this time period, with 66.75 CEUs of accredited activities included. Twenty-three additional programs (79.25 CEUs) were accredited by UBC CPPD for British Columbia pharmacists.

Increasing numbers of BC pharmacists choose to participate in our online program offerings. Currently sixty-five percent of our learners participate in online programs.

In response to a request from the Board of the College of Pharmacists of BC, as of March 2015 we are able to report on the geographic location of participants in both our live and online programs, as well as their primary practice setting (hospital, community, student). This information is provided for Quarter 1 of the 2015-2016 fiscal year, and will be included in subsequent reports.

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UBC CPPD Deliverables Schedule Mar 2014-Feb 2015

Six primary deliverables were identified for the 2014-15 fiscal year. The following table identifies the specific activities comprising each deliverable, the target date for each of the activities, and the CPBC milestone determined for each activity. Any identified risks and challenges associated with the deliverables are noted.

Table 1: UBC CPPD Q1-Q4 Deliverables 2014-15

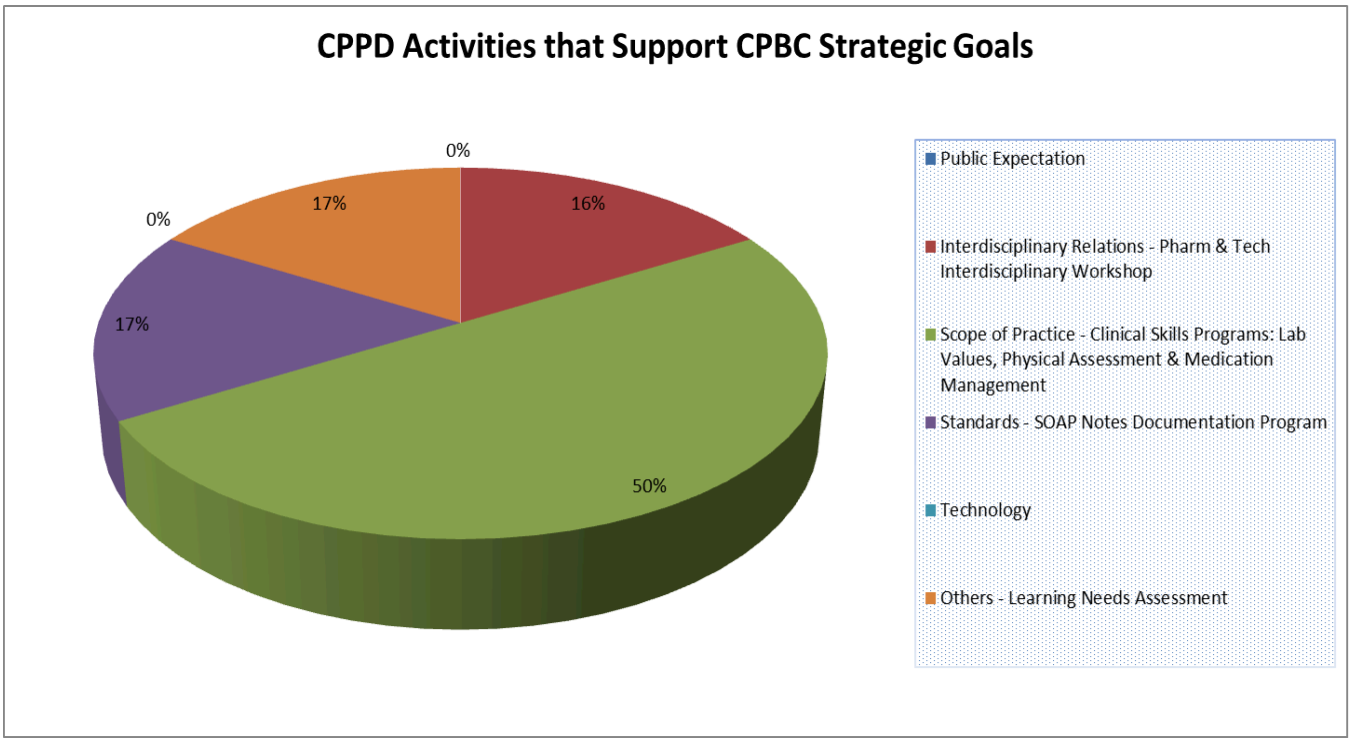
Deliverables	CPPD Activities	Target Dates	Milestones	Risks/Challenges
1) Provincial Needs Assessment for Pharmacists & Pharmacy Technicians	Survey Development	Jun-Aug 2014 (Q2)	Jun-Aug 2014 (Q2)	
	Survey Pilot & Deployment	Sep–Nov 2014 (Q3)	Aug-Sep 2014 (Q2-3)	
	Collation & Analysis of Results	Sep–Nov 2014 (Q3)	Oct 2014 (Q3)	
	Presentation of results to QAC	Oct 2014 (Q3)	Oct 2014 (Q3)	
2) Interdisciplinary Continuing Professional Development Workshop for Pharmacists & Pharmacy Technicians	F2F JE Workshop	Sep 2014 (Q3)	Sep 2014 (Q3)	
	Additional topic identified by CPBC Board	Nov 2014 (Q3)		Additional topic not identified by Board so Diabetes identified as a priority topic based on Learning Needs Survey
	Program Development for 2nd topic –Diabetes (initial phase)	Feb 2015	Diabetes – An Interdisciplinary Approach Nov 2014-Feb 2015 (Q3-4)	

Deliverables	CPPD Activities	Target Dates	Milestones	Risks/Challenges
3) Interpretation of Laboratory Values Clinical Skills Development Workshop	Development & delivery of F2F workshop	Mar 2014 (Q1)	Mar 2014 (Q1)	Program development and delivery is a 6 month process
	Development & delivery of online module	Nov 2014 (Q3)	Jul-Nov 2014 (Q3)	
4) Clinical Skills Development – Blended Program on Physical Assessment	Development & Delivery of F2F Workshop	Mar 2014 (Q1)	Dec 2013-Mar 2014 (Q1)	Program development and delivery is a 6 month process
	Development of online primer	Feb 2015 (Q4)	Nov 2014–Feb 2015 (Q3-4)	
5) Clinical Skills Development on Comprehensive Medication Management (online)	Program Development	Dec 2014 (Q4)	Mar–Dec 2014 (Q1-4)	
	Pilot Phase	Dec 2014 (Q4)	Dec 2014 (Q4)	
6) CE program to support key themes identified for Practice Review Program	Key theme identified - Documentation			
	Documentation Program Development (SOAP Notes)		Jul –Sep 2014 (Q2-Q3)	
	Documentation Program Delivery online	Oct 2014 (Q3)	Oct 2014 (Q3)	
2014-15 FY Agreement approved & grant provided to UBC CPPD in Dec 2014 making target dates & program budgets for deliverables challenging				

Deliverables in Support of CPBC Strategic Goals

UBC CPPD deliverables are determined on an annual basis in consultation with the College of Pharmacists of BC. The deliverables align with the Strategic Goals of the College: Public Expectations; Technology; Standards; Interdisciplinary relationships and Scope of Practice. While UBC CPPD activities supported both the Standards and Interdisciplinary relationships goals, the majority (50%) of the 2014-15 deliverables aligned with the CPBC Scope of Practice goal.

Figure 1: CPBC Strategic goal alignment

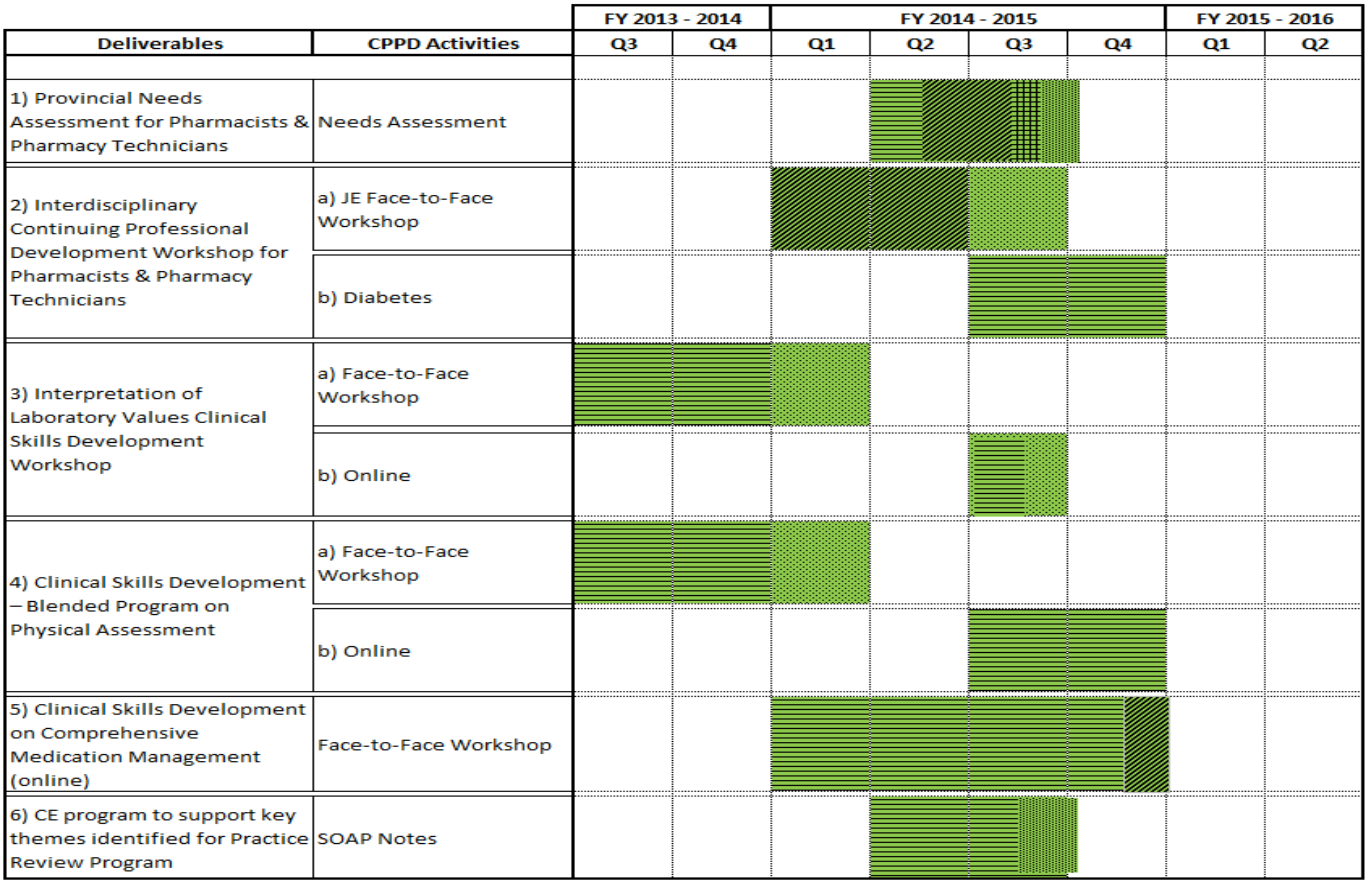


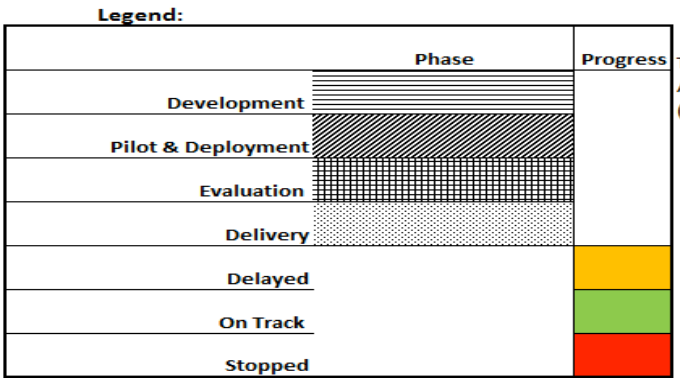
UBC CPPD Deliverables Status

Table 2: Deliverables Status

Table 2 summarizes the status of the six key deliverables over the course of the year. The phase of each project (development, pilot and deployment, evaluation and delivery) are highlighted through shading styles. All (100%) of deliverable activities are reported in green- indicating they were on track with target dates.

CPPD 2014-15 Fiscal Year Activities- Status





The phases of each project are depicted through shading.
All 2014-15 fiscal year activities were completed within target dates (green).

UBC CPPD Programs and Activities

UBC CPPD developed/delivered 99 programs during the year, providing 66.75 CEUs of accredited learning for BC pharmacy professionals (Table 3). An additional 23 continuing professional development programs were reviewed and evaluated to ensure they met accreditation standards, with 79.25 CEU's accredited (Figure 2). Over three thousand pharmacy professionals participated in programs delivered by UBC CPPD.

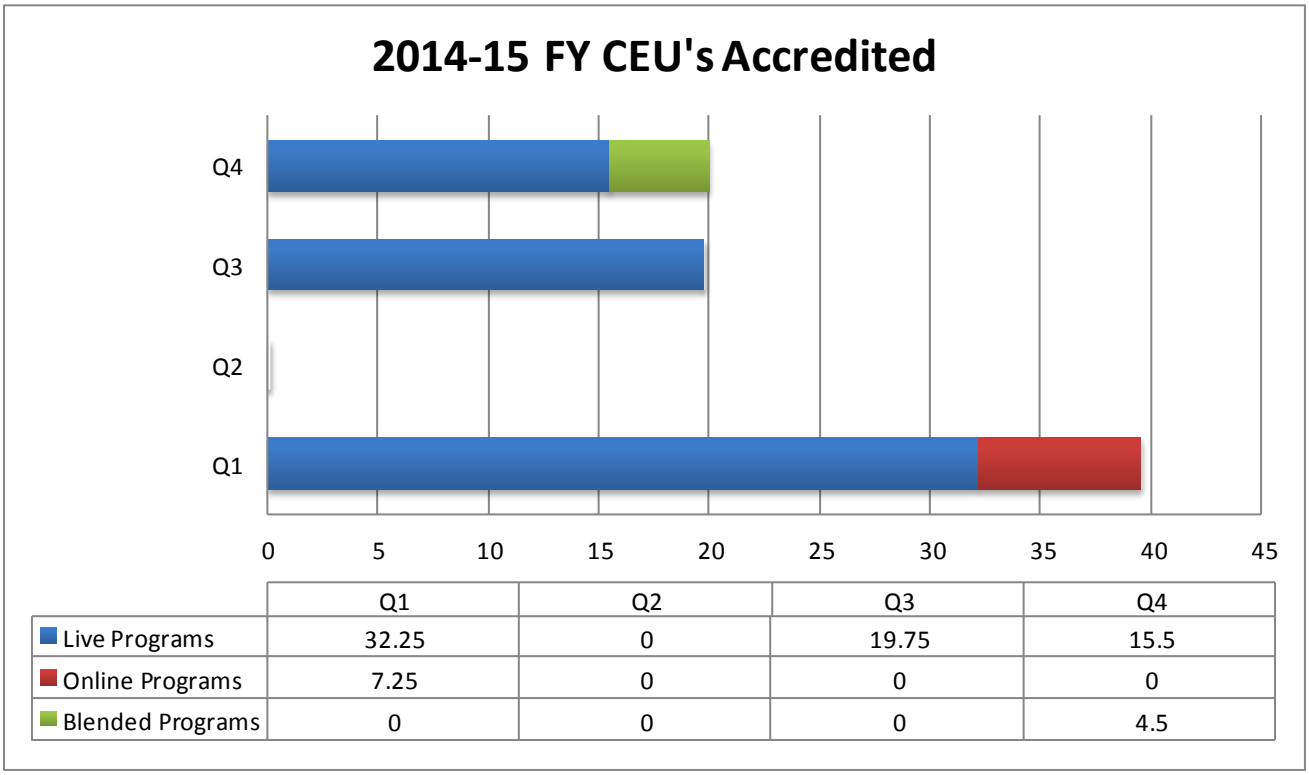
Table 3: UBC CPPD Activities FY 2014-15

March 01, 2014 - February 28, 2015	Programs	Contact Hours	# of Participants		Participant Contact Hours
	No.	*No.*	*No.*	*% of Total*	*No.*
Live Programs					
ONE-Day Programs	11	81.00	615	19.0%	4,529
Canadian Pharmacy Practice Program (CP3)					
CP3 Programme	2	576.00	33	1.0%	9,504
"Getting Ready" Session	2	16.00	37	1.1%	296
National Pharm Tech Bridging Education Program					
PLAR	12	34.00	168	5.2%	476
Completed In Class Modules	16	570.00	210	6.5%	7,481
Completed Online Modules	12	432.00	458	14.2%	16,488
In Progress In Class Modules	3	144.00	40	1.2%	1,920
In Progress Online Modules	4	144.00	180	5.6%	6,480
Distance Learning Programs					
Med Management Training Online Program	3	1.50	693	21.4%	347
Virtual Learning Centre Online Programs	34	23.50	802	24.8%	554
Total	**99**	**2,022.00**	**3,236**	**100.0%**	**48,075**

Programs reviewed for accreditation (All Providers)	**23**	**79.25**

No. of UBC CPPD Continuing Education Credits	**66.75**

Figure 2: BC Quarterly Program Accreditation

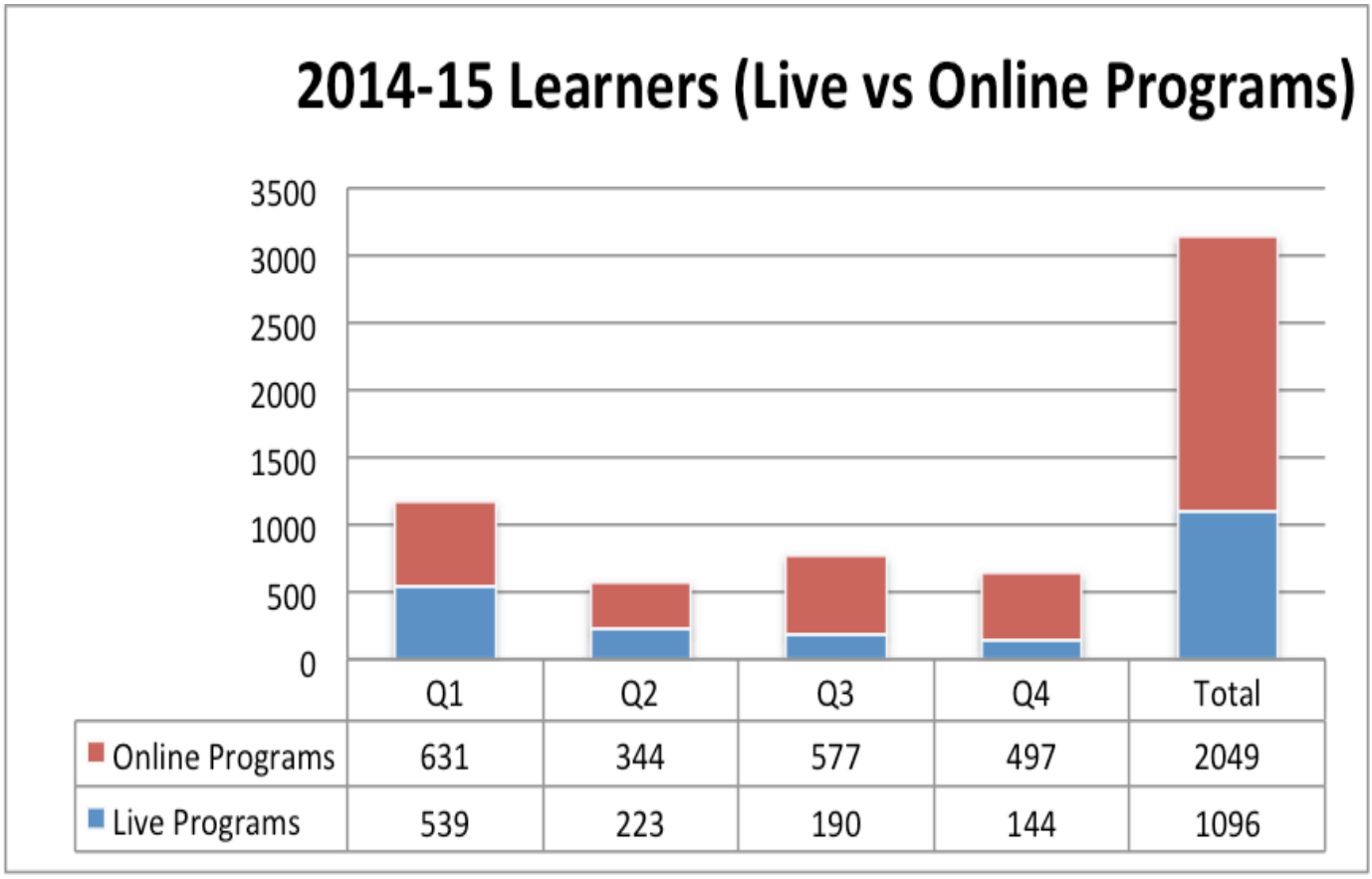


	Q1	Q2	Q3	Q4
Live Programs	32.25	0	19.75	15.5
Online Programs	7.25	0	0	0
Blended Programs	0	0	0	4.5

