College of Pharmacists of British Columbia

Board Meeting
June 24th, 2016
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
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
Sorell Wellon, 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:
Suzanne Solven, Deputy Registrar
Mary O'Callaghan, Chief Operating Officer
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance
Kellie Kilpatrick, A/Director of Policy and Legislation
Doreen Leong, Director of Registration, Licensure and PharmaNet
Gillian Vrooman, Director of Communications and Engagement
Lori Tanaka, Board & Legislation Coordinator
Jon Chen, Communications Project Officer
Brooke Forbes, Public Affairs & Engagement Officer

Invited Guests:
Michael Coughtrie, Dean, Faculty of Pharmaceutical Sciences, UBC
Kevin Sin, President, Pharmacy Undergraduate Society, UBC

Regrets:
Bob Nakagawa, Registrar

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1. **WELCOME & CALL TO ORDER**
   Chair Reynolds called the meeting to order at 9:01 am on June 24th, 2016.

2. CONSENT AGENDA

a) Items for further discussion

No items were removed from the Consent Agenda and placed onto the regular Agenda for further discussion.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as circulated.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the June 24, 2016 Draft Board Meeting Agenda as circulated.

CARRIED

4. MIFEGYMISO – PHARMACIST DISPENSING

Dr. Judith Soon, an assistant professor in the UBC Faculty of Pharmaceutical Sciences, presented **(Appendix 3)**.

It was moved and seconded that the Board:

Direct the Registrar to write a letter to Health Canada including pharmacists in the dispensing of mifegymiso in order to ensure women's access to safe and effective medical care.

CARRIED

5. MINISTRY OF HEALTH UPDATE ON ePRESCRIBING AND PHARMANET

Jonathan Robinson, Project Director in the Strategic Project's Branch of the Ministry of Health, presented **(Appendix 4)**.

6. BARRIERS AND PHARMACY SECURITY

Elliott Mann, a second year master's student in the School of Criminology at Simon Fraser University, presented **(Appendix 5)**.

7. LEGISLATION REVIEW COMMITTEE

a) Workload/Quotas – PODSA s. 3(2)

Board member and Chair of the Legislation Review Committee Jeremy Walden presented **(Appendix 6)**.

It was moved and seconded that the Board:

Approve the following resolution:

RESOLVED THAT, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

SCHEDULE

1. Section 3(2)(e) is repealed and the following is substituted:

(e) ensure that

(i) registrant and pharmacy assistant staff levels are sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice,

(ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice;

CARRIED

b) HPA Fee Schedule

Board member and Chair of the Legislation Review Committee Jeremy Walden presented **(Appendix 7)**.

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.

SCHEDULE

The bylaws are amended by adding the following fee item to Schedule D:
Structured Practical Training Program Valid for 6 months from application date $341.25

CARRIED

c) HPA Standards of Practice: "6 Standards" Amendment Updates

Board member and Chair of the Legislation Review Committee Jeremy Walden presented **(Appendix 8)**.

d) Medical Assistance in Dying (MAID) Update

Deputy Registrar Suzanne Solven provided an update on the status of the federal/provincial legislation for MAID.

8. PRACTICE REVIEW COMMITTEE

Chair of the Practice Review Committee Mike Ortynsky presented **(Appendix 9)**.

9. AUDIT AND FINANCE COMMITTEE

Board member and Chair of the Audit and Finance Committee George Walton presented.

a) Audited Financial Statements (Appendix 10)

It was moved and seconded that the Board:

Approve the audited financial statements for fiscal year 2015/16 as presented.

CARRIED

b) Expenditure Review

It was moved and seconded that the Board

Not renew the contract for eLibrary (RxTx).

WITHDRAWN

10. GOVERNANCE COMMITTEE

Board member and Chair of the Governance Committee Norman Embree presented.

It was moved and seconded that the Board:

Direct the Audit and Finance Committee to conduct an environmental scan of other Colleges under the Health Professions Act, and other pharmacy Colleges across Canada in regards to Board remuneration, and report back to the Board at the September Board meeting.

CARRIED

It was moved and seconded that the Board:

Directs and gives authorization to the Governance Committee to search for an external consultant to conduct a complete organizational review and report back to the Board no later than at the September meeting of the results of the search.

CARRIED

11. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

No items were brought forward from the consent agenda for further consideration.

ADJOURNMENT

Chair Reynolds adjourned the meeting at 2:24pm.