UBC CPPD Learners Quarterly and Monthly Reporting

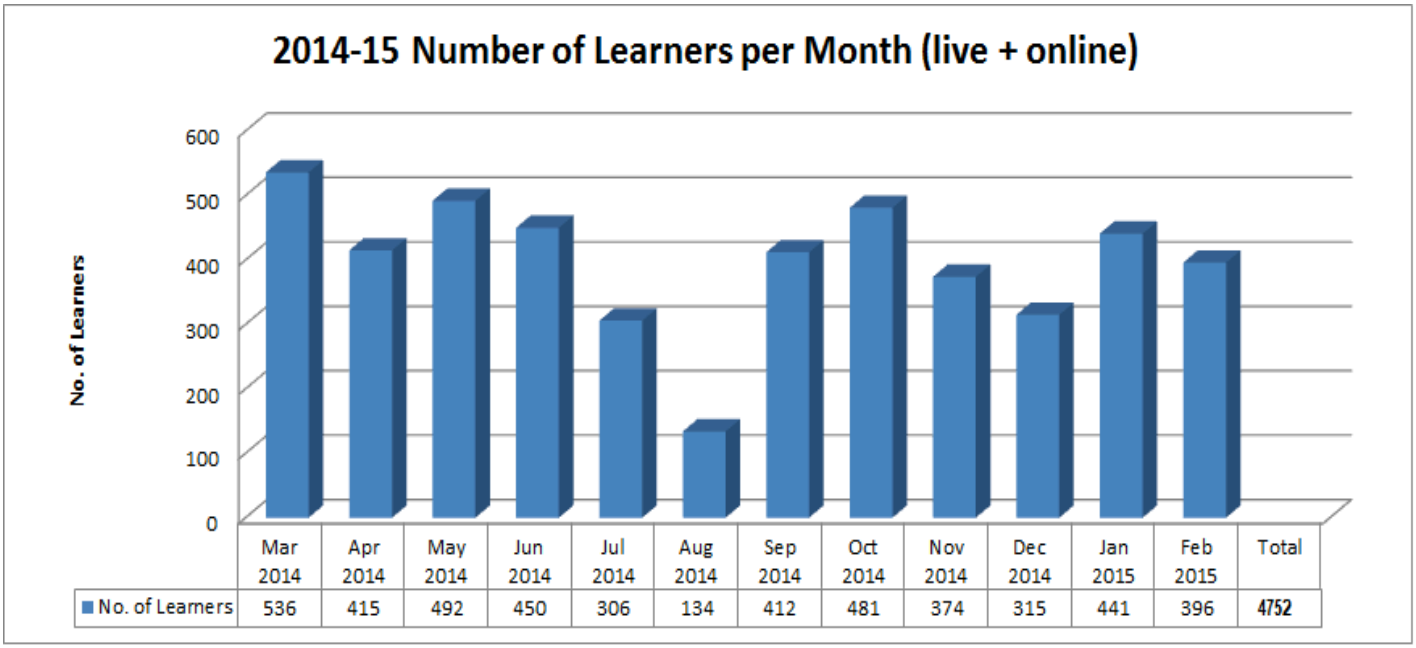
Pharmacy professionals in British Columbia access UBC CPPD programs throughout the year- the greatest activity in the 2014-15 fiscal year was in the first quarter (Figure 2). Sixty-five percent of learners access programs online. Monthly statistics reporting total numbers of learners indicate that the summer months have the lowest participation, followed by the holiday season in December (Figure 3). The highest number of participants was during the month of March.

Figure 3: Quarterly Learner Report



	Q1	Q2	Q3	Q4	Total
Online Programs	631	344	577	497	2049
Live Programs	539	223	190	144	1096

Figure 4: Monthly Learner Report



UBC CPPD Remediation Activities

At the request of CPBC, UBC CPPD provides remediation for pharmacists returning to practice following a prolonged leave, or as directed through the College's Complaints or Discipline Committees. The most frequent requests from these committees are for pharmacy professionals to attend specific lectures in the Therapeutics Module of the Canadian Pharmacy Practice Programme (CP3). These include the Therapeutic Thought Process, Identification of Drug Therapy Problems, Drug Interactions and Drug Safety.

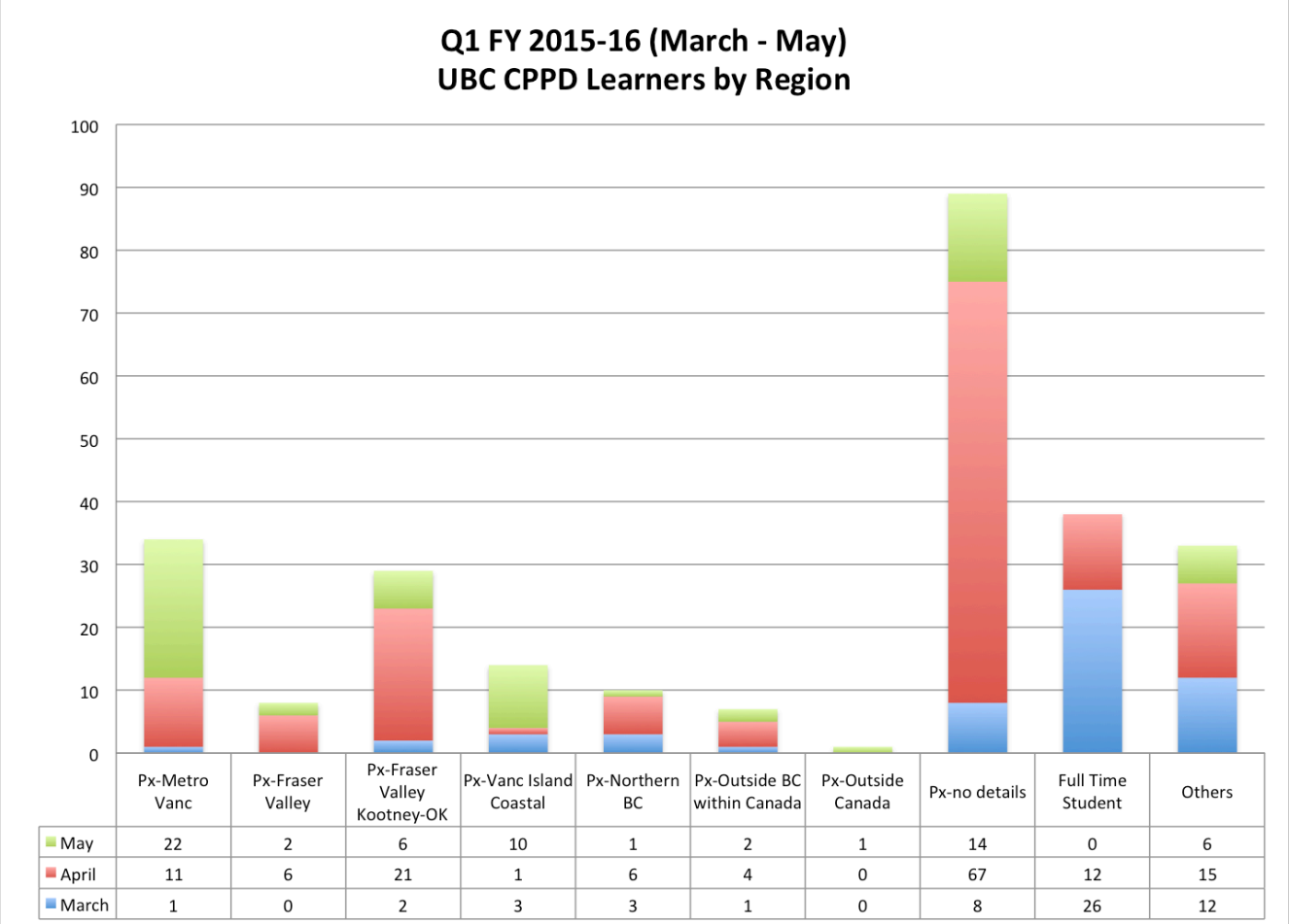
Table 4: Hours of Remediation Provided

Session	Number of RPh	Remediation Hours
Spring 2014	2	24
Fall 2014	4	48
Total	6	72

Changes Implemented for 2015-16 FY Reporting

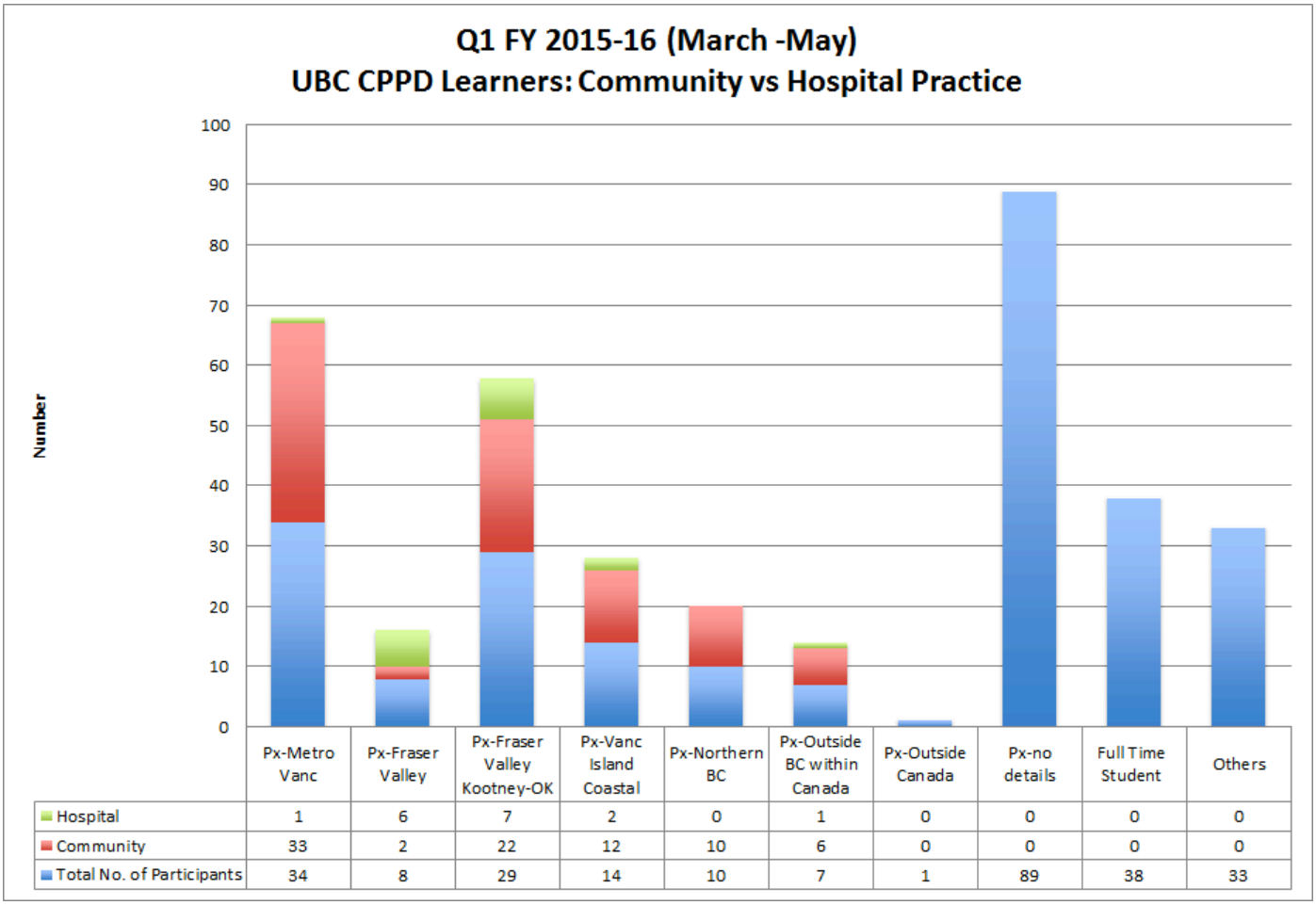
In response to a request from the Board of the College of Pharmacists of BC, as of March 2015 we are able to report on the geographic location of participants in our programs, as well as their primary practice setting (hospital, community, student). This information is provided for Quarter 1 of the 2015-2016 fiscal year, and will be included in subsequent reports. This information is not available for participants who created an account on our website prior to 2014.

Figure 5: Learners by Region



	Px-Metro Vanc	Px-Fraser Valley	Px-Fraser Valley Kootney-OK	Px-Vanc Island Coastal	Px-Northern BC	Px-Outside BC within Canada	Px-Outside Canada	Px-no details	Full Time Student	Others
May	22	2	6	10	1	2	1	14	0	6
April	11	6	21	1	6	4	0	67	12	15
March	1	0	2	3	3	1	0	8	26	12

Figure 6: Learners by Primary Practice Setting



	Px-Metro Vanc	Px-Fraser Valley	Px-Fraser Valley Kootney-OK	Px-Vanc Island Coastal	Px-Northern BC	Px-Outside BC within Canada	Px-Outside Canada	Px-no details	Full Time Student	Others
Hospital	1	6	7	2	0	1	0	0	0	0
Community	33	2	22	12	10	6	0	0	0	0
Total No. of Participants	34	8	29	14	10	7	1	89	38	33

Summary

UBC CPPD has enjoyed a collaborative working relationship with the College of Pharmacists of BC spanning almost 30 years. As the scope of practice for pharmacy professionals continues to expand, we look forward to working together to meet the continuing professional development needs of College registrants.

UBC Continuing Pharmacy Professional Development Team

Glenda MacDonald, BSP, ACPR, Pharm D, RPh
Director and Lecturer
Phone: 604-822-3085
Email: glenda.macdonald@ubc.ca

Sheryl Peterson, BSc (Agr), BSc (Pharm), RPh
Associate Director and Lecturer
Phone: 604-822-8597
Email: sheryl.peterson@ubc.ca

Sandi Hutty, BSP, RPh
Coordinator, Canadian Pharmacy Practice Programme
Phone: 604-827-3390
Email: sandi.hutty@ubc.ca

Rapinder Chahal, BA (Ad Ed), RPhT
Coordinator, National Pharmacy Technician Bridging Education Program
Phone: 604-822-1755
Email: rapinder.chahal@ubc.ca

Sheila Kwan, BComm
Administrative Manager
Phone: 604-822-6485
Email: sheila.kwan@ubc.ca

Melissa Chavez
Finance & Registration Clerk
Phone: 604-822-0354
Email: phar.cppdreg@ubc.ca

Ying Gu
Program Assistant,
Phone: 604-827-3108
Email: phar.ptbpreg@ubc.ca

Acknowledgements

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Ashifa Keshavji

Bob Nakagawa

College of Pharmacists of BC Board Members

College of Pharmacists Quality Assurance Committee Members

Doreen Leong

UBC Continuing Professional Development Team

UBC Faculty of Pharmaceutical Sciences

UBC Continuing Pharmacy Professional Development

3103 -2405 Wesbrook Mall
Vancouver, BC V6T 1Z3
Phone: 604-822-0354
Toll Free (within Canada): 1-800-663-0348
Fax: 604-822-1733
Email: phar.cppdreg@ubc.ca

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.vii. Continuing Education Tools and Programs

INFORMATION ONLY

Purpose

The Quality Assurance Committee (QAC) met on October 13th, 2015 in order to develop a recommendation to the Board for their November 2015 meeting on the 2 following Strategic Plan Deliverables:

3(a) Decision: Report on new CE tools and programs, decision on program direction for next fiscal year

4(e) Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program

After lengthy discussion, the QAC decided that they were unable to make an informed recommendation without having a means to identify the learning needs of registrants. The report on new CE tools and programs is included as Consent Agenda item 6.

Background

In order to make a recommendation to the Board for development of CE for the 2016/17 fiscal year, the QAC determined that an educational needs survey of College registrants should be conducted. The QAC will meet again once the CE needs survey is completed and the results are obtained. A recommendation to the Board for development of CE for the 2016/17 fiscal year will be presented at the February 2016 Board meeting.

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.viii. Practice Support to Registrants

INFORMATION ONLY

Purpose

As of November 18th, 2014, the College primarily answered practice inquiries by email to assist with tracking the number and type of inquiries the College receives and who they are from. Since then, staff received feedback from registrants and the Board that having a pharmacist available by phone to answer the most immediate and pressing questions was a valuable and useful resource.

Background

College staff work to ensure that pharmacists and pharmacy technicians have the resources and support to provide safe and effective pharmacy care. If a pharmacist or pharmacy technician has a question related to the application of legislation and standards to their everyday practice, the College has a dedicated email for these types of questions: practicesupport@bcpharmacists.org

Practice support questions should be related to daily practice, such as questions regarding a requirement in the Health Professions Act, a Professional Practice Policy, etc. Questions related to registration, the Professional Development and Assessment Program, or the Practice Review Program should be directed to the specific department's individual email and contact number.

Sending questions by email is the preferred method of contact for the College as we can track the types of questions and gauge whether a particular topic needs further clarification or a possible reminder for all registrants through Readlinks or the Frequently Asked Questions section of the website.

The College will have a pharmacist dedicated to answering practice support questions by email and more immediate practice support questions by phone as of November 1st, 2015. The use of both services will be monitored and reported to the Board.

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.ix. Report on Outcomes of Collaborative Opportunities Program
Strategic Goal 2(a)(11)

INFORMATION ONLY

Purpose
The UBC Office of the Vice-Provost Health (OVPH), formerly the UBC College of Health Disciplines, delivered the Interprofessional Professional Development Program from January to February 2015. The College is reviewing whether it will recommend to extend the OVPH contract, and will report to the Board in February 2016.

Background
The Interprofessional Professional Development Program consists of six online modules that builds knowledge of interprofessional collaboration and features an in-person workshop to practice interprofessional skills and abilities.

The College launched the online modules in January 2015. 364 registrants created a unique username and password to access the online modules through the OVPH. Of those 364 registrants, 151 participated in the in-person workshops – 50 in Burnaby, 50 in Langley, 35 in Victoria, and 16 in Kelowna – that were held in mid-to-late February 2015.

The College also sent an evaluation survey to participants in April 2015 on behalf of the OVPH to inform the ongoing development of the program. Evaluation survey results are still to be reviewed.

Next Steps
The College must consider the following in order to make its recommendation to the Board in February 2016:

- Interprofessional Professional Development Program Evaluation Survey Results
  The College has not reviewed these results at this time as the survey was administrated by the OVPH. The College is in contact with OVPH to share the evaluation survey results.