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as circulated or amended.

i. Chair's Report
ii. Registrar's Update
    a. Activity Report
    b. Action Items & Business Arising
    c. Strategic Plan
iii. April 14 & 15, 2016 Draft Board Meeting Minutes **[DECISION]**
iv. April 27, 2016 Draft Board Resolution Minutes **[DECISION]**
v. June 3, 2016 Draft Board Teleconference Meeting Minutes **[DECISION]**
vi. Committee Updates (Minutes)
vii. 125th Anniversary Working Group
    a. Update
    b. Membership Appointment **[DECISION]**
viii. Audit and Finance Committee
    a. Financial Statements
    b. Reserve Policy **[DECISION]**
ix. Governance Committee
    a. Committee Terms of Reference **[DECISION]**
    b. Legislation Review Committee – member appointment **[DECISION]**
x. Quality Assurance Committee
    a. Council on Licensure, Enforcement and Regulation (CLEAR) Meeting Update

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.i. Chair's Report

INFORMATION ONLY

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

- April 23 and 24 – attended the NAPRA meeting in Ottawa
- May 9 – regular call with Anar and Bob
- May 18 – call with Bob regarding Suzanne's resignation and need for organizational review
- May 20 – call with Anar and Suzanne
- May 25 – attended compounding standards stakeholder engagement meeting
- May 26, 27, 28 – attended BCPhA conference
- May 30 – met with Minister of Health Terry Lake regarding pharmacy issues:
    - Telepharmacy
    - MAID
    - Naloxone
    - CPP
- June 3 – special Board meeting regarding MAID
- June 6 – Audit and Finance Committee meeting
- June 6 – Governance Committee meeting
- June 22 – joint BCPhA meeting

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.ii. Registrar's Update
a) Activity Report

INFORMATION ONLY

Since the last Board meeting, I have:

- Met with ADM Barb Walman (regular meetings)
- Continued dialogue and progress on the telepharmacy file
- Met with the Minister's Chief of Staff, Marty Lafrance
- Discussions about PODSA bylaw development and requirements
- Arranged for meeting with the Minister of Health with Chair Reynolds, Vice Chair Dossa and government appointee Embree
- Media on telepharmacy
- Participated in the .pharmacy executive as the NAPRA representative
- Chaired the April CPRC (pharmacy Registrars) meeting
- Several IT roadmap meetings with consultant Sierra Systems
- Attended the April BC Health Regulators meeting
- Joint Venture (building) meetings with the College of Dental Surgeons
- Several meetings on Medical Assistance in Death
- Met with Lynn Stevenson, Associate DM, Ministry of Health
- Meetings re: significant narcotic loss and diversion
- Attended the World Health Regulators meeting in Geneva with CDSBC, CRNBC, CPTBC, and the Alberta College of Pharmacists (ACP). 259 participants from 47 countries. Looking at international discussion and cooperation, including the diversity and mobility of pharmacists internationally. Issues of differences in education, practice and language.
- Met with PharmaSuisse to discuss pharmacy practice and governance with ACP
- Met with Paul van Arkel, Head of Corporate Strategy for Novartis re: evolving role of pharmacy and industry directions with ACP
- Met with Nadine Facchinetti, Swiss government about professional regulation with ACP
- Met with ACP about issues of common interest

Looking forward, the immediate priorities for the College will include:

- Telepharmacy
- PODSA bylaw development
- Recruiting a new Deputy Registrar
- Planning for upgrades to the IT and financial infrastructure
- Pharmacist prescribing consultations

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

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

INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UDPATE
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
Motion: Approve the 125th Anniversary Working Group communications plan, and host a signature gala event to celebrate the 125th anniversary of the College.	Nov 2015	IN PROGRESS
Motion: Direct the Registrar to provide an update to the Board at every Board meeting of all committees except ad-hoc committees.	April 2016	IN PROGRESS

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.ii. Registrar's Update
c) Strategic Plan

INFORMATION ONLY

Purpose

To inform the Board on the progress made on planning the new Strategic Plan.

Background

At the February 20th Board Strategic Planning Session, three broad themes were identified:

1. Legislation / Standards modernization,
2. Professional excellence,
3. Drug therapy access and monitoring

In addition there was a discussion about strengthening the "foundation" with the overall goal of Organization Excellence.

As discussed at the session, staff would take the information from the day and work to develop a draft plan to bring back to the Board.

Discussion

- On March 10th the Leadership Team met to debrief and discuss the new plan.
- Starting from the "ground up" a template was developed to capture major projects that are currently underway. The following was considered:
  - The "roadblocks" to success
  - Tools required
  - Staff resources required
- Individual meetings with Directors gathered information to complete the template and determine which projects align with the strategic plan themes.

Next Steps

- At the July 19th and 20th Leadership Team planning session, this information will be reviewed and the focus will be on further planning re the strategic plan goals and timelines.
- The draft document and multi-year budget will then be prepared for the September Board meeting.

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.iii. April 14 & 15, 2016 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the Draft April 14 & 15, 2016 Board Meeting Minutes as circulated.