- Alignment with other College Strategic Plan Deliverables
  The College's Quality Assurance Committee (QAC) will be reviewing all continuing education initiatives to ensure that they align with the following Strategic Plan deliverables:

- 3(a) Decision: Report on new CE tools and programs, decision on program direction for next fiscal year
- 4(e) Decision: Board prioritizes required CE tools and programs to support evolving practices and standards arising from new Practice Review Program

- Registrant Continuing Education Learning Needs Survey
  As part of the work of the QAC, the College will be surveying registrants to determine what they feel are important and timely areas and/or topics for continuing education.

The College is reviewing the need to extend the OVPH contract. There is a delay to extend the contract as staff must:

1. Review the Interprofessional Professional Development Program evaluation survey results,
2. Align the program with the Strategic Plan deliverables that fall under the Quality Assurance Committee, and
3. Review the registrant continuing education learning needs survey results to inform its decision.

Staff will report to the Board in February 2016 with its recommendation to either extend or cancel the OVPH contract.

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.x. Report on Numbers of Pharmacists Participating in Clinical Skills Development Program

Strategic Goal 2(a)(ii)(23)

INFORMATION ONLY

Purpose

The College of Pharmacists of BC has partnered with UBC, the Canadian Pharmacists Association and the Canadian Society of Hospital Pharmacists to assist with the delivery of clinical skills programs. This report provides attendance figures to date as per the terms of the contracts.

UBC – Interprofessional Medication Reconciliation Program

- 579 participants in the January 2015 program
- 700 participants are anticipated in the January 2016 program

UBC – Medication Management Certification Program

- 93 participants are anticipated to complete the program throughout the course of the initiative.

UBC – Enhanced Training in Emergency Contraception

- Online EC training program nearing completion
- Province-wide EC IUD Rapid Access Network being finalized
- Promotional strategy to recruit community pharmacists across BC in process
- Anticipated launch of the EC IUD Training Program for community pharmacists in early 2016

ADAPT Patient Care Skills Development

- 152 BC pharmacists successfully completed the full ADAPT program under the original course structure.
- 13 BC Pharmacists successfully completed Course 1 under the new course structure.

Physical Assessment Course for Pharmacists

- 20 BC pharmacists participated in the first session of this new program.

Background

On May 13, 2014 the College of Pharmacists of BC (CPBC) entered into a contract with UBC's Faculty of Pharmaceutical Sciences Pharmacists Clinic concerning the Medication Management Certificate program. The grant enables rebates to be paid to registrants who successfully complete the program.

On August 22, 2014 CPBC entered into a contract with UBC for the Interprofessional Medication Reconciliation program. The grant enables rebates to be paid to registrants who successfully complete the program.

On August 22, 2014 CPBC entered into a contract with UBC for Enhanced Training in Emergency Contraception program. The grant enables rebates to be paid to registrants who successfully complete the program.

On June 1, 2014 CPBC entered into a contract with the Canadian Pharmacists Association (CPhA) concerning the online skills development course *ADAPT Patient Care Skills Development* administered by the CPhA. CPBC has contracted to provide a grant to CPhA for the purpose of facilitating and encouraging participation in ADAPT by BC pharmacists. On September 1, 2015 this contract was amended to reflect the new course structure to permit rebates to participants as they complete modules.

On August 22, 2014 CPBC entered into a contract with UBC's Faculty of Pharmaceutical Sciences for the Enhanced Training in Emergency Contraception program. The grant enables rebates to be paid to each participant who successfully completes the program.

On August 28, 2015 CPBC entered into a contract with the Canadian Society of Hospital Pharmacists (CSHP) concerning the *Physical Assessment Course for Pharmacists*, providing a grant to CSHP for the purpose of facilitating and encouraging participation in the course by BC Pharmacists.

Dr. Judith Soon forwarded a comment from a community pharmacist who participated in the Interprofessional Medication Reconciliation Program which highlights the value of these programs: "*Yes, I would recommend this to other pharmacists, doctors and nurses – and after attending the program I realized how big the problem is and how serious it can be. So it is very important to do this. I am more confident and I see that this is the way it should be practiced but it is not.*"

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.xi. Practice Review Program - Hospital Pharmacy Practice Review Update

INFORMATION ONLY

Purpose

The second phase of the Practice Review Program, hospital pharmacy is proceeding well based on the revised schedule approved at the September 2015 Board meeting.

Background

The Practice Review Program (PRP) supports the Board's goal of "strengthening enforcement to improve compliance" with the College's legislation, standards and guidelines. The ultimate results of this program should be enhanced patient safety, and accountability to the public that minimum practice standards are being met throughout the province.

The first phase of the PRP which covers community pharmacies and the registrants working there, has been successfully launched.

The second phase, which will cover both hospital pharmacies and the registrants working there, is now under development, and together with phase 1, will provide mandated practice reviews for the majority of registrants of the College.

The third phase will cover the remaining minority of registrants who do not work in direct patient care settings, but rather are employed in administrative and management roles solely, are employed in academia, research, regulatory or other roles that do not directly involve patient care. Design for Phase 3 will start in mid-2016.

Next Steps

The project timelines for Phase 2 have been revised based on new target dates approved by the Board and include the following activities:

- Schedule has been revised with a go-live date for the first hospital pharmacy practice reviews to be launched in the second quarter of the 2016-17 fiscal year
- Practice review focus areas for both community and hospital environments have now been confirmed by the Practice Review Committee and the Board, and program design is nearing completion
- Detailed scenario-based (examples) of different practice reviews for pharmacists and pharmacy technicians is being developed in November/December 2015, based on design principles approved by the Practice Review Committee and the Board in September, to explain processes to participants during the next round of stakeholder engagement
- Scheduling second face-to-face stakeholder forums in January/February 2016 with previous forum participants, plus new expert members
- Further stakeholder engagement with Hospital Pharmacy Advisory Committee, Pharmacy Technicians Society of BC, and Community Pharmacy Advisory Committee in January/February timeframe
- Detailed staffing estimates are being developed to ensure adequate staffing for pharmacy reviews and pharmacy professionals reviews for pharmacists and pharmacy technicians
- Developing IT application specifications from November through January 2016
- Further developing policy recommendations for review by the Practice Review Committee and approval by the Board during the January through May 2016 timeframe.

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.xii. Finance (LE2)

INFORMATION ONLY

Purpose

To report on the highlights of the September financial reports.

Background

The September financial reports reflect seven months activity and, in addition, we have prepared a projected annual (latest estimate) versus budget report using the seven months' experience.

Statement of Financial Position

The College continues to experience an excellent financial position. We are monitoring cash flow closely as we slowly draw down from the short term investments as per the Board approved strategic plan.
The Cash balance of $527,168 is sufficient to pay month end payroll and invoices.
Short Term Investments are still substantial at $9,255,963.
Payables and Accruals are a bit higher than normal at $813,070. This is due to timing, with some consulting, legal and grant distribution invoices all coming in at month end.

Revenue

Licensure fee projections are lower than anticipated in the budget. These are being monitored as are expenses to take it into account. It is primarily the one-time fees that are lower as registration numbers are as anticipated. (For example – Pre-reg, JE exam and injection fees.)

Expenses

With Revenues projected to be lower than budget, we are monitoring expenses closely. Total Year to Date Actual expenses are lower than budget, often due to timing. Some expenditures slowed down over summer, while others are anticipated to pick up in the fall and winter as those projects entailed considerable planning which is now completed. (For example, IT server replacement.)

Some variances to highlight:

Grant distribution – this is one area that slowed down over summer. Some contracts have recently been signed and one is still pending but anticipated to be signed shortly.

Quality Assurance - The budget includes funding for the expansion of e-library services. One proposal is included in this Board Agenda.

Discipline and Investigations – Legal and outside contractors fees depend upon the timing of Discipline Hearings.

Hospital Pharmacy and Practice – Outside consulting fees are higher than budget due to the amount of time and work involved with two major projects – the Hospital PRP project and the Prescribing Pharmacist project.

Appendix	
1	Comparison of Fiscal Budget against Annual Projected Revenue and Expenditures
2	Statement of Financial Position
3	Statement of Revenue and Expenditures
4	Statement of Revenue
5	Statement of Expenses

College of Pharmacists of BC

Comparison of Fiscal Budget against Annual Projected Revenue and Expenditures

	2015/16 Budget	2015/16 Latest Estimates	Variance (Budget vs. Latest Estimates) $	Variance (Budget vs. Latest Estimates) %
	12 months	12 months	12 months	12 months
REVENUE				
Licensure				
Pharmacy Fees	1,781,100	1,785,869	4,769	0%
Pharmacist Fees	3,418,567	3,266,705	(151,862)	(4%)
Pharmacy Technician Fees	686,674	561,924	(124,750)	(18%)
	5,886,341	**5,614,499**	**(271,842)**	**(5%)**
Non Licensure				
Other revenue	1,499,646	1,592,190	92,544	6%
Grant revenue	457,855	320,635	(137,220)	(30%)
Investment Income - GIC	240,276	221,340	(18,936)	(8%)
Investment Income - JV	250,000	250,000	-	0%
	2,447,777	**2,384,165**	**(63,612)**	**(3%)**
Total Revenue	**8,334,118**	**7,998,664**	**(335,454)**	**(4%)**
Transfer from Balance Sheet	**1,909,993**	**1,909,993**	**-**	**0%**
TOTAL REVENUE	**10,244,111**	**9,908,657**	**(335,454)**	**(3%)**
EXPENSES				
Board & Registrar's Office	697,475	592,604	104,871	15%
Grant Distribution	655,185	410,885	244,300	37%
Registration and Licensing	264,232	280,609	(16,377)	(6%)
Quality Assurance	713,170	495,602	217,568	31%
Inspections	197,200	183,932	13,268	7%
Discipline and Investigations	619,852	500,659	119,193	19%
Legislation	87,614	79,540	8,074	9%
Hospital Pharmacy and Practice	421,720	651,855	(230,135)	(55%)
Public Accountability and Engagement	535,200	450,200	85,000	16%
Finance and Administration	1,354,426	1,503,320	(148,894)	(11%)
Salaries and Benefits	4,409,380	4,439,039	(29,659)	(1%)
TOTAL EXPENSES BEFORE AMORTIZATION	**9,955,455**	**9,588,246**	**367,209**	**4%**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**288,656**	**320,411**	**31,755**	11%
Amortization expenses	288,656	291,220	(2,563)	(1%)
TOTAL EXPENSES AFTER AMORTIZATION	**10,244,111**	**9,879,465**	**364,646**	4%
NET SURPLUS(DEFICIT)	**(0)**	**29,192**	**29,192**	

College of Pharmacists of British Columbia
Statement of Financial Position
As at September 30, 2015

Assets	**$**
Current	
Cash	527,168.20
Short term investments	9,255,963.54
Receivables	140,327.36
Prepaids and deposits	345,732.78
Investment in Joint Venture	1,595,130.42
	11,864,322.30
Development costs	137,038.23
Property and equipment	726,812.50
Total Assets	**12,728,173.03**

Liabilities and Net Assets	**$**
Liabilities	
Current	
Payables and accruals	813,070.06
Current portion of capital lease obligations	5,429.69
Deferred revenue	2,892,495.70
Unearned revenue	366,685.42
	4,077,680.87
Capital lease obligations	80,850.32
	4,158,531.19
Net Assets	
Closing Balance	8,569,641.84
Total Liabilities and Net Assets	**12,728,173.03**

College of Pharmacists of BC

Comparison of Year-to-date (YTD) Actual against YTD Budget

For the seven months ended September 30, 2015

	YTD Budget	YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	7 months	7 months	7 months	7 months
REVENUE				
Licensure	**3,433,699**	**3,212,396**	**(221,303)**	(6%)
Non Licensure	**1,427,870**	**1,270,446**	**(157,424)**	(11%)
Total Revenue Before Transfer from Balance Sheet	**4,861,569**	**4,482,842**	**(378,727)**	(8%)
Transfer from Balance Sheet	**1,114,163**	**826,000**	**(288,163)**	(26%)
TOTAL REVENUE	**5,975,731**	**5,308,842**	**(666,890)**	(11%)
TOTAL EXPENSES BEFORE AMORTIZATION	**5,807,349**	**5,025,155**	**782,194**	13%
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**168,382**	**283,687**	**115,305**	
Amortization expenses	**168,383**	**119,889**	**48,494**	29%
TOTAL EXPENSES AFTER AMORTIZATION	**5,975,732**	**5,145,044**	**830,688**	14%
NET SURPLUS(DEFICIT)	**(0)**	**163,798**	**163,798**	

College of Pharmacists of BC

Comparison of Year-to-date (YTD) Actual against YTD Budget

For the seven months ended September 30, 2015

	YTD Budget	YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	7 months	7 months	7 months	7 months
REVENUE				
Licensure				
Pharmacy Fees	1,038,975	1,038,843	(132)	(0%)
Pharmacist Fees	1,994,164	1,919,524	(74,640)	(4%)
Pharmacy Technician Fees	400,560	254,029	(146,531)	(37%)
	3,433,699	**3,212,396**	**(221,303)**	**(6%)**
Non Licensure				
Other revenue	874,794	915,299	40,505	5%
Grant revenue	267,082	78,500	(188,582)	(71%)
Investment Income - GIC	140,161	132,900	(7,261)	(5%)
Investment Income - JV	145,833	143,747	(2,086)	(1%)
	1,427,870	**1,270,446**	**(157,424)**	**(11%)**
Total Revenue before transfer from Balance Sheet	**4,861,569**	**4,482,842**	**(378,727)**	**(8%)**
Transfer from Balance Sheet	**1,114,163**	**826,000**	**(288,163)**	**(26%)**
TOTAL REVENUE	**5,975,731**	**5,308,842**	**(666,890)**	**(11%)**

College of Pharmacists of BC

Comparison of Year-to-date (YTD) Actual against YTD Budget

For the seven months ended September 30, 2015

	YTD Budget	YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	7 months	7 months	7 months	7 months
EXPENSES				
Board & Registrar's Office	406,860	291,922	114,939	28%
Grant Distribution	382,192	76,000	306,192	80%
Registration and Licensing	154,135	139,892	14,243	9%
Quality Assurance	416,016	281,594	134,422	32%
Inspections	115,033	89,950	25,083	22%
Discipline and Investigations	361,580	208,360	153,220	42%
Legislation	51,108	29,091	22,017	43%
Hospital Pharmacy and Practice	246,003	307,163	(61,160)	(25%)
Public Accountability and Engagement	312,200	246,861	65,339	21%
Finance and Administration	790,082	861,560	(71,478)	(9%)
Salaries and Benefits	2,572,138	2,492,761	79,378	3%
TOTAL EXPENSES BEFORE AMORTIZATION	**5,807,349**	**5,025,155**	**782,194**	**13%**
Amortization expenses	168,383	119,889	48,494	29%
TOTAL EXPENSES AFTER AMORTIZATION	**5,975,732**	**5,145,044**	**830,688**	14%

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

4.b.xiv. NAPRA Report

INFORMATION ONLY

Report to the CPBC Board on the NAPRA Board of Directors Meeting on November 7th and 8th, 2015 by Bob Craigue (NAPRA Board member for CPBC):

Extensive information was provided in reports and I will mention the highlights, with the complete program available online at napra.ca. The NAPRA Board approved the release of the Sterile Preparation Guidelines for Non-Hazardous Drugs. These will be released shortly, with a cover sheet that underscores that their implementation will be managed by the individual PRA's for their jurisdictions. While most of the Standards are currently being met by those operating sterile facilities, there are some that will require capital investments. The Colleges will work with stakeholders to ensure a reasonable transition.

The Board affirmed NAPRA's Strategic Plans 4 Key Result Areas: 1) the National Drug Schedule, the strategic objective to complete the NDS Model Review; 2) Foundation Document Non-Sterile Compounding Standards, strategic objective to prepare and publish model standards for non-sterile compounded preparations; 3) Foundation Document: Model Standards of Practice for Pharmacists, strategic objective: review and update model of standards of practice for pharmacists; 4) Practice Influence and Leadership, strategic objective: Continue to raise stakeholder awareness of NAPRA's role, strengthen relationships, and increase NAPRA's influence toward quality patient care and safety. These will all happen at the same time as the everyday functions of the office with a very small staff and budget.

BC introduced a motion on the issue of Technicians as Directors on the NAPRA Board. In discussions on this topic it disclosed other related areas that should be updated and the Board voted to accept this change allowing technicians to serve and update all areas for the April Board meeting approval.

The NAPRA Board discussed International Pharmacy Graduates Gateway enrollment and fees. The total of IPG's enrolled this year is 2870, more than the total number of Canadian graduates. These IPG's have the expectation that if they meet the requirements, they will be licensed in Canada. The likely outcome is that a majority will meet these requirements and I raised the potential upset this will cause in BC where we have doubled the number of pharmacy graduates and where we have no need of IPG's. Historically BC is the number 2 destination for IPG's. I should also state that I was an IPG in 1970 and I am eternally grateful that Canada took me in through a similar difficult process of selection and examination. NAPRA netted somewhere over $400,000 in revenue from this program in 2015. It is anticipated a further 2000 IPG's will enroll in 2016. Bob Nakagawa chairs the Gateway Committee and I urge the Board of the

College of Pharmacists of BC to examine the impact of this program on our regulatory environment.

NAPRA's budget for 2015 anticipated a $48,000 deficit and will result in a $412,000 surplus. The approved budget for 2016 shows a $10,000 deficit but has enough wriggle room and underestimation that it too should result in a surplus.

NAPRA's Executive Director and Executive Committee proposed a new investment policy that was deemed too conservative and will be modified and resubmitted for approval in April. Their budget anticipates a 1% return on investment, where BC's is between 5 and 6%.

NAPRA moved to create a mobility agreement for Pharmacy Technicians when we renew Pharmacists mobility.

NAPRA will also reinstate the jurisprudence review document.

NAPRA will respond to Health Canada regarding access to Naloxone for Opioid Overdose in a positive fashion and will point out areas to be improved such as new methods of delivery available in other jurisdictions.

NAPRA also discussed pharmacist participation in assisted suicide and the implications of the Carter vs Canada court decision. Guidelines are to be developed to aid pharmacists in the difficult process.

I introduced Blake Reynolds as our new NAPRA member and I resigned as of November 9th, 2015. I am sure our good work will be carried on better than before. I would also like to thank Bob Nakagawa for his assistance as it is really a team effort at NAPRA. Bob has also taken on many committees nationally and has taken a leadership role for BC. He is a member of the Gateway Committee, an appointed NAPRA representative to the .Pharmacy TLD committee, as well, he is currently the Chair of the Council of Pharmacy Registrars of Canada (CPRC).

Thank you all for your cooperation and support during my time on the Board, as I can sometimes be a difficult personality.

Sincerely,

Bob Craigue

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

DRAFT AGENDA

9:00 am	**1.**	Welcome & Call to Order	Registrar Nakagawa
9:00 – 9:10	**2.**	Election of Chair **[DECISION]**	Registrar Nakagawa
9:10 – 9:20	**3.**	Election of Vice-Chair **[DECISION]**	Chair
9:20 – 9:35	**4.**	Consent Agenda a) Items for further discussion b) Approval of Consent Items **[DECISION]**	Chair
9:35	**5.**	Approval of Agenda **[DECISION]**	Chair
9:35 – 9:50	**6.**	Requirement for Accredited CE for Yearly Registration Renewal **[DECISION]**	Gary Jung
9:50 – 10:30	**7.**	Certified Pharmacist Prescriber a) Update b) Draft Framework **[DECISION]**	John Shaske / Steve Shalansky
10:30 – 10:45		***BREAK***	
10:45 – 11:05	**8.**	Non-Regulated Pharmacy Staff	Jeremy Walden
11:05 – 11:15	**9.**	125th Anniversary Celebration **[DECISION]**	Ming Chang
11:15 – 12:00	**10.**	Solving Drug-Related Problems Through Interprofessional Collaboration Between Pharmacists and Physicians	Aaron Tejani / Tom Perry
12:00 – 1:00		***LUNCH***	
1:00 – 1:05	**11.**	e-Reference Funding Consideration – Rx Files **[DECISION]**	Mary O'Callaghan
1:05 – 1:10	**12.**	Strategic Plan 2017/18 – 2019/20	Mary O'Callaghan
1:10 – 1:35	**13.**	Items brought forward from consent agenda (ii) Board Meeting Schedule 2016 (xiii) Board Self-Evaluation Tool Kit Results	Chair
1:35 – 1:50	**14.**	DrugSafe BC Impact Update	Gillian Vrooman
1:50 – 4:00	**15.**	In-Camera – Legal Advice	
	16.	Closing Comments, Round Table Evaluation of Meeting and Adjournment	Chair

College of Pharmacists of British Columbia

BOARD MEETING
November 20, 2015

7. Certified Pharmacist Prescriber
a) Update

INFORMATION ONLY

Purpose

The Certified Pharmacist Prescriber Task Group (Task Group) Co-Chairs, Steve Shalansky and John Shaske, will provide the Board with an update on the Certified Pharmacist Prescriber Initiative.

Background

At the September 2015 Board meeting, with the approved title change to Certified Pharmacist Prescriber, CPP was initially used as an acronym. Concerns were raised that CPP could be confused with the pharmacy acronym for the Controlled Prescription Program, and that the public would confuse the acronym used for the Canada Pension Plan. Subsequently, the acronym CRxP was used as a less confusing acronym. After use of this acronym began, the College learned that a negative variation of the CRxP acronym was being used, which could derail the positive intent of the Certified Pharmacist Prescriber Initiative and potentially harm upcoming stakeholder engagement and public awareness strategies. As a result, no acronym will be used for Certified Pharmacist Prescriber.

Since the September 2015 Board meeting, the Task Group met on October 13, 2015 and by teleconference on October 20, 2015. The purpose of the October 13, 2015 meeting was to seek broader input from community pharmacist and public Board members, and members of the Community Pharmacy Advisory Committee and Residential Care Advisory Committee.

The October 20, 2015 teleconference meeting was held to finalize the Task Group recommendations to the College Board to present at the November 2015 meeting.

College of Pharmacists
of British Columbia

CERTIFIED PHARMACIST PRESCRIBER INITIATIVE

DRAFT FRAMEWORK

November 2015

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Acronyms and Abbreviations

ACP	Alberta College of Pharmacists
ARNBC	Association of Registered Nurses of BC
BC	British Columbia
CPhA	Canadian Pharmacists Association
College	College of Pharmacists of BC
CPSBC	College of Physicians and Surgeons of BC
CRNBC	College of Registered Nurses of BC
MoH	Ministry of Health
UK	United Kingdom
USA	United States of America

1.0 Purpose

This Certified Pharmacist Prescriber Initiative - Draft Framework sets the parameters of the initiative. The Certified Pharmacist Prescriber Initiative is set out in the College's Strategic Plan, and is a priority for the Board. Previously known as the Advanced Practice Pharmacist (APP) Initiative, the title was updated and approved by the Board in September 2015 to better reflect the scope of the initiative. The Certified Pharmacist Prescriber Initiative - Draft Framework outlines the societal need for the initiative, and includes an environmental scan of expanded scope of practice for pharmacists in other jurisdictions as well as other prescribers in British Columbia (BC). It outlines the proposed eligibility criteria, renewal requirements as well as the standards, limits and conditions to qualify as a Certified Pharmacist Prescriber. The College, with direction from the Certified Pharmacist Prescriber Task Group (Task Group), developed this document for the Board to review and approve, for the purposes of stakeholder engagement and the submission to government. Stakeholder engagement will begin in Winter 2015 and feedback will be gathered on the draft framework. Stakeholder engagement will help inform the final framework, which will be developed with direction from the Task Group, and presented to the Board for approval. The approved framework – which will include the draft Bylaws after undergoing public posting – will then be submitted to the Ministry of Health (MoH) for consideration.

2.0 Issue

In BC, pharmacists have limited prescribing authority and cannot initiate drug therapy independently for Schedule I drugs. BC pharmacists:

- have been assessing patients and prescribing Schedule II and III drugs for years,
- on December 1, 2000, specially trained pharmacists in BC became the first in Canada to be formally granted independent authority for emergency contraceptives,
- prescribe emergency supply of drug therapy, and
- continue (refilling) and adapt (modifying) prescriptions written by other authorized prescribers.

Based on (a) the need for timely access to primary care due to an aging expanding population, (b) the need for timely access to medications for patients in the acute setting, outpatient clinics, community-based primary care, and during transitions in care, (c) pharmacist expertise in medication use, (d) the College's role of ensuring patient safety, and (e) significant changes in pharmacist scope of practice nationally and internationally, the College presents evidence supporting extending the scope of practice for pharmacists by enabling independent prescribing for Schedule I drugs. A prescribing pharmacist would require College certification as a Certified Pharmacist Prescriber (see Appendix 1 for Certified Pharmacist Prescriber case scenarios).

3.0 Background

3.1 Societal need for pharmacist prescribing

At one time, prescribing was limited largely to physicians. However, growing pressure on the health care system, including limited access to primary care services, increasingly important roles for other health care professionals, and recognition of this expertise, have led to expansion of prescribing rights for other health care professionals including pharmacists. Policies that give pharmacists a greater prescribing role would improve treatment quality by improving drug selection, dosing, use, and monitoring. Pharmacists may also be more geographically accessible than physicians, and able to offer care when other providers are unavailable or unable to see patients in a timely manner. This expanded scope of practice would ease some of the pressure on access to primary care for British Columbians, and ensure quality continuity of care as patients move from acute care to community care.

Effective drug therapy management is a key health care need. Canadians spent approximately $25 billion on prescription drugs in 2009, over half of which was spent on chronic use drugs such as those to manage cardiovascular risk factors and disease; however, medication adherence can be suboptimal, complicated by challenges accessing primary care.[1] Individuals with chronic conditions of medium or high complexity use a greater number of health care services, including drug therapies, and 50% of British Columbians are taking one or more prescription medications.[2,3] Those living in rural and/or remote communities face additional challenges as they tend to have poorer health status and limited access to health care services.[4]

Inadequate drug therapy management can result in complications which can include drug-related hospitalization, sub-optimal drug therapy, over-prescribing, and other adverse incidents. A study conducted at the internal medicine units of Vancouver General Hospital found that about 25% of patients in the study were hospitalized for drug-related causes, and over 70% of these causes were deemed to have been preventable.[5]

The need for effective drug therapy management will continue to increase as BC's population ages. BC has the fastest growing population of seniors in Canada with almost 17% being age 65 or older; this is expected to double in the next 25 years.[6] Many seniors develop complex health conditions as they age and many require multiple medications.[7] Seniors are at a greater risk for adverse drug reactions and are five times more likely to be hospitalized as a result.[8]

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[1] Law MR, Ma T, Fisher J, Sketris IS. Independent pharmacist prescribing in Canada. Can Pharm J (Ott). 2012 Jan;145(1):17-23.

[2] Health Council of Canada. 2014. Where You Live Matters: Canadian Views on Health Care Quality.

[3] Ministry of Health of British Columbia. 2015. Primary and Community Care in BC: A Strategic Policy Framework.

[4] Ministry of Health of British Columbia. 2015. Rural Health Services in BC: A Policy Framework to Provide a System.

[5] Samoy, LJ, Zed PJ, Wilbur K, Balen RM, Abu- Laban RB, Roberts M. Drug-related hospitalizations in a tertiary care internal medicine service of a Canadian hospital: A prospective study. Pharmacotherapy 2006:26(11):1578-86.

[6] Ministry of Health of British Columbia. 2014. 2014/15 - 2016/7 Service Plan.

[7] Ministry of Health of British Columbia. 2015. Primary and Community Care in BC: A Strategic Policy Framework.

[8] Canadian Institute for Health Information. 2014. Adverse drug reaction- related hospitalizations among seniors 2006 to 2011.

3.2 Other prescribers in BC

Through the *Prescribed Health Care Professions Regulation*, prescribing authority has been extended over recent years to include a number of BC health care professionals such as optometrists, naturopaths, midwives, and nurse practitioners (see Appendix 2). The objective of the Certified Pharmacist Prescriber initiative is to improve timely access to medications, improve patient outcomes and options, and utilize health care professionals to their full scope.

3.3 Current scope of pharmacist practice in BC

Since 2009, the pharmacist scope of practice has included continuing and adapting prescriptions written by authorized prescribers, as well as administering injections. Pharmacists have recommended and have had experience prescribing Schedule III drugs[9] for several years. The MoH's *Pharmacists Regulation* states that pharmacists may prescribe Schedule IV drugs[10] for emergency contraception (ethinyl estradiol, norgestrol, progestin).

3.4 Position of the Canadian Pharmacists Association (CPhA)

In 2011, the CPhA released the *Position Statement on Pharmacist Prescribing*.[11] The statement emphasizes the need for a patient-centred approach, collaboration with other health care providers, and communication and documentation. The document notes that, "*The pharmacist, by having the authority to initiate, continue, and modify prescriptions, can improve the safety and effectiveness of drug therapy. In addition, as the most accessible health care professional, pharmacists will be able to improve access to appropriate medication therapy for patients*."

3.5 Scope of pharmacist practice nationally and internationally

Pharmacists have gained different levels of prescribing rights in other Canadian provinces as well as several international jurisdictions, e.g., the UK, parts of the USA, and New Zealand (see Appendix 3). The CPhA reported that, as of September 2015, initiating prescriptions is possible in all Canadian provinces except BC (see Appendix 3). Pharmacist prescribing rights have been established to improve access to primary care, improve timely access to medications, reduce visits to the emergency department, improve continuity of care, and improve patient outcomes.

[9] Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy. Examples include miconazole for vaginal use and tetracaine for topical use on mucous membranes. A description of the *Drug Schedules Regulation* is available at: http://library.bcpharmacists.org/D-Legislation_Standards/D-4_Drug_Distribution/5012-Drug_Schedules_Regulation.pdf

[10] Schedule IV drugs are those prescribed by a pharmacist and include "drugs which may be prescribed by a pharmacist in accordance with guidelines approved by the Board" (from the *Drug Schedules Regulation* available at: http://library.bcpharmacists.org/D-Legislation_Standards/D-4_Drug_Distribution/5012-Drug_Schedules_Regulation.pdf)

[11] Available at: http://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/PPPharmacistPrescribing.pdf

4.0 Position of the College of Pharmacists of BC

The College is the regulatory body for the pharmacy profession in BC. The College protects public health by registering and regulating pharmacists and pharmacy technicians and the places where they practice. The College is responsible for making sure every pharmacist and pharmacy technician in BC is fully qualified and able to provide the public with competent care.

The College supports the Certified Pharmacist Prescriber Initiative to provide important and tangible benefits to patients and the BC health care system. The College's position is that the Certified Pharmacist Prescriber Initiative will add an option for access to primary care services, provide more timely care and relieve pressure on current providers, improve access to the best drug therapy, and ensure that patients are prescribed the right medication and are monitored appropriately. Furthermore, the Certified Pharmacist Prescriber Initiative will enhance the effectiveness and efficiency of the BC health care system by optimizing the use of pharmacists who possess specialized medication expertise. Prescribing would have to be within the scope of the pharmacist prescriber's education, training and competence, including an assessment of the patient as well as the initiation, monitoring, and management of drug therapy.

5.0 Alignment with BC Government Policy

It is recognized that BC's health care system is challenged by demands for access, timeliness, quality, and sustainability. The MoH has described the province's current health service design and delivery system as neither optimal in meeting the needs of several key patient populations nor sustainable over the next 10 to 15 years. Two of the three priority areas the MoH is focusing on are:[12]

- improving the effectiveness of primary, community, medical specialist, and diagnostic and pharmacy services for patients with moderate-to-high complex chronic conditions, patients with cancer, and patients with moderate-to-severe mental illness and substance use, to significantly reduce demand on emergency departments, in-patient bed utilization, and residential care, and
- establishing a coherent and sustainable approach to delivering rural health services.

As part of its efforts to reposition the BC health care system, the MoH is aiming to enhance drug therapy management through multidisciplinary teams, citing evidence that multidisciplinary teamwork and interventions that address polypharmacy decrease inappropriate prescribing and medication-related problems in patients. As a result, a key recommendation of the MoH's *"Primary and Community Care in BC: A Strategic Policy Framework"* [13] is building multidisciplinary teams – including pharmacists – for people with complex needs.

The Certified Pharmacist Prescriber Initiative also aligns with the MoH document: "*Enabling Effective, Quality Population and Patient-Centred Care: A Provincial Strategy for Health Human Resources*". To help drive health care system changes, a health human resource strategy will also be developed that

[12] Ministry of Health of British Columbia. 2015. Delivering a patient-centred, high performing and sustainable health system in BC: a call to build consensus and take action.

[13] Ministry of Health of British Columbia. 2015. Primary and Community Care in BC: A Strategic Policy Framework.

will analyze issues such as optimizing scopes of practice, role enhancement and role enlargement.[14] The initiative addresses current health care system concerns and proposes an innovative solution that will work synergistically with recommendations in the MoH's cross-sector policy discussion papers.

Specifically, the introduction of Certified Pharmacist Prescribers will enhance the effectiveness and efficiency of the BC health care system by optimizing the use of pharmacists as medication experts.

6.0 Benefits of the Certified Pharmacist Prescriber Initiative for BC's Health Care System

The Certified Pharmacist Prescriber Initiative would help address current demands for enhanced access, timeliness, and quality of health care services, including:

- increasing patient access to health care services while alleviating pressure on other parts of the health care system by allowing more time for other prescribers, such as physicians and nurse practitioners, to focus on other medical issues,
- improving access to the best drug therapy for patients by optimizing the use of the expert drug knowledge of Certified Pharmacist Prescribers,
- reducing delays in initiating and changing therapy to optimize drug therapy and enhance patient health outcomes,
- supporting the increasing number of patients prescribed multiple medications,
- freeing hospital beds by reducing the time required to access an authorized prescriber, avoiding the sometimes time-consuming and inefficient process of pharmacists needing to locate another health care provider to sign as a prescriber,
- reducing the number of practitioners a patient must visit to be assessed and, if necessary, obtain a prescription,
- improving continuity of care and patient care flow by reducing unnecessary interruptions and providing seamless care. For example, this simplifies the complex process when patient care is transitioning (e.g., acute to community care) by avoiding multiple practitioners that provide advice and write prescriptions. This also reduces the likelihood that essential regimen changes are completely missed during transitions in care such as during rapid hospital discharges,
- encouraging greater collaboration among health care practitioners, and
- creating opportunities to enhance patient safety and reduce adverse drug events and hospital readmissions.

[14] Ministry of Health of British Columbia. 2015. Enabling Effective, Quality Population and Patient-Centred Care: A Provincial Strategy for Health Human Resources.

7.0 Details of the Certified Pharmacist Prescriber Initiative

7.1 Proposed eligibility criteria

A full pharmacist registered with the College would be qualified to apply as a Certified Pharmacist Prescriber after meeting the following criteria: be in good standing as a full pharmacist with the College, and successfully complete an educational program and assessment. The educational program will include testing on therapeutics, patient assessment, and the ordering and interpreting of laboratory tests. The College's multidisciplinary Drug Administration Committee will be involved in the development of the educational program and assessment.

7.2 Proposed renewal requirements

Renewal requirements for a Certified Pharmacist Prescriber includes proof of an additional 15 units of continuing education in the area of prescribing, and an annual self-declaration.

7.3 Proposed standards, limits, and conditions

***Standards**:*

1. Pharmacists prescribe Schedule I, II, or III drugs only within the scope of their education, training and competence.

2. Pharmacists must have the patient or patient's representative informed consent before undertaking prescribing.

3. Pharmacists must review the patient's PharmaNet profile prior to prescribing.

4. Pharmacists must conduct a patient assessment that includes:
    - developing and/or updating a best possible medication history, and
    - other relevant health information

5. Pharmacists must conduct a patient assessment that may include, as appropriate:
    - physical assessment,
    - mental health assessment,
    - laboratory values, and
    - diagnostic information.

6. Pharmacists must refer the patient to another prescriber as appropriate.

7. A pharmacist may prescribe a drug based on the pharmacist's own assessment.

8. A pharmacist may prescribe a drug based on validation of another regulated health care professional's assessment of the patient, as per standard 4 and standard 5.
    - The prescribing pharmacist is ultimately responsible for how they use the assessment information, regardless of who conducted the assessment

9. A pharmacist must only prescribe where there is a genuine clinical need for treatment, and should only prescribe medication to meet identified needs of patients and never for convenience, or because patients demand the medication.

10. A pharmacist engages in evidence-informed prescribing and considers best practice guidelines and other relevant guidelines and resources when prescribing for patients, including when recommending complementary or alternative health therapies.

11. A pharmacist is solely accountable for their prescribing decision.

12. If an adverse drug reaction as defined by Health Canada is identified the pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record, and report the reaction to the Canada Vigilance Program regional office.

13. After prescribing, pharmacists must:
    - inform patients of the need for follow-up care to monitor whether any changes to the prescription are required,
    - monitor patients for any adverse events, emerging risks, or complications, and
    - stop drug therapy, following appropriate protocol, if it is not effective, or the risks outweigh the benefits.

14. Completes prescriptions accurately and completely, that includes all information required for a prescription, in accordance with the *Health Professions Act* Schedule F, Part 1, Section 6(2).

15. Notify and provide relevant information to the patient's primary care provider and other health professionals, as appropriate.

16. The pharmacist must document in the patient's record:
    - informed consent,
        - The patient and/or the patient representative (name:_____) was provided sufficient information about the proposed course of treatment, including any known serious or common side effects or adverse reactions, and voluntarily provided their informed consent.
    - patient assessment,
    - prescribing decision and the rationale,
    - patient understood the instructions provided,
    - monitoring and follow-up plan, and
    - patient's primary health care provider and other relevant health professionals, as appropriate were notified and provided with relevant information.

17. Pharmacists should collaborate by communicating respectfully, effectively and in a timely way about a patient with the patient's primary health care professionals, and other health care providers as appropriate.

18. Pharmacists should take reasonable steps to engage a patient's primary health care professional and other health care professionals as appropriate in discussions aimed at determining mutual goals of therapy for a patient and mutual sharing of relevant patient information.

19. A pharmacist who transfers care to another pharmacist or other health care provider within the same or different pharmacy, hospital, or other health care facility must ensure the accepting health care provider has the necessary information to assume care.

***Limits**:*

1. A Certified Pharmacist Prescriber is not authorized to prescribe controlled drug substances which are regulated federally by the *Controlled Drugs and Substances Act* and its regulations.

2. A Certified Pharmacist Prescriber must not prescribe a drug unless the intended use is:
    - an indication covered by Health Canada,
    - considered a best practice or accepted clinical practice in peer-reviewed clinical literature, and
    - is part of an approved research protocol.

3. A Certified Pharmacist Prescriber must only prescribe where there is a genuine clinical need for treatment.

4. A Certified Pharmacist Prescriber that prescribes a medication for a patient must not dispense that medication, unless:
    - the patient has been advised that he or she may choose to have the prescription dispensed by another pharmacist or pharmacy, and
    - no other pharmacist is available on site, and
    - the patient's informed consent to dispense the drug has been obtained.

5. A Certified Pharmacist Prescriber must not self-prescribe or prescribe for a family member or friend, unless there is an emergency and no other prescriber is available.

***Conditions**:*

1. A full pharmacist must apply to the College of Pharmacists of BC to be a Certified Pharmacist Prescriber to prescribe Schedule I, II or III drugs.