Appendix	
1	Draft April 14 & 15, 2016 Board Meeting Minutes

College of Pharmacists of British Columbia

Board Meeting
April 14th & 15th, 2016
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 *(absent for item 11)*
Anar Dossa, Vice-Chair & District 6 Board Member
Mona Kwong, District 1 Board Member
Ming Chang, District 2 Board Member *(absent for items 9, 10, and 11)*
Tara Oxford, District 3 Board Member
Frank Lucarelli, District 5 Board Member
Arden Barry, District 7 Board Member
Sorell Wellon, District 8 Board Member
Norman Embree, Public Board Member *(absent for item 15)*
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member *(absent for item 15)*
George Walton, Public Board Member *(absent for item 15)*

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

Thursday, April 14th, 2016

1. **WELCOME & CALL TO ORDER**
   Chair Reynolds called the meeting to order at 1:03pm on April 14th, 2016.

2. CONSENT AGENDA

a) Items for further discussion

No items were removed from the Consent Agenda and placed onto the regular Agenda for further discussion.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as circulated.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the April 14 & 15, 2016 Draft Board Meeting Agenda as circulated.

CARRIED

4. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

No items were brought forward from the Consent Agenda for further discussion.

5. LEGISLATION REVIEW COMMITTEE

Pharmacy Security Bylaws – Public Posting

Board member and Chair of the Legislation Review Committee Jeremy Walden presented information as distributed in the briefing package **(Appendix 3)**.

It was moved and seconded that the Board:

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

CARRIED*

**Frank Lucarelli asked that his negative vote be recorded.*

6. GENOMICS INITIATIVE UPDATE AND PROFESSORSHIP

Associate Professor and Director of the UBC Sequencing Centre at UBC's Faculty of Pharmaceutical Sciences, and Tier 1 Canada Research Chair, Corey Nislow, presented information as distributed in the briefing package **(Appendix 4)**.

It was moved and seconded that the Board:

Grant funds to the Faculty of Pharmaceutical Sciences at UBC in the amount of $750,000 to establish a Professorship in Translational Pharmaceutical Care to be paid in five installments, as follows:

1. April 30, 2016 - $150,000
2. April 30, 2017 - $150,000
3. April 30, 2018 - $150,000
4. April 30, 2019 - $150,000
5. April 30, 2020 - $150,000

DEFEATED

College of Pharmacists of British Columbia

7. TELEPHARMACY UPDATE

Director of Registration, Licensure & PharmaNet Doreen Leong presented information as distributed in the briefing package **(Appendix 5)**.

8. PHARMACY LEADERS OF TOMORROW (PLoT)

Pharmacist Aaron Sihota and Board member Ming Chang presented **(Appendix 6)**.

ADJOURN FOR THE DAY

The meeting adjourned for the day at 3:57pm.

Friday, April 15th, 2016

CALL TO ORDER
Chair Reynolds called the meeting to order at 9:01am on April 15th, 2016.

9. UPDATE FROM MINISTRY OF HEALTH

a) Reference Drug Program (RDP)
Executive Director of the Drug Intelligence & Optimization branch of the Medical Beneficiary and Pharmaceutical Services Division of the Ministry of Health, Eric Lun, presented.

b) Methadone
Assistant Deputy Minister, Medical Beneficiary and Pharmaceutical Services division of the Ministry of Health, Barb Walman, presented **(Appendix 7)**.

Chair Reynolds and Registrar Nakagawa left the meeting.
Vice-Chair Dossa assumed the Chair.

10. LEGISLATION REVIEW COMMITTEE
PPP-58 Adapting a Prescription - Amendments
Board member and Chair of the Legislation Review Committee Jeremy Walden presented information as provided in the briefing package **(Appendix 8)**.

It was moved and seconded that the Board:

*Approve Professional Practice Policy 58 - **Amendment to Orientation Guide** – Medication Management (Adapting a Prescription) (December 2008 – revised February 2011/April 2016).*

CARRIED

It was moved and seconded that the Board:

*Approve Professional Practice Policy 58 - **Orientation Guide** – Medication Management (Adapting a Prescription) (December 2008 – revised February 2011/April 2016).*

CARRIED

11. MEDICAL ASSISTANCE IN DYING (MAID)

a) Presentation
Registrar Heidi Oetter of the College of Physicians & Surgeons of BC, Partner at Lovett Westmacott, Debbie Lovett, and President of the Board of the College of Physicians and Surgeons of BC, Gerry Vaughan, presented **(Appendix 9)**.

b) Interim Guidance Document
Deputy Registrar Suzanne Solven presented information as distributed in the briefing package **(Appendix 10)**.

It was moved and seconded that the Board:

Approve the proposed Interim Guidance Document on Medical Assistance in Dying.