2. A full pharmacist must not prescribe Schedule I, II or III drugs prior to receiving authorization from the College of Pharmacists of BC of their Certified Pharmacist Prescriber authority to prescribe Schedule I, II or III drugs.

3. Must have a private consultation room to conduct patient assessment.

8.0 Maintaining Patient Safety with Certified Pharmacist Prescribers

The College's role is to protect the public by ensuring that patients receive safe and effective pharmacy care. The following potential implementation challenges have been identified with regards to maintaining patient safety with the introduction of the Certified Pharmacist Prescriber Initiative and were considered in the development of the draft framework. Stakeholder engagement will also help inform the best possible delivery of the Certified Pharmacist Prescriber Initiative.

8.1 Considerations for standards, limits and conditions

Standards, limits and conditions have been included to ensure patient safety is maintained:

- standards for transfer of care to avoid fragmentation of care,
- standards for collaborative practice in an environment of multiple prescribers (considerations are facilitation of communication, mutual goals of therapy that are acceptable to patients, sharing of health information, establishing the expectations of each regulated health professional when working with a mutual patient), and
- standards to ensure that the same pharmacist does not prescribe and dispense (although a prescription may be dispensed by another pharmacist in the same pharmacy).

8.2 Managing the potential perverse incentive to prescribe and dispense

Robust standards are required to mitigate the potential for financial interests affecting advice or patient treatment. Considerations for addressing this incentive include:

- that any indication that a decision is based on benefit to the pharmacist or pharmacy, rather than the patient, will be considered professional misconduct,
- that a pharmacy owner cannot prescribe drugs pursuant to the *BC Pharmacy Operations and Drug Scheduling Act (PODSA*), section 5(1),
- the College's Code of Ethics and Conflict of Interest Standards includes clear details for BC pharmacists (http://www.bcpharmacists.org/acts-and-bylaws) regarding patient choice, informed consent and conflict of interest clauses,
- collaborative practice standards to prescribing are included to keep physicians and other health care providers informed, and
- implementing a number of monitoring activities such as: (a) monitoring pharmacist prescribing, (b) identifying pharmacist owner prescribing and dispensing, (c) identifying prescribing of narcotic and controlled drugs, (d) checking documentation for patient consent, (e) targeting drugs for chronic conditions or that require laboratory monitoring; targeting duplicate prescribing, and (f) running PharmaNet exception reports to identify pharmacists prescribing and dispensing for the same prescription at the same pharmacy and at multiple pharmacies with the same owner.

8.3 Ordering and interpreting laboratory tests

The College has identified the value of a Certified Pharmacist Prescriber having the authority and ability to order and interpret laboratory tests to prescribe for some drug therapies. This element falls outside the scope of the Certified Pharmacist Prescriber Initiative, as it is not within the College's jurisdiction.

9.0 Stakeholder Engagement

The College will begin early stakeholder engagement starting in Winter 2015. Stakeholder groups include other health professionals in BC who have prescribing authority, pharmacy groups, and patient groups. Stakeholder engagement results will be documented and reviewed by the Task Group.

10.0 Next Steps

The Task Group will update the Board in February 2016 as to the progress and goals of stakeholder engagement. Stakeholder engagement will take place in 2016 and the results will help inform the final Certified Pharmacist Prescriber Framework, which will include draft bylaws. The final Certified Pharmacist Prescriber Initiative Framework will be submitted to the Board in September 2016 for consideration.

Appendices	
1	Certified Pharmacist Prescriber Case Scenarios
2	Other Prescribers in BC – Prescribing Parameters
3	Pharmacists' Prescribing Authorities
4	CPhA "*Pharmacists' Expanded Scope of Practice in Canada, September 2015*"

Appendix 1: Case scenarios

The College has identified numerous cases that highlight the need for better utilization of the expert knowledge and skills of pharmacists.

Case #1: Uncontrolled Asthma - Avoiding a delay in appropriate treatment

A father comes to the pharmacy with his 12-year-old son for a refill of his son's salbutamol inhaler. The pharmacist notices that the family just picked up the refill 2 week ago. Upon questioning, the father mentions that the son is using the salbutamol more regularly (about 4-5 times a week) over the past two weeks and that the son has been having coughing and shortness of breath at night. After assessing inhaler technique with the child, the pharmacist determines that the child needs an inhaled corticosteroid and initiates fluticasone MDI 50 mcg BID. The pharmacist also recommends an aerochamber for increased efficacy. The pharmacist will follow-up in 2 weeks to see if the symptoms are controlled (less salbutamol use <4 times/week, no nocturnal symptoms).

Case #2: Inappropriate use of Emergency Contraception - Avoiding visits to physician offices or emergency department and providing appropriate treatment

A 20-year-old female with acne approaches the pharmacist for emergency contraception (Plan B). The pharmacist recognized her from a few weekends ago asking for emergency contraception. Upon further questioning, the pharmacist discovers that she uses emergency contraception as regular contraception. The pharmacist explains that emergency contraception should not to be used regularly and recommends the initiation of oral contraceptives. The female is amenable to the pharmacist's recommendation and proceeds with determining the suitability of oral contraceptives for this individual. The pharmacist rules out pregnancy (she had her menses last weekend) and breast-feeding. The pharmacist assesses her blood pressure to rule out hypertension and takes a baseline weight and height for monitoring purposes. The pharmacist could initiate Alesse 28's as low-dose combined oral contraceptives are also beneficial in those with acne. The pharmacist will also initiate a barrier method (condom with spermicide) along with the Alesse for the first 7 days. The pharmacist will follow-up for adherence and any breakthrough bleeding.

Case #3: Infected Mosquito Bites - Avoiding visits to physician offices and emergency department and providing appropriate treatment

A father of a healthy 8-year-old boy presents to the pharmacy on a Sunday evening after a weekend camping trip. The boy has multiple mosquito bites which are showing signs of infection. The boy complains of itchiness at the bite sites and some localized redness and swelling. The area around the site is warm to the touch. The bite sites are draining a small amount of purulent fluid. The pharmacist rules out fever, vomiting, chills, rigors, or severe pain at the infection sites. The father reports his son's weight at approximately 50 lbs. The pharmacist could initiate empiric antibiotic therapy for localized cellulitis with cephalexin (Keflex) 250mg four-times per day along with fusidic acid 2% (Fusidin) cream to be applied to each bite site three times per day with a follow-up in 2 days.

Case #4: Pink Eye - Avoiding visits to physician offices or emergency departments and providing appropriate treatment

A 32-year-old school teacher presents with Conjunctivitis ("pink eye") in both eyes but medication shortages prevent the use of over-the-counter Polysporin eye drops. The pharmacist visually inspects the eyes to rule out anything that does not appear to be diffuse redness along the sclera. Special attention would be taken with the patient to rule out focal redness, piercing pain, pupil abnormalities, visual field changes, or recent trauma. The patient clarifies that there is a sensation of grittiness along the eyes and a clear discharge. The pharmacist could initiate gentamicin ophthalmic drops, 1-2 drops every 4 hours into each eye for 5 days. Follow-up would be completed in 2 days to ensure symptoms are resolving.

Case #5: Residential Care Medication Reviews - Ensuring continuity of care

Residential care prescriptions are not reviewed and re-ordered in a timely manner (every 6 months) resulting in delays in continuity of therapy in patients taking chronic medications. A pharmacist could assess, review and re-order necessary medications to maintain continuity of care.

Case #6: Patient discharge from acute care - Addressing patient safety with medication reconciliation, timely access to medications and ensuring continuity of care

A 72-year-old male who suffered a myocardial infarction is about to be discharged from the cardiology ward at St. Paul's Hospital to home. The pharmacist reconciles all the patient's medications and the pharmacist initiates a prescription for the new medications started while the patient was in the hospital. The pharmacist discontinues the hospital formulary medications and changes them back to the patient's home meds. The pharmacist initiates and provides the prescription for the patient's family to fill at their community pharmacy. The pharmacist also provides a direct line where the community pharmacy can call, in order to get more information if needed.

Case #7: Acute Otitis Media - Avoiding visits to physician offices or emergency departments and providing appropriate treatment

A mother is requesting a refill for her 6 year old son's ear infection. Her son had an amoxicillin prescription filled 6 months ago for a left ear infection. The pharmacist confirms that the son has acute onset low-grade fever and some irritability following a mild cold last week. Her son complains of soreness inside his right ear and some difficulty hearing out of his right ear. The pharmacist performs an otoscopic exam that reveals an erythematous, bulging and opaque tympanic membrane. The pharmacist could initiate amoxicillin-clavulanate for a recurrence of acute otitis media. The pharmacist weighs the child to determine a weight-based dose. The child is 51 lbs and has no allergies. The pharmacist writes a prescription for amoxicillin-clavulanate 500mg tid x 10 days. The pharmacist instructs the mother to wait 48-72 hours prior to filling the antibiotics, as most ear infections could resolve within 48-72 hours. The pharmacist will follow-up in 7 days to determine if the mother has started the antibiotic or if the ear infection resolved on its own.

Case #8: Ambulatory Diabetes Clinic - Avoiding visits to physician offices or emergency departments and providing continuity of care and appropriate treatment

A 43-year-old female patient comes into the Diabetic Ambulatory Care Clinic for a regular check-up. The patient completed her regular lab panel prior to her check-up. The pharmacist assesses the lab panel and determines that the female requires additional diabetic medications. She is currently taking Metformin 500mg BID (for the last 6 months) and trying to adjust her diet and increase exercise. Her daily blood glucose journal since the last visit 3 months ago, shows continued elevated morning fasting blood glucose of > 7 mmol/L. Her A1c shows minor improvement and is currently 8.5% (down from 9% from 6 months ago). She is still showing some signs of increased thirst and urination. The pharmacist could initiate Gliclazide MR 30mg daily x 4 weeks. The pharmacist would then instruct the patient to return in 1-month time to re-assess her diabetes.

Case #9: Residential Care Patient Discharged from Acute Care- Ensuring continuity of care

A residential care patient is discharged late on a Friday afternoon from an acute care hospital after orthopaedic surgery. Residential care patient medication orders are cancelled upon hospital admission leaving a gap upon readmission to the residential care site. The patient's primary care physician is not available to reorder the medication on Friday evening or the ensuing weekend. The residential care facility is serviced by a community pharmacy. The pharmacist could contact the hospital and residential care staff to reconcile the medication orders and initiate them in order to maintain continuity of care.

Case #10: Smoking Cessation - Avoiding visits to physician offices or emergency departments and providing appropriate treatment

A 40-year-old male patient presents to the pharmacy and asks about smoking cessation products. He has tried the Nicotine patch in combination with the gum and still has not been successful despite his best efforts and is currently still smoking. He has made two failed attempts in the past year. He is hoping to try a different approach and asks about more effective options. The pharmacist rules out any history of depression or psychiatric illness as well as concurrent antidepressant use. The pharmacist could initiate Varenicline (Champix) starter pack (0.5mg once daily for 3 days then increasing to 0.5mg twice daily for 4 days then increasing to 1mg twice daily) with follow-up after the first week to confirm discontinuation of smoking.

Case #11: Travellers' Diarrhea - Avoiding visits to physician offices or emergency departments and providing appropriate treatment

A 45-year-old woman presents to the pharmacy complaining of 2 days of diarrhea. After questioning for the history of the symptoms, the patient clarifies that she has just returned from a week-long vacation in Mexico and her symptoms first began on her last day there. Along with diarrhea, further questioning reveals some abdominal cramping and a low-grade fever. The pharmacist rules out blood or mucous in the stool or signs of severe dehydration such as dizziness, confusion, or generalized weakness. The pharmacist could initiate antibiotic treatment for Travellers' Diarrhea with ciprofloxacin 500mg for three days along with oral rehydration solution (Hydralyte - 2L over a 24 hour period taken as sips as tolerated). The pharmacist would then follow-up in 24 hours to confirm that antibiotic resistance is not delaying effective treatment.

Case #12: Uncomplicated Lower UTI - Avoiding visits to physician offices or emergency departments and providing appropriate treatment

A 26-year-old female patient presents to the pharmacy on a Saturday evening with pain upon urination. Upon questioning the pharmacist clarifies that she is experiencing burning upon urination with frequent small amounts being passed. The pharmacist confirms that she has not experienced this in the past and rules out that she does not have flank pain, fever, chills, rigors, vomiting, or hematuria. The pharmacist confirms that there is no medication-related causes of these symptoms and that there are no chronic medical conditions such as diabetes or renal insufficiency. The pharmacist could initiate empiric antibiotic therapy for an acute uncomplicated UTI with Nitrofurantoin (MacroBid) 100mg twice daily x 5 days with a follow-up in 24 hours to confirm that antibiotic resistance is not delaying effective treatment.

Appendix 2: Other Prescribers in BC – Prescribing parameters

	Naturopaths	Midwives	Nurse Practitioners	Optometrists
Training	Prescribing Certification requirements: Registrants must successfully complete the Prescribing Upgrade Course offered by the Boucher Institute of Naturopathic Medicine (BINM) including an online course and oral exam.	4-year undergraduate degree. Clinical experience requires 40 births attended as a primary midwife.	Master's degree program. No additional training; however, created new competencies and updated OSCE's. Three streams of practice are used to register NPs: family, adult and pediatric	No training requirements if they graduated after 2000. *Optometrists certified in Ocular Therapeutics to treat and manage ocular disease as per Bylaws Schedule:* Successfully completed a 20-hour therapeutic pharmaceutical agent updating course given at any time after January 1, 2004 and has also successfully completed one of the following: (a) a 100-hour course in ocular therapeutics; (b) the Treatment and Management of Ocular Disease section of the National Board of Examiners in Optometry; or (c) the ocular therapeutics section of the national qualifying examination.
Schedule of Drugs	Schedule I, II and III.	Schedule I, IA, II and III.	Schedule I, IA (controlled prescriptions), II.	Schedule I, II and III.
List of Drugs	List of excluded drugs (e.g., antibiotics with narrow therapeutic index and antipsychotics.	Inclusive list of drugs.	List of drugs: Schedule I, IA, II. NP prescribes in area registered to practice (family, adult, pediatric)	Limited list of drugs: Glaucoma agents, topical treatment of eye disease.
Standards	Usual and customary standards for prescribing	Provides indications, routes of administration and upper dosage limits where appropriate.	Usual and customary standards for prescribing.	Co-manage with ophthalmologist for glaucoma. Inform patients they have a choice to be managed by an optometrist or ophthalmologist for glaucoma. Must refer to an ophthalmologist if condition does not improve or worsens.

Appendix 2: Other prescribers in BC (continued)

	Naturopaths	Midwives	Nurse Practitioners	Optometrists
Limits	Cannot prescribe drugs for a number of categories.	Limited to pregnancy, lactation and labour.	Limits and conditions by drug category. A drug category with the notation "No Exceptions" means that NPs may prescribe all drugs in that category. A drug category with the letters C (continuation prescribing only) and/or O (cannot prescribe) mean there are restrictions on NP prescribing.	No glaucoma drugs for patients age < 30.
Conditions	Can request special authority medications	Conditions around prescribing some drugs in collaboration with a medical practitioner, e.g., controlled drugs for labour.	Restrictions on prescribing – see above.	Cannot prescribe if glaucoma is advanced.
Narcotics	Under the federal *Controlled Drug Substances Act and Regulations*, no authority to prescribe narcotics and controlled drugs, including benzodiazepines.	Yes	Yes	No

Appendix 3: Pharmacists' Prescribing Authorities Nationally and Internationally

Table 1: Pharmacists Initiating Prescriptions in Canadian Provinces (from the CPhA, 2015)

Province	Can Initiate Prescription Drug Therapy	Can Order and Interpret Laboratory Tests
BC	X	X
AB	✓	✓
SK	✓	✓
MB	✓	✓
ON	Specified products for smoking cessation only	Pending legislation, regulation, or policy for implementation
QC	For minor ailments	✓
NB	For minor ailments	Pending legislation, regulation, or policy for implementation
PE	For minor ailments	Pending legislation, regulation, or policy for implementation
NS	For minor ailments	✓
NL	For minor ailments	✓

Table 2: Pharmacists Initiating Prescriptions Internationally

Country	Can Initiate Prescription Drug Therapy	Can Order and Interpret Laboratory Tests
NZ	✓	✓
UK	✓	✓
USA	✓	✓ >75% of the States and federal government (armed forces and Veterans Affairs)

Appendix 4: Pharmacists' expanded scope of practice in Canada, September 2015

Available at: http://www.pharmacists.ca/index.cfm/pharmacy-in-canada/scope-of-practice-canada/

CANADIAN PHARMACISTS ASSOCIATION / ASSOCIATION DES PHARMACIENS DU CANADA

Pharmacists' Expanded Scope of Practice in Canada

✓ Implemented in jurisdiction

P Pending legislation, regulation or policy for implementation

X Not implemented

Expanded Scope	Province/Territory												
	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
Provide emergency prescription refills	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Renew/extend prescriptions	✓	✓	✓	✓[4]	✓	✓	✓	✓	✓	✓	✓	X	X
Change drug dosage/ formulation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	X
Make therapeutic substitution	✓	✓	✓	X	X	✓[7]	✓	✓	✓	✓	X	X	X
Prescribe for minor ailments/conditions	X	✓[1]	✓	✓	X	✓	✓	✓	✓	✓	X	X	X
Initiate prescription drug therapy	X	✓	✓	✓	✓[5]	✓[2]	✓[2]	✓[2]	✓[2]	✓[2]	X	X	X
Order and interpret lab tests	X	✓	P[3]	✓	P	✓	P	✓	P[9]	X	X	X	X
Administer a drug by injection	✓	✓	P[3]	✓	✓[6]	X[8]	✓	✓	✓	✓	X	X	X
Regulated Pharmacy Technicians	✓	✓	P[3]	✓	✓	X	✓	✓	✓	✓	X	X	X

1. AB: pharmacists in Alberta who have "additional prescribing authority" can prescribe a Schedule F drug (prescription-only), including those for the treatment of minor ailments
2. QC, NB, NS, PEI & NL: only as part of assessment and prescribing for minor ailments
3. SK: legislation introduced, expected implementation by fall 2015
4. MB: as Continued Care Prescriptions under section 122 of the Regulations to the Pharmaceutical Act
5. ON: restricted to prescribing specified drug products for the purpose of smoking cessation
6. ON: administration of influenza vaccination to patients five years of age and older; administration of all other injections and inhalations for demonstration and educational purposes
7. QC: in case of a supply shortage of the drug in question
8. QC: for demonstration purposes only
9. PEI: implementation is pending pharmacist education and the development of standards of practice

College of Pharmacists of British Columbia

7. Certified Pharmacist Prescriber Initiative

Presented by:

John Shaske and Steve Shalansky
Certified Pharmacist Prescriber Task Group Co-Chairs

Update since September 2015

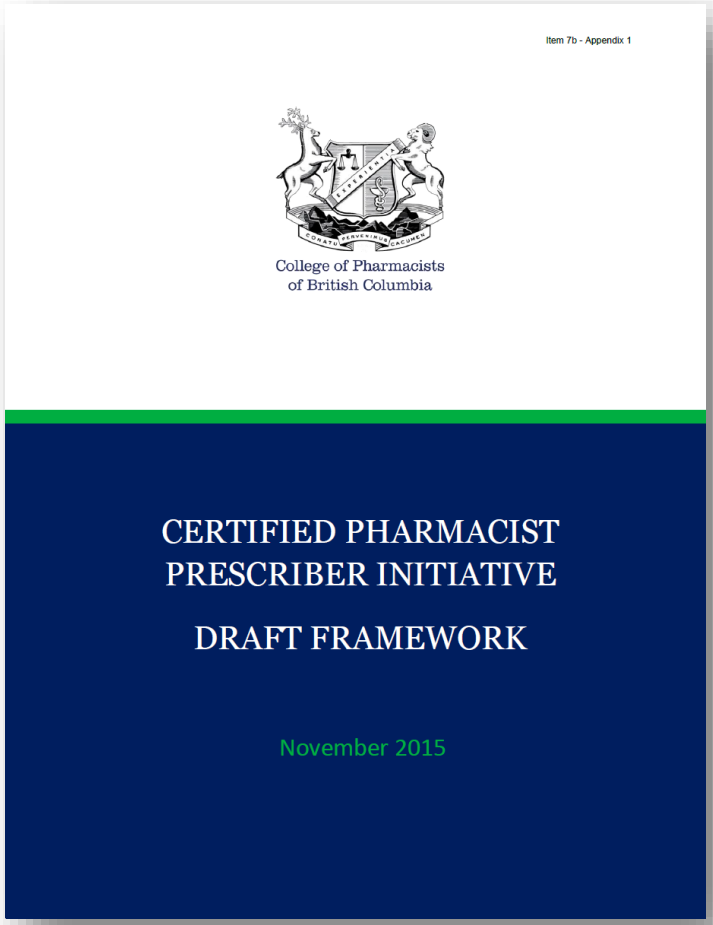
- Certified Pharmacist Prescriber Task Group met twice in October 2015 to finalize the key points of the initiative:
  - Independent Prescribing
  - Educational Program and Assessment

- These key points are based on input from CPAC, RCAC, the Board, informal feedback from Government, and environmental scans of pharmacist prescribing scope

- Case scenarios were developed to demonstrate the need and benefits of a pharmacist prescriber

- Stakeholder engagement planning is underway; will use Board-approved Draft Framework for discussion

Draft Framework



College of Pharmacists
of British Columbia

Draft Framework

Purpose

- Provides the framework for stakeholder engagement and submission to government

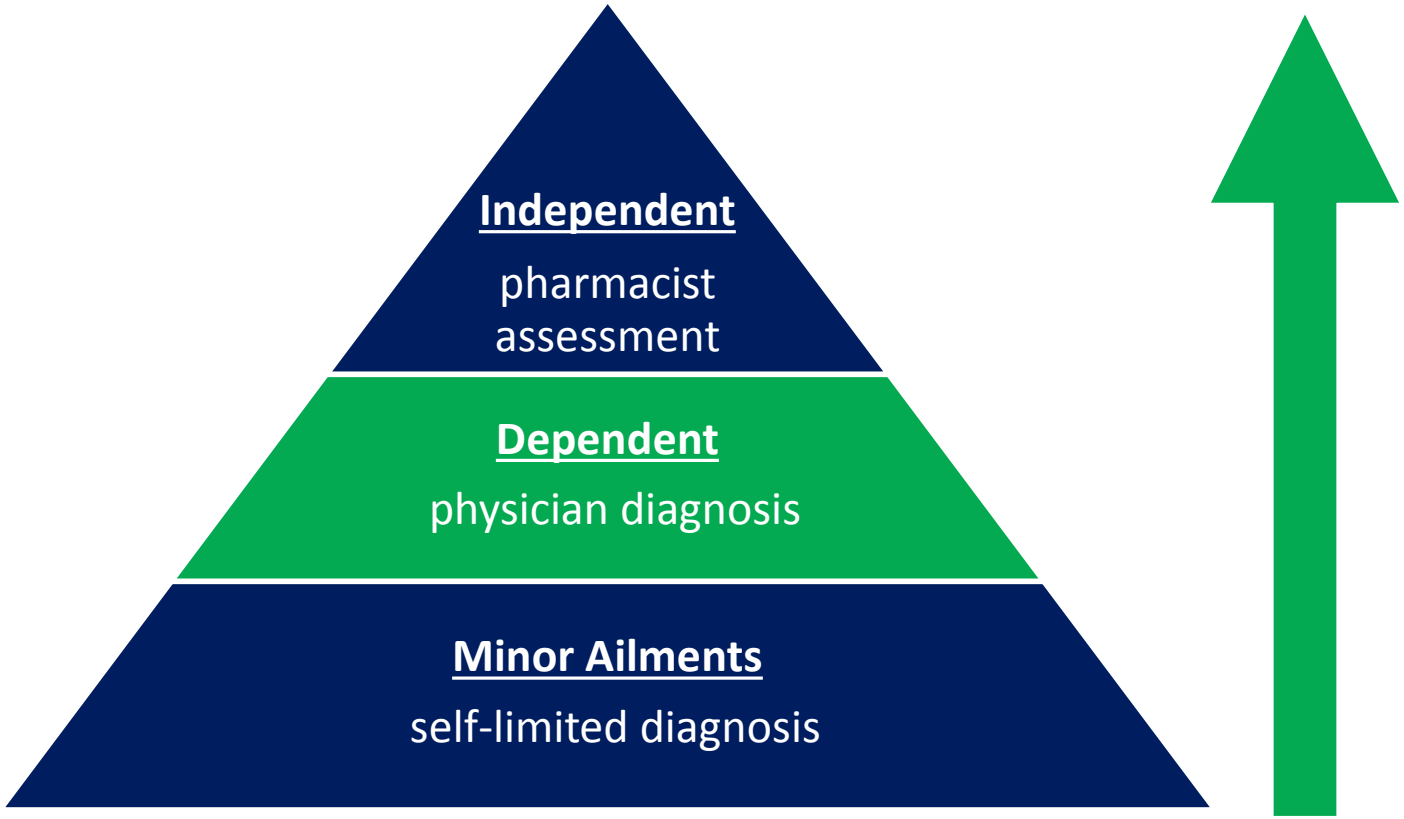
- Outlines the societal need, eligibility criteria, renewal requirements and standards, limits and conditions to qualify as a Certified Pharmacist Prescriber

- Includes an environmental scan of expanded scope of practice in other jurisdictions and other prescribers in BC

Key Point #1

Independent Prescribing

The Pyramid of Prescribing



College of Pharmacists of British Columbia

Minor Ailments

- Pharmacists independently prescribe ‘preventative’ drug therapies without a ‘diagnosis’ or ‘self-diagnosis’ being made (e.g., a vaccine, an anti-malarial for prophylaxis, an antibiotic in the event of traveler's diarrhea, and treatments for smoking cessation).
- Limited to a list of drugs
- Exists in all other Canadian provinces except BC

Dependent Prescribing

- Requires physician diagnosis
- Restrictions on the pharmacists' prescribing activities, usually via written collaborative agreements / guidelines / protocols and formularies
- Requires a collaborative environment and/or practice

Independent Prescribing

- The practitioner is responsible and accountable for the assessment of patients with diagnosed or undiagnosed conditions and for decisions about the clinical management required, including prescribing for Schedule I, II and III drugs.
- Based on pharmacist's patient assessment

Self Limiting Conditions

Diagnosed Conditions

Undiagnosed Conditions

Rationale:
Evolving Scope of Practice in BC

- ✓ Assess Patients and Prescribe Schedule II and III Drugs
- ✓ Assess Patients and Prescribe Schedule IV Drugs – Emergency Contraception
- ✓ Assess Patients and Continue Drug Therapy – Refills
- ✓ Assess Patients and Adapt Prescriptions – Change Dosages
- ✓ Assess Patients and Provide a Therapeutic Substitution – Change Drug
- ✓ Assess Patients and Prescribe Emergency Supply of Drug Therapy
- X Cannot Initiate Drug Therapy for Schedule I Drugs

Rationale:
Evolving Scope of Practice in Canada

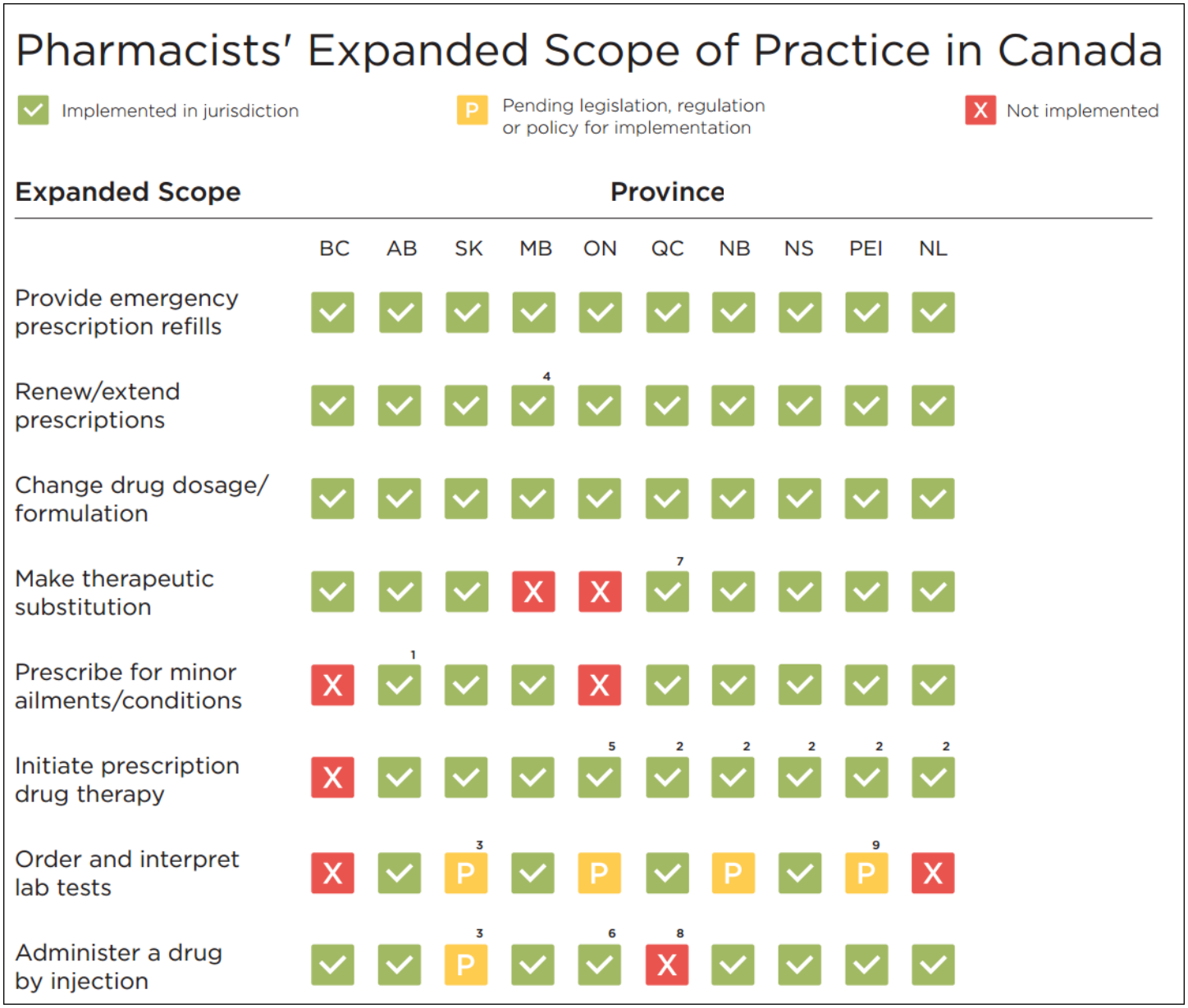
- Alberta pharmacists can initiate prescriptions for Schedule I drugs independently

- Manitoba and Saskatchewan pharmacists can initiate prescriptions for Schedule I drugs through collaborative agreements

- All Canadian provinces allow pharmacists to initiate Schedule I drugs for minor ailments except BC

Appendix 4

Rationale: Evolving Scope of Practice in Canada



Rationale: Evolving Scope of Practice in Canada

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Prescribe for minor ailments/conditions	X	✓[1]	✓	✓	X	✓	✓	✓	✓	✓
Initiate prescription drug therapy	X	✓	✓	✓	✓[5]	✓[2]	✓[2]	✓[2]	✓[2]	✓[2]

Other Prescribers in BC

Nurse Practitioners, Midwives, Optometrists, and Naturopaths:

- Prescribing is limited to a demonstrated area of competence
- Optometrists have a narrow scope of practice, the eyes, therefore their formulary (i.e. list of drugs) is limited to glaucoma agents and topical treatment of eye disease. Limitations to scope and formulary also applies to Midwives and Naturopaths.
- Nurse Practitioners prescribe within their practice setting (family, adult, pediatric). List of drugs with limits and conditions by drug category.

Certified Pharmacist Prescribers would:

- Improve timely access to medications
- Provide an alternative to walk-in clinics and visits to the emergency department
- Reduce demands on general practitioners
- Increase the range of health professionals from whom patients could choose to receive care and range of settings in which patients could choose to receive care
- Utilize the pharmacist's medication expertise
- Improve collaboration among health professionals to improve the delivery of patient care

Case Scenario – Community Pharmacy

Avoiding visits to physician offices or emergency departments and providing appropriate treatment

Female patient presents at the pharmacy on Saturday evening with pain upon urination. Certified Pharmacist Prescriber could initiate empiric therapy for an acute uncomplicated Urinary Tract Infection, nitrofurantoin 100mg twice daily for 5 days and follow-up in 24 hours to confirm effectiveness of drug therapy, and notify physician.

Case Scenario – Community Pharmacy

Avoiding visits to physician offices or emergency departments and providing appropriate treatment

Benefits of patient seeing a Certified Pharmacist Prescriber:

- Timely access to a prescriber – avoids visit to emergency department
- Timely access to medication – avoids delay in treatment

Case Scenario – Diabetes Ambulatory Care Clinic

Avoiding visits to physician offices or emergency departments and providing continuity of care and appropriate treatment

Female patient presents to the clinic for a check-up after completing her regular lab panel. The patient had poor control with metformin 500mg twice daily for the past six months. Certified Pharmacist Prescriber could initiate additional drug therapy, gliclazide MR 30mg daily for 4 weeks and follow-up with the patient in 1 month.

Case Scenario – Diabetes Ambulatory Care Clinic

Avoiding visits to physician offices or emergency departments and providing continuity of care and appropriate treatment

Benefits of patient seeing a Certified Pharmacist Prescriber:

- Timely access to medication – avoids delay in treatment
- Alleviates demand on other prescribers – they save time to see other patients

Case Scenario – Residential Care

Ensuring continuity of care

Male patient discharged late on Friday afternoon from an acute care hospital after orthopaedic surgery. Medication orders are cancelled upon hospital admission leaving a gap upon readmission to the residential care facility and patient's physician is unavailable for the weekend. Certified Pharmacist Prescriber could initiate medication orders to maintain continuity of care and notify physician.

Case Scenario – Residential Care

Ensuring continuity of care

Benefits of patient seeing a Certified Pharmacist Prescriber:

- Continuity of care – safe transition between hospital and residential care facilities
- Enhanced patient safety – collaborative health care team
- Timely access to medication – avoids delay in treatment

Key Point #2

Eligibility Criteria:
Educational Program and Assessment

Educational Program and Assessment

- Based on informal feedback from Government
- Must measure competency based on an objective assessment
- Task Group recommends focus on therapeutics, physical assessment and ordering and interpretation of laboratory tests
- Multidisciplinary Drug Administration Committee to oversee development

Questions?

College of Pharmacists of British Columbia

8. Non-Regulated Pharmacy Staff

Presented by:
Jeremy Walden
Board Member

April 2015 Board Meeting

- **Information was provided on non-regulated pharmacy employee registration:**
  - Public safety concerns related to access to narcotics and confidential patient information are raised by having non-regulated staff in pharmacies.
  - There is no requirement for pharmacy managers to inform the College of the assistants employed in their pharmacy.
  - The College does not have authority to require pharmacy assistants to undergo Criminal Record Checks, or to hold them accountable for their actions (e.g., inquiry or discipline processes).

April 2015 Board Meeting

- College holds pharmacists accountable for the work of their unregulated staff.
- The full extent and impact of any public safety issues is unknown. However, there have been two recent cases involving pharmacy assistants diverting narcotics.
- There are examples of other jurisdictions (e.g., Britain, Washington State, Manitoba and previously Alberta) setting training or registration requirements for pharmacy assistants.

- **The Board directed the Registrar to further explore the issue of non-regulated pharmacy staff.**

Non-Regulated Pharmacy Staff

- **Over the summer and fall of 2015, College staff explored the issue of registering non-regulated pharmacy staff.**
- **One of the perspectives used when exploring the issue was the concept of right-touch regulation. This involves asking:**
  - Which risk we are trying to manage,
  - Being proportionate (the greater the risk, the more restrictive the form of regulation).
  - Targeting the problem when regulating the risk,
  - Or, finding ways other than regulation to promote good practice and high-quality healthcare.

Non-Regulated Pharmacy Staff

- **Options:**
  - Establish pharmacy assistants as full college registrants
  - Establish pharmacy assistants as “Certified Non-Registrants”
  - Create and maintain a list of pharmacy assistants employed in pharmacies
  - Gather information to inform next steps


UBC CPD
4.5
BEST EVIDENCE & OPTIMAL MEDICATION USE
what they liked best
mutual desire to collaborate
understand the pharmacist's role in medication reviews
summary of evidence for commonly used meds
obstacles
(that can be overcome)
they want more
best evidence education without industry bias
practical deprescribing resources
drug price database (by class)
the light bulb moment
collaborate/ communicate with each other
conduct structured med reviews
include indication on prescription
changes made
COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA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COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

Safe and Effective Pharmacy Care

UBC CPD

CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

In partnership with the Therapeutics Initiative

pharmacist lead:
aaron.tejani@ti.ubc.ca

physician lead:
tom.perry@ti.ubc.ca

cpd coordinator:
alexandra hatry

4.5
MAINPRO-C
CEU

BEST EVIDENCE & OPTIMAL MEDICATION USE

BUILDING A PRACTICAL AND COLLABORATIVE APPROACH TO MEDICATION REVIEWS TO IMPROVE PATIENT HEALTH OUTCOMES

12 workshops
(n=174)

what?

12 teleconferences
(8 weeks post)
(n=83)

51 follow-up responses
(16 weeks post)

By the end of this workshop, participants will be able to:

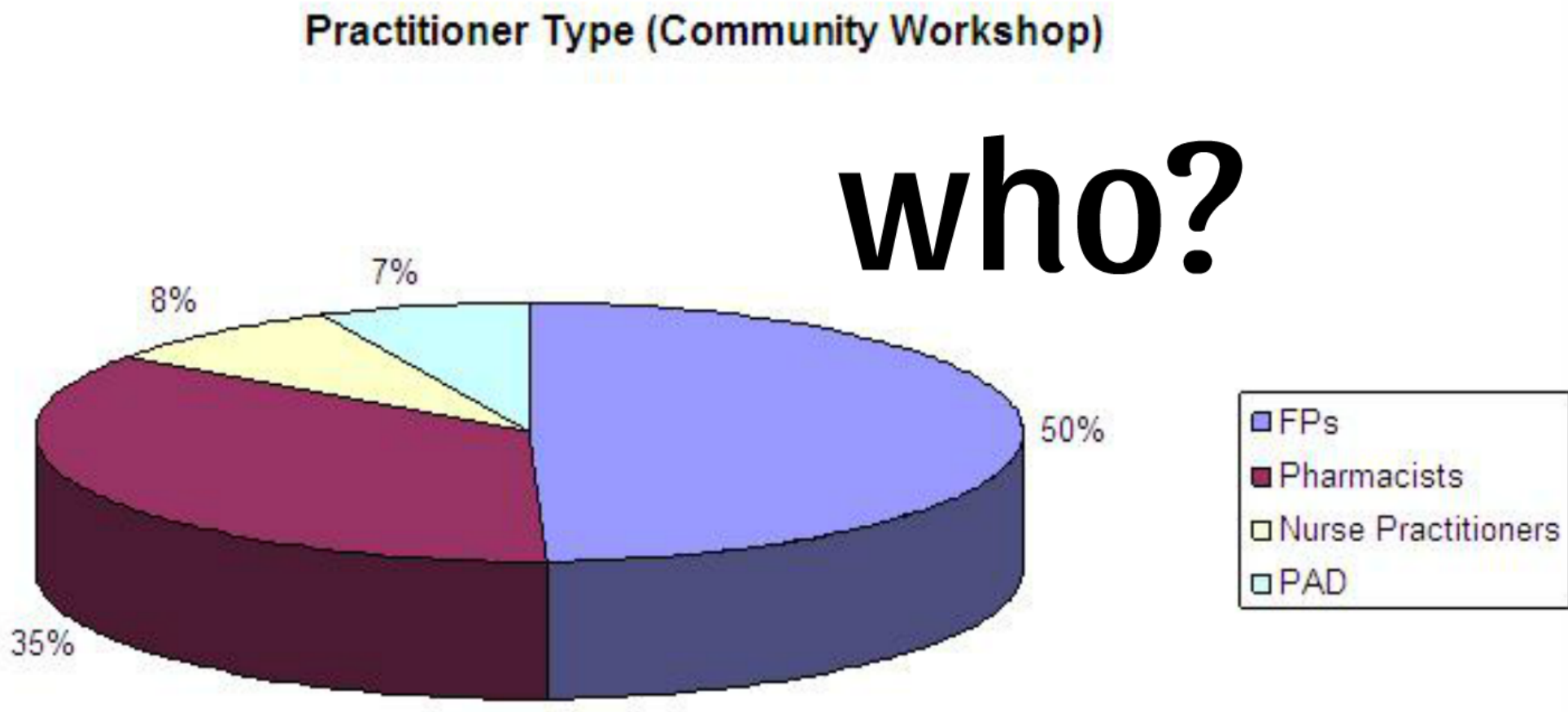
why?

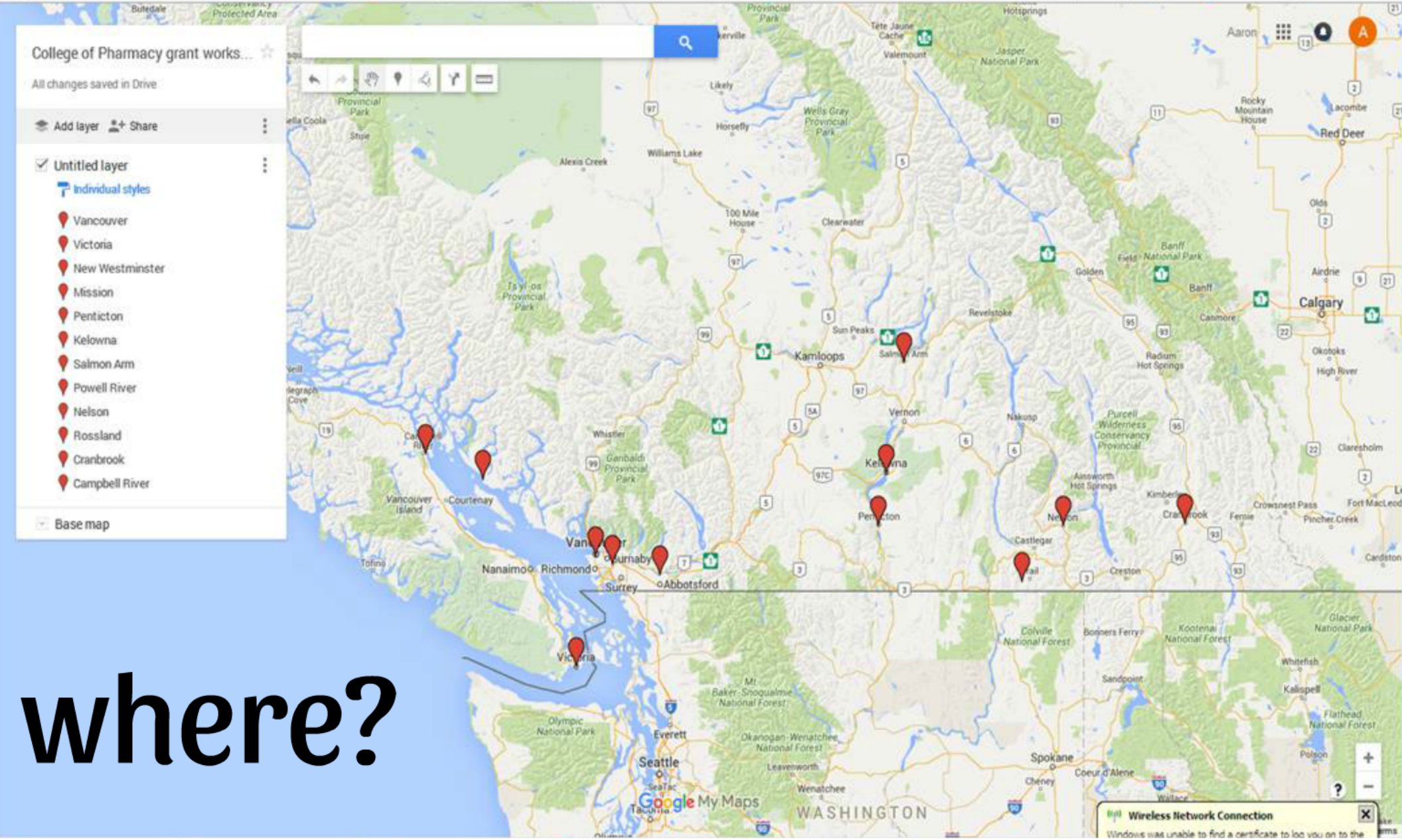
1) Apply a patient-centered, evidence-based framework for medication related to cardiovascular disease prevention and polypharmacy to identify and examine medication-related concerns when performing medication reviews

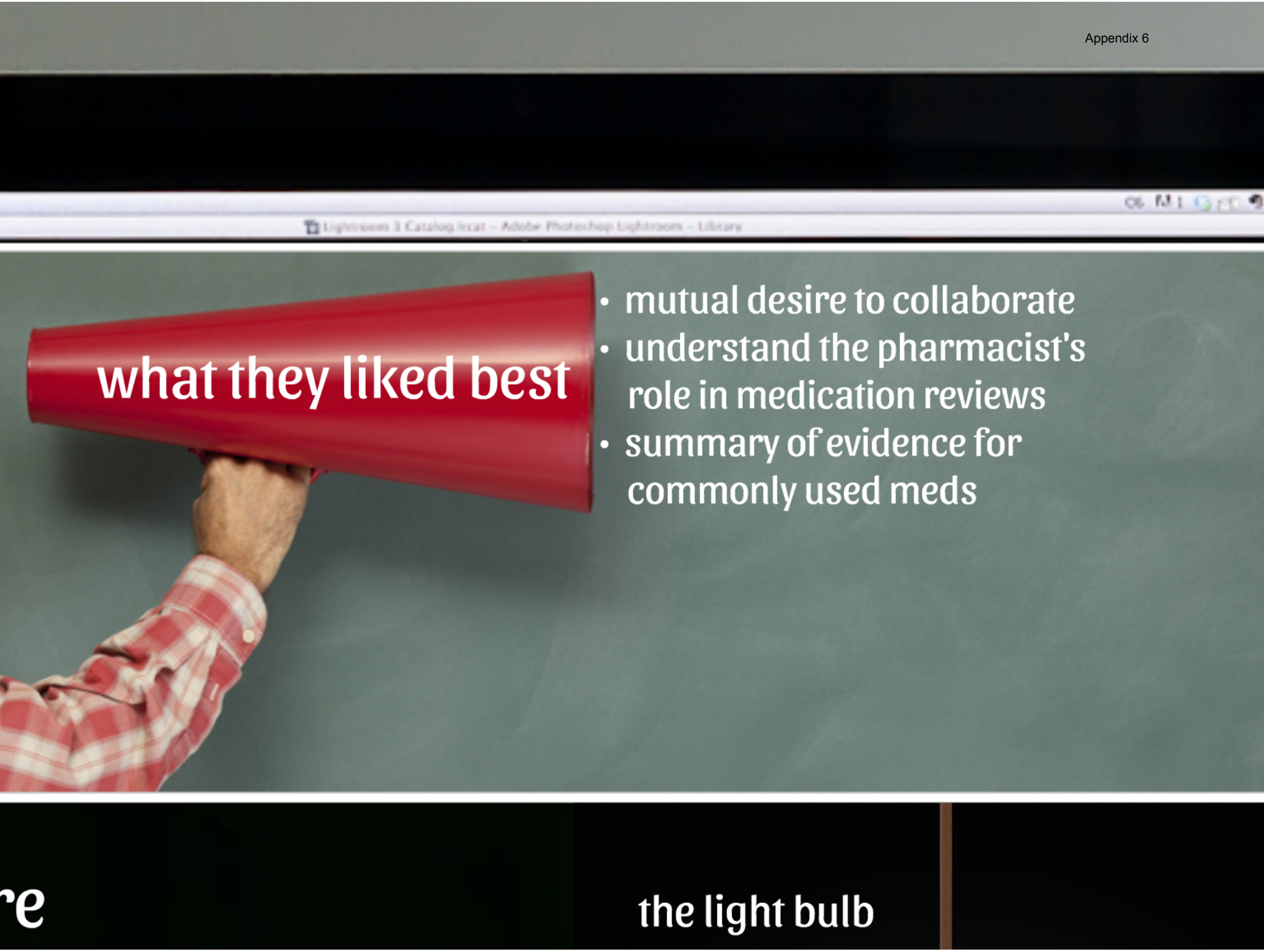
2) Develop relationships and a collaborative approach between physicians and pharmacists to conduct comprehensive medication reviews

3) Use simple principles to safely and appropriately start and stop medications and develop patient-centered treatment plans

4) Critically examine evidence-based and practical resources to inform medication-related decisions


Practitioner Type (Community Workshop)
who?
7%
8%
50%
35%
FPs
Pharmacists
Nurse Practitioners
PAD


College of Pharmacy grant works...
All changes saved in Drive
Add layer
Share
Untitled layer
Individual styles
Vancouver
Victoria
New Westminster
Mission
Penticton
Kelowna
Salmon Arm
Powell River
Nelson
Rossland
Cranbrook
Campbell River
Base map
where?
Google My Maps
WASHINGTON
Wireless Network Connection


what they liked best
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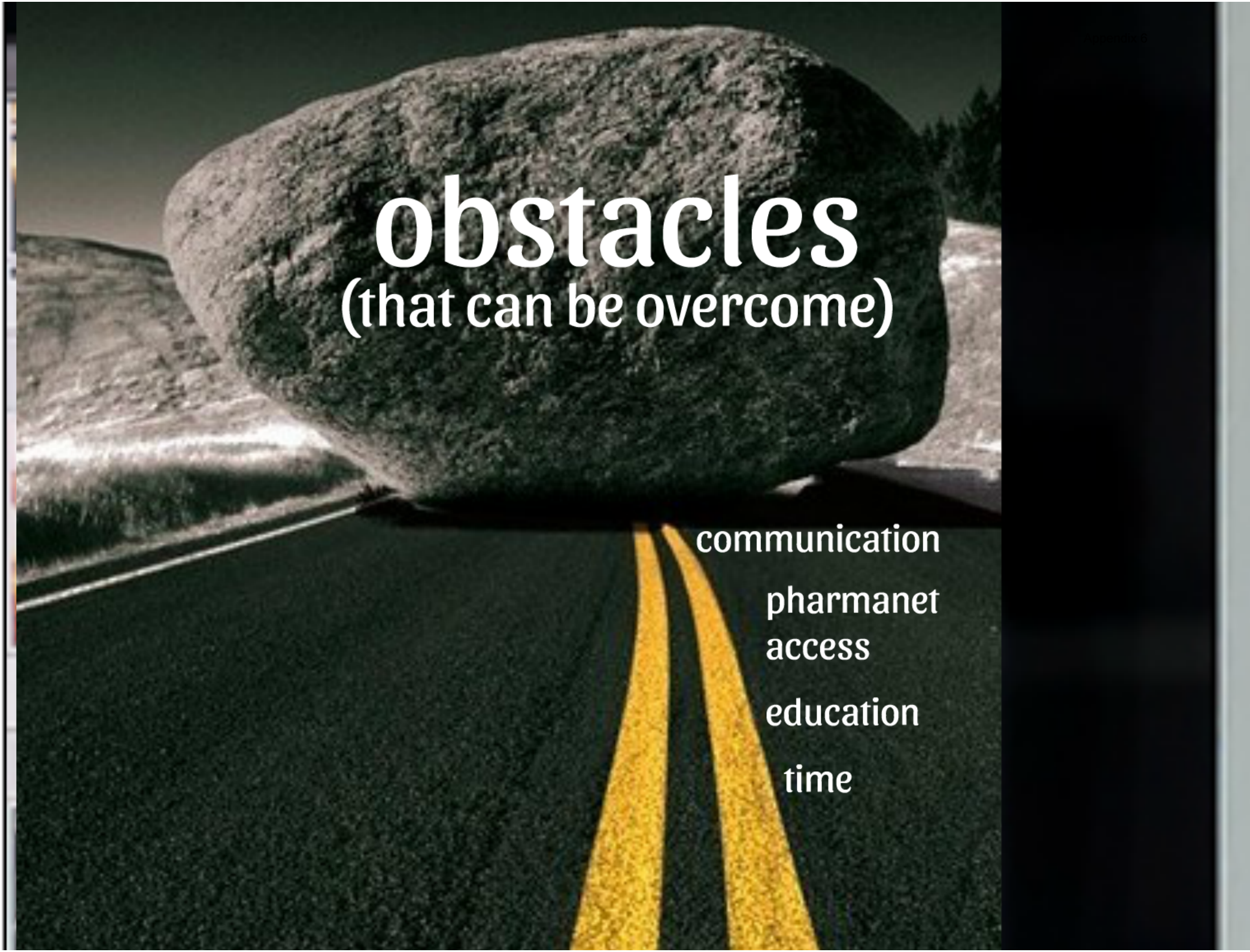
• summary of evidence for commonly used meds
re
the light bulb

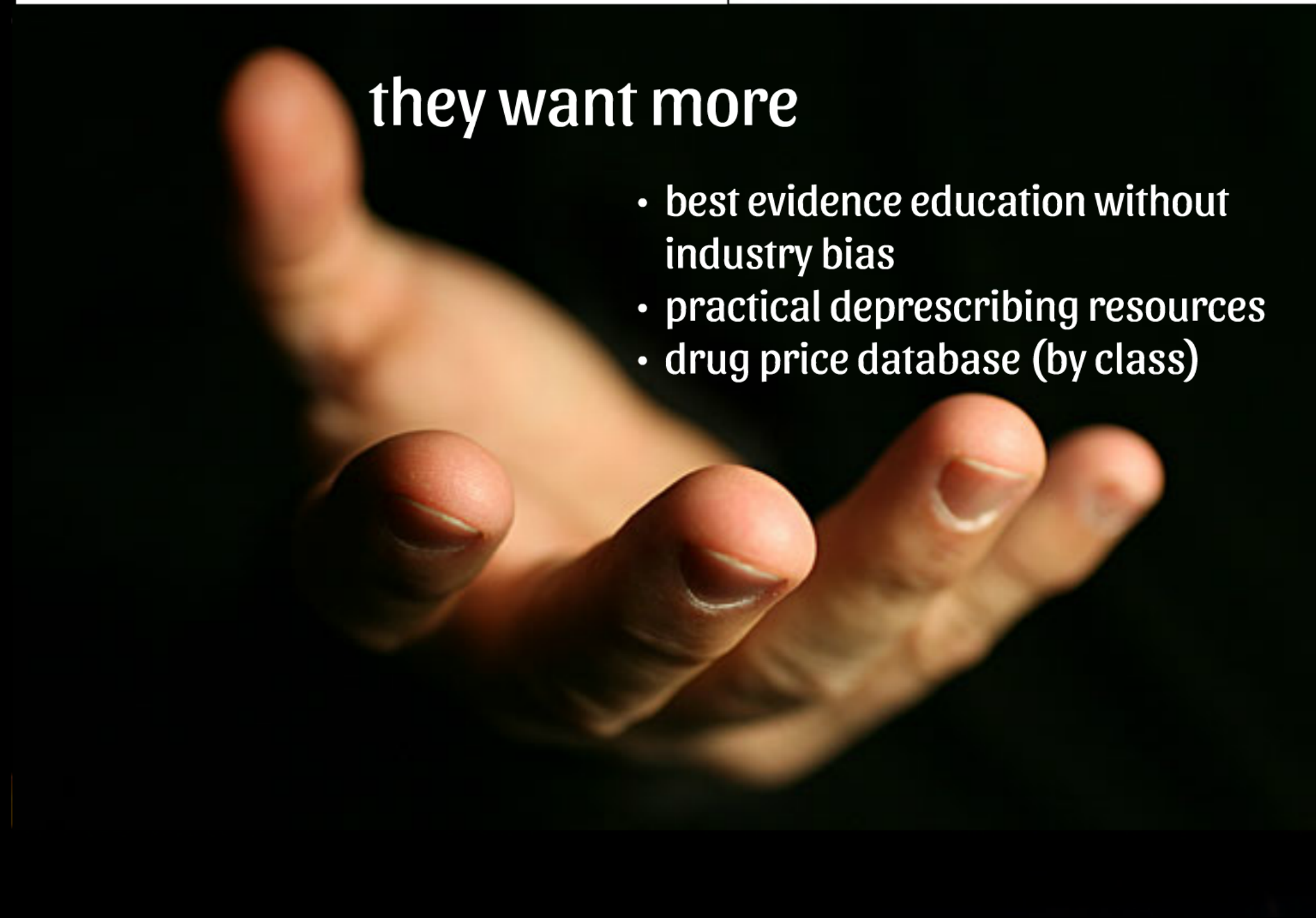
ut

rces

the light bulb moment

- collaborate/ communicate with each other
- conduct structured med reviews
- include indication on prescription


obstacles
(that can be overcome)
communication
pharmanet
access
education
time


they want more
• best evidence education without industry bias
• practical deprescribing resources
• drug price database (by class)


changes made
communicated med review
discuss med review with patient
add indication on prescription
consider deprescribing
med reviews for complex patients

what they had to say

>80% said
- understand their role better
- understand others' roles better
- more likely yo discuss med reviews with others
- good to have > 2 professional groups together
- will be able to apply learning into practice

what they didn't like
- not enough discussion on evidence for different drugs
- more time needed for cases
- more cases

what they liked
- collaborative discussions with different professions
- discussing different approaches to med reviews
- interaction with different professions
- cases

"Communicate with pharmacist colleagues about how best to communicate."

"Opportunity for direct dialogue with community pharmacists. This can only happen in this kind of activity (practically speaking)."

"I have started to write notes on my Rx for the pharmacists, eg. specifying the indication or explicitly notifying them when a Rx replaces another."

"I have now called Pharmacists to do a med reviews to address particular issues."

"Glad to here that they (doctors) appreciate our input and what to hear form us if we ever have patient concerns."

"I feel more comfortable contacting Dr.'s directly as I know they want me to contact them and be apart of a med review."

"Being present in a discussion with not only pharmacist, but also physicians and NP's, nurse practitioners exchanging ideas."

"More comfort in contacting doctors with recommendations, viewpoints."

"More aware of the discrepancy between the indication for a med and what the patient believes."

>80% said

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COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

College of Pharmacists of British Columbia

12. Strategic Plan 2017/18 – 2019/20

Presented by:
Mary O'Callaghan
Chief Operating Officer

Strategic Planning Timeline

- Fall / winter – Environmental Scan survey sent to stakeholders
- February 2016 – Board Strategic Planning retreat
- Spring / summer – College staff develop operational plan and financial plan
- September 2016 – Board approves the Strategic Plan

Environmental Scan

- Gather information re key issues and trends by surveying stakeholders.
- Will also review websites, position papers, etc.
- Will provide results to the Board in advance of the February Strategic Planning retreat.

College of Pharmacists of British Columbia

13.xiii. Board Self-Evaluation Tool Kit Results

INFORMATION ONLY

Purpose

To present the Board with the results of the Board Self-Evaluation survey, which took place in September 2015.

Background

The Board Self-Evaluation Task Group ("the Task Group") consists of Anar Dossa, Bal Dhillon and Kris Gustavson. The Task Group developed a Board Self-Evaluation tool kit. The aim in using the tool is to complete an annual Board self-evaluation to:

- Reflect on individual and shared responsibilities;
- Identify different perceptions and opinions among board members;
- Point to questions that need attention;
- Use the results as a springboard for board improvement;
- Increase the level of board teamwork;
- Clarify mutual board/staff expectations;
- Demonstrate accountability as an important organizational value; and
- Display credibility to internal and external audiences.

The Board Self-Evaluation tool consists of quantitative questions covering the following areas: the board and policy; fiduciary responsibilities; relationship with the Registrar; how the board manages itself; decision making; effectiveness; committees and task forces; and other board functions. In addition, it also includes qualitative questions regarding the Board's achievements, issues, challenges and opportunities.

Discussion

The Board Self-Evaluation tool kit was converted into an online survey and piloted in September 2015. Seven Board members completed the survey, a 58% response rate. The responses are anonymous. A summary of the results of the pilot follows. The full Board Self-Evaluation tool kit report may be found on the Board section of the College extranet site.

Summary of Key Results: Quantitative

Board and Policy

There was general positive agreement for the majority of questions in this section. For example, all of the respondents either agree or completely agree that the Board develops policy to enable general oversight of the operations of the College, and that the Board is guided by a code of conduct and oath of office. Some responses, however, may signal the need for further discussion. Nearly half of respondents (3) answered "Don't know" when asked if they were covered by liability insurance. Similarly, three respondents answered "Disagree" and one answered "Don't know" when asked if they receive regular updates to their Board reference manual.

Fiduciary Responsibility

The respondents appear to feel confident in the financial stability of the College. Very few respondents selected "Disagree" to any of the questions in this section. And, over 40% of respondents selected "Completely Agree" to all questions in this section. However, nearly half (42.9%) of respondents selected "Disagree" when asked if they understand the financial information they receive.

Relationship with the Registrar

All respondents selected "Completely Agree" when asked if they felt there was a positive and supportive day-to-day relationship between the Registrar and the Board. More pronounced variation was found in the following:

- The Board conducts an annual performance review of the Registrar (one respondent answered "Completely Disagree", and one answered "Disagree");
- That the Registrar's compensation is in line with others in comparable sectors (three selected "Don't know", and one selected "Disagree"); and,
- The Board has a succession plan for the Registrar (three selected "Don't know", one selected "Completely Disagree", and one "Disagree").

How the Board Manages Itself

One question in this section in particular had a wide range of responses. In response to whether the Board has systems in place to deal with behavioural issues and challenges: two respondents "Don't Know", two disagreed one, was "Neutral," and two completely agreed.

Board Meetings

Respondents either agreed or completely agreed that the Board adheres to an annual meeting schedule, establishes clear agendas and time limits for agenda items, and that their time at Board meetings is interesting and well spent. Further, respondents agreed or completely agreed that the amount of information they receive is adequate without being too detailed. However, there was more variation in the responses to the question "Routine reports are

received in writing with questions discussed at the board meeting." For that question, there was at least one response in each response category.

The Board and Decision Making

Most respondents (5) agreed that they receive enough information to make informed decisions. And, almost 85% of respondents agreed that there is sufficient time to discuss and ask questions before making a decision. In regards Board solidarity, responses were more varied. For instance, three respondents selected agreed, two completely agreed, one was neutral and one disagreed that Board members maintain solidarity in support of a decision made at a board meeting.

Board Member and Chair Effectiveness

Overall, respondents indicated a positive response when asked questions about the Board's effectiveness. The Board Chair received positive reviews, especially in terms of the Chair's availability to other Board members.

Committees and Task Groups

Respondents had mixed reactions to questions about committees and task groups of the College, with common responses in the "Don't know", "Completely Disagree", and "Disagree" categories.

Other Board Functions

Overall, responses were positive in regards to the other functions of the Board. Six respondents agreed that the Board is meeting the College's mission, and six respondents agreed that the Board is meeting its targeted goals as stated in the strategic plan.

Summary of Key Results: Qualitative

The following themes were identified from the responses to the qualitative questions:

Board Achievements You are Most Proud of:

- Specific initiatives (e.g., Practice Review Program, etc.).
- Working with/supporting groups that promote pharmacy and/or work with pharmacists.
- Board leadership, candid discussion and events.

Issues or Challenges That Could Have Been Managed Better

- Specific initiatives (e.g., incentives legal dispute, sale of tobacco in pharmacies, Practice Review Program, etc.).

Opportunities for the Future

- Enhancing support and communication to registrants.
- Ensuring that College initiatives are aligned with its mission and mandate.

College of Pharmacists of British Columbia

14. DrugSafeBC Impact Update

Presented by:

Gillian Vrooman

Director of Communications & Engagement

DrugSafeBC Campaign

TIME IS UP
FOR DRUG THIEVES

DRUG SAFE BC

College of Pharmacists of British Columbia

DrugSafeBC Campaign

- Pharmacy signage
- Media launch Event
- TV and radio ads
- Newspaper ads
- Correctional institution focused marketing
- Digital marketing
  - Google ads
  - Facebook ads
  - YouTube videos
  - Twitter
  - Website content

DrugSafeBC Campaign

Signage sent to all 1200+ community pharmacies across BC

College of Pharmacists of British Columbia

DrugSafeBC Campaign

College of Pharmacists
of British Columbia

DrugSafeBC Campaign

College of Pharmacists of British Columbia

DrugSafeBC Campaign

"We expect the program to have a huge impact both in curbing the flow of dangerous narcotics from pharmacies onto the street, as well as protecting pharmacists and the public during robberies."

DrugSafeBC Campaign

THE CAPITAL

RCMP expect to lay murder charge in Alberni cold case

Dog owners warned after cougar attack

Man opens door, hit with bear spray

Elderly woman missing

Stolen driving-school car found

Traditional-plant researcher wins $225,000 for studies

Rivers re-opened to fishing

TIME IS UP FOR DRUG THIEVES

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

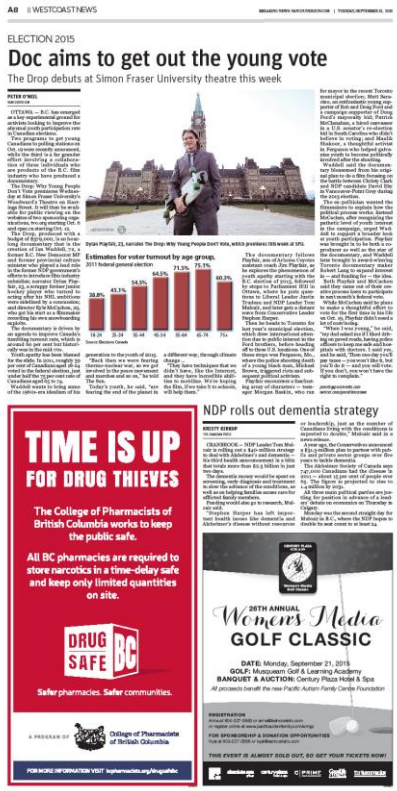
All BC pharmacies are required to store narcotics in a time-delay safe and keep only limited quantities on site.

DRUG SAFE BC

Safer pharmacies. Safer communities.

A PROGRAM OF College of Pharmacists of British Columbia

FOR MORE INFORMATION VISIT bcpharmacists.org/drugsafebc



WESTCOAST NEWS

ELECTION 2015

Doc aims to get out the young vote

The Drop debuts at Simon Fraser University theatre this week

Estimates for voter turnout by age group, 2011 federal general election

NDP rolls out dementia strategy

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.

DRUG SAFE BC

Safer pharmacies. Safer communities.

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FOR MORE INFORMATION VISIT bcpharmacists.org/drugsafebc

26TH ANNUAL Women's Media GOLF CLASSIC

DATE: Monday, September 21, 2015

GOLF: Musqueam Golf & Learning Academy

BANQUET & AUCTION: Century Plaza Hotel & Spa

All proceeds benefit the new Pacific Autism Family Centre Foundation

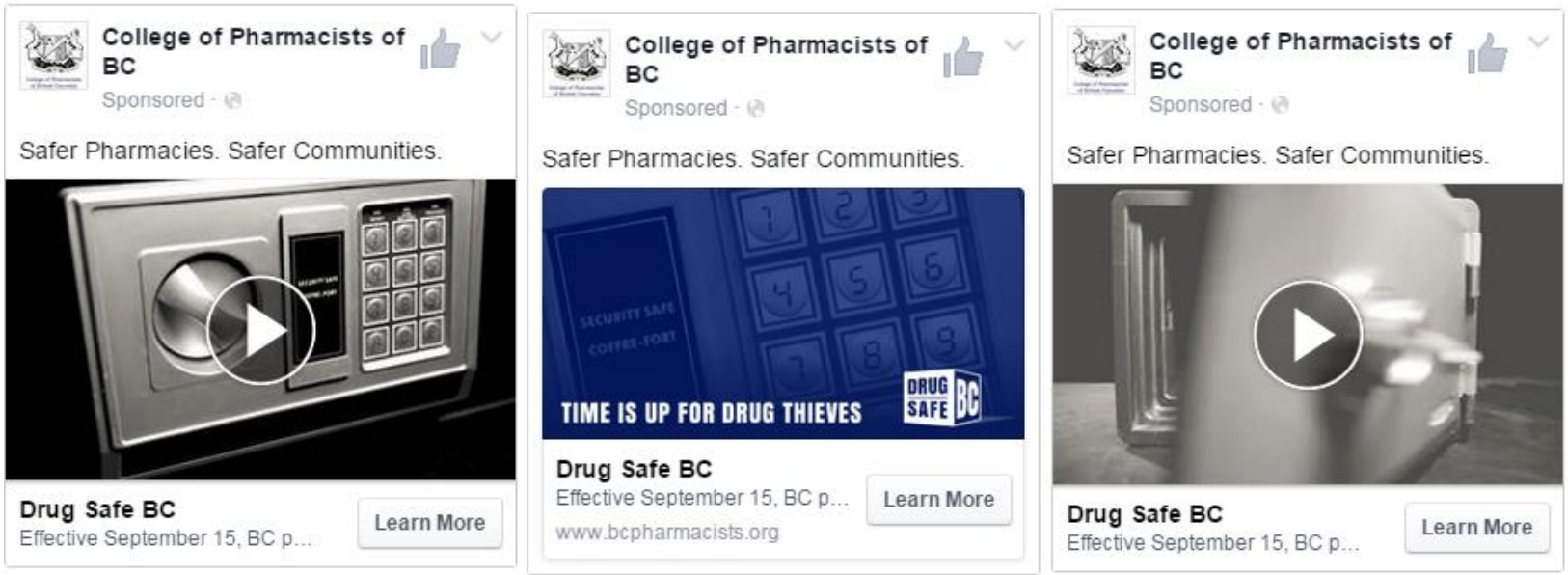
REGISTRATION

FOR SPONSORSHIP & DONATION OPPORTUNITIES

THIS EVENT IS ALMOST SOLD OUT, SO GET YOUR TICKETS NOW!

DrugSafeBC Campaign

DrugSafeBC Campaign



DrugSafeBC Campaign

Mentions BCPharmacists

BCPharmacists
Sep 16, 9:29am via Hootsuite

MT @OntPharmacists: @BCPharmacists announced mandatory time-delay safes for storing high risk prescriptions in 1200 #pharmacies

1 retweet 2 favorites

OntPharmacists
Sep 16, 9:24am via Hootsuite

.@BCPharmacists announced mandatory time-delay safes for storing high risk prescriptions in 1200 #pharmacies @OCPInfo ow.ly/SiqO2

1 retweet

KamloopsBCNow
Sep 15, 9:15pm via Hootsuite

Pharmacies Across #BC To Use Time-Delay Safes for Prescription Drugs @BCPharmacists kamloopsbcnow.com/watercooler/ne... ...

KelownaNow
Sep 15, 8:00pm via Hootsuite

Pharmacies Across #BC To Use Time-Delayed Safes for Prescription Drugs @BCPharmacists kelownanow.com/watercooler/ne... ...

1 favorite

Mentions BCPharmacists

BCPharmacists
Sep 15, 3:37pm via Hootsuite

RT @MLouieGlobal: Dr. Anar Dossa, @BCPharmacists talks #DrugSafeBC program w/@Geoff_Hastings on @BC1 Shaw Ch21 HD216

2 retweets 3 favorites

MLouieGlobal
Sep 15, 3:33pm via Twitter for iPhone

Dr. Anar Dossa, @BCPharmacists talks #DrugSafeBC program w/@Geoff_Hastings on @BC1 Shaw Ch21 HD216

1 retweet

BCPharmacists
Sep 15, 1:21pm via Hootsuite

RT @KelownaNow: Pharmacies Across #BC To Use Time-Delayed Safes for Prescription Drugs @BCPharmacists kelownanow.com/watercooler/ne...

3 retweets 1 favorite

Mentions BCPharmacists

KamloopsBCNow
Sep 15, 12:43pm via Hootsuite

Pharmacies Across #BC To Use Time-Delay Safes for Prescription Drugs @BCPharmacists kamloopsbcnow.com/watercooler/ne...

KelownaNow
Sep 15, 12:40pm via Welcome 2 Kelowna News

Pharmacies Across #BC To Use Time-Delayed Safes for Prescription Drugs @BCPharmacists kelownanow.com/watercooler/ne...

BCPharmacists
Sep 15, 11:36am via Hootsuite

RT @ChiefPalmer: Launch of #DrugSafeBC pharmacy robbery prevention @BCPharmacists @VancouverPD bit.ly/1KdRmoc

2 retweets 2 favorites

My Tweets BCPharmacists

BCPharmacists retweeted

vancouvermetro
Sep 15, 4:54pm via Hootsuite

B.C. pharmacies install time-delay safes to combat violent robberies ow.ly/Sgkvv

2 retweets

BCPharmacists retweeted

24hoursvan
Sep 16, 11:15am via TweetDeck

#BC pharmacies change the way drugs stored to deter thieves. vancouver.24hrs.ca/2015/09/15/bc-...

1 retweet

BCPharmacists
Sep 16, 9:29am via Hootsuite

MT @OntPharmacists: @BCPharmacists announced mandatory time-delay safes for storing high risk prescriptions in 1200 #pharmacies

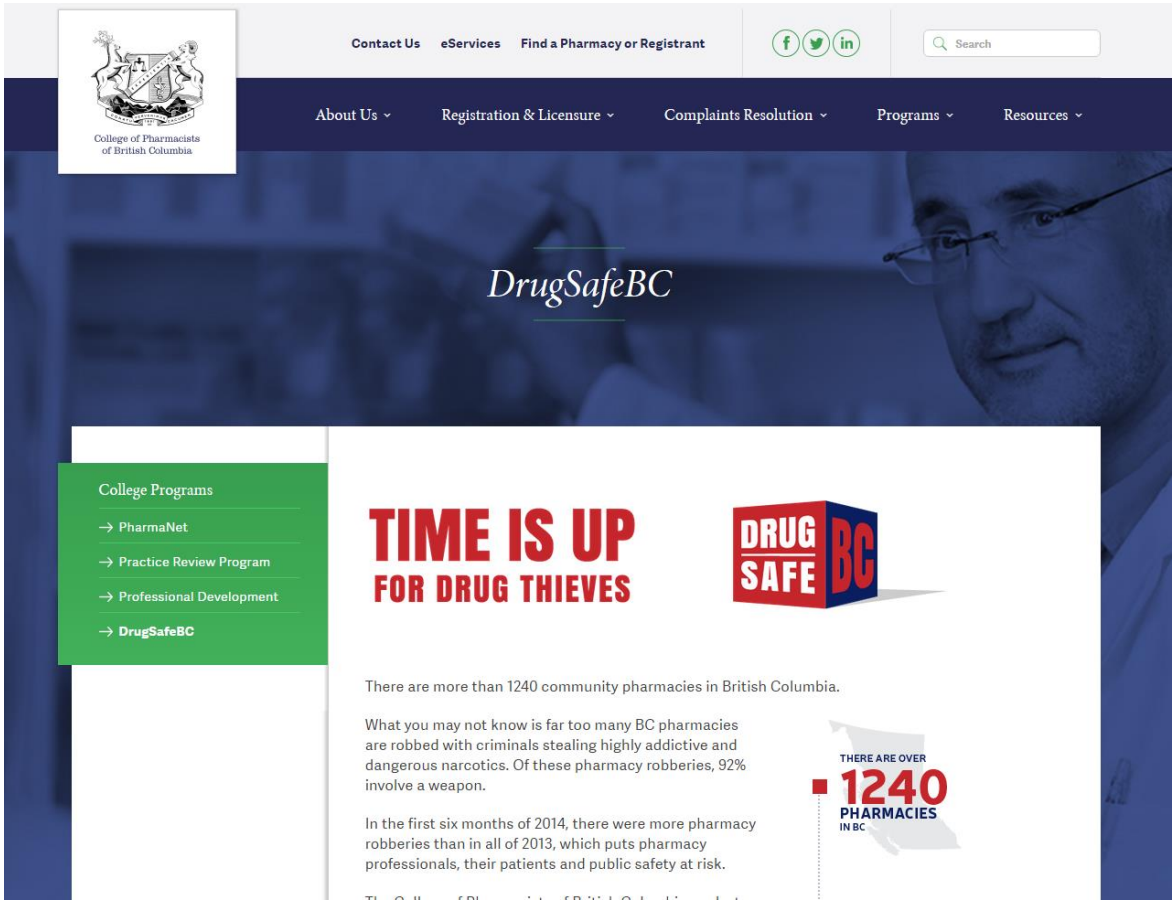
1 retweet 2 favorites

College of Pharmacists of British Columbia

DrugSafeBC Campaign

College of Pharmacists of British Columbia

DrugSafeBC Campaign -Web



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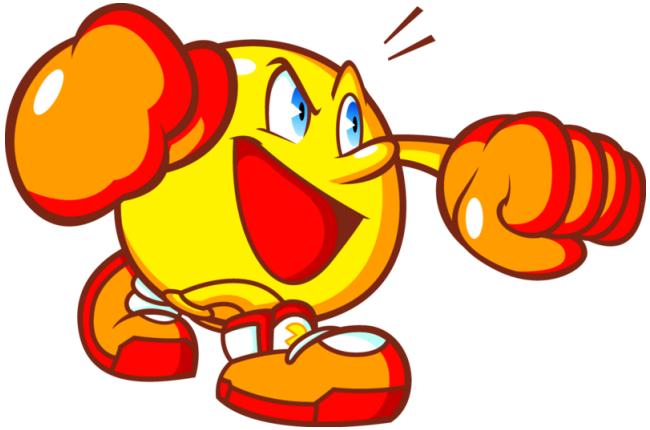
DrugSafeBC Impact



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DrugSafeBC Impact

Facebook Ads - Over 150, 000 people reached

YouTube Ads - Over 80, 000 video views

Google Ads - Over 4.5M impressions

TV Ads - Over 8M estimated audience

Radio Ads - Over 200,000 people reached

Newspaper Ads - Over 900,000 papers circulated

Impact of DrugSafeBC

Robbery Prevention Next Steps

- Moving Robbery Prevention Professional Practice Policy into Bylaw
- Building new partnerships across BC to support DrugSafeBC
- Continuing to build DrugSafeBC awareness to deter robberies
- Looking at the impact of DrugSafeBC

Questions?

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