CARRIED

Vice-Chair Dossa returned the Chair to Chair Reynolds.

12. INQUIRY/DISCIPLINE AND ADMINISTRATIVE LAW

Partner at Lovett Westmacott, Angie Westmacott, Chair of the Inquiry Committee, John Hope, and Vice-Chair of the Inquiry Committee, Dorothy Barkley, presented **(Appendix 11)**.

IN-CAMERA

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

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

13. SAFE DISPOSAL OF FENTANYL PATCHES

Clinical Pharmacy Specialist – Palliative Care with Lower Mainland Pharmacy Services, Bruce Kennedy, presented **(Appendix 12)**.

14. DRUGSAFEBC

a) Update

Director of Communications and Engagement Gillian Vrooman presented information as distributed in the briefing package **(Appendix 13)**.

b) Recognition

Chair Reynolds presented awards of recognition to Chief Constable Adam Palmer and Staff Sergeant Stephen Thacker of the Vancouver Police Department for their valuable contributions to the success of the DrugSafeBC program.

15. PHYSICAL ASSESSMENT PRESENTATION

Clinical Pharmacotherapeutic Specialist in Internal Medicine and the Coordinator of Clinical Services at Royal Jubilee Hospital in Victoria, Sean Spina, presented **(Appendix 14)**.

16. GOVERNANCE COMMITTEE RECOMMENDATIONS

Board member and Chair of the Governance Committee Norman Embree presented information as distributed in the briefing package **(Appendix 15)**.

It was moved and seconded that the Board:

Dissolve the following committees: Communications and Engagement Advisory, Interdisciplinary Relationships Advisory, and Technology Advisory.

CARRIED

It was moved and seconded that the Board:

Move the following committees from standing committees to ad-hoc committees: Community Pharmacy Advisory, Hospital Pharmacy Advisory, Residential Care Advisory and Ethics Advisory.

CARRIED

It was moved and seconded that the Board:

Extend committee volunteer appointments to April 30, 2017 as circulated.

CARRIED

It was moved and seconded that the Board:

Appoint new committee volunteers for terms beginning April 14, 2016 to April 30, 2017 as circulated.

CARRIED

It was moved and seconded that the Board:

Direct the Registrar to provide an update to the Board at every Board meeting of all committees except ad-hoc committees.

CARRIED

17. IN-CAMERA

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

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

ADJOURNMENT

Chair Reynolds adjourned the meeting at 3:35pm.

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.iv. April 27, 2016 Draft Board Resolution Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the Draft April 27, 2016 Board Resolution Minutes as circulated.

Appendix	
1	Draft April 27, 2016 Board Resolution Minutes

College of Pharmacists of British Columbia

Board Resolution
Sent via email April 27th, 2016
By Registrar Bob Nakagawa

MINUTES

The following resolution of the Board of the College of Pharmacists of British Columbia is valid and binding as per section 13(12) of the *Health Professions Act*-Bylaws, and has been signed by the following Board members:

Blake Reynolds, Chair & District 4 Board Member
Anar Dossa, Vice-Chair & District 6 Board Member
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
Sorell Wellon, District 8 Board Member
Norman Embree, Public Board Member
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member
George Walton, Public Board Member

Be it resolved that the Board extend Norman Embree's term of appointment as a public member on the Inquiry Committee to April 30, 2017.

Appendix	
1	Signed Board Resolution
2	Board Resolution Briefing Note

Resolution of the Board of the College of Pharmacists of British Columbia made in accordance with section 13(12) of the *Health Professions Act* – Bylaws.

Be it resolved that the Board extend Norman Embree's term of appointment as public Board member on the Inquiry Committee to April 30, 2017.

Blake Reynolds, Chair, District 4	May 2, 2016 Date
Anar Dossa, Vice-Chair, District 6	April 28, 2016 Date
Mona Kwong, District 1	April 28, 2016 Date
Ming Chang, District 2	April 29, 2016 Date
Tara Oxford, District 3	April 29, 2016 Date
Frank Lucarelli, District 5	April 29, 2016 Date
Arden Barry, District 7	April 29, 2016 Date
Sorell Wellon, District 8	April 28, 2016 Date

Norman Embree, Government Appointee	April 29, 2016 Date
Kris Gustavson, Government Appointee	April 29, 2016 Date
Jeremy Walden, Government Appointee	April 28, 2016 Date
George Walton, Government Appointee	April 29, 2016 Date

College of Pharmacists of British Columbia

BOARD DECISION
April 27, 2016

Committee Appointment – Inquiry Committee

Recommended Board Resolution:

Be it resolved that the Board extend Norman Embree's term of appointment as a public Board member on the Inquiry Committee to April 30, 2017.

Background

At the direction of the Governance Committee, committee members were contacted by College staff prior to the April Board meeting to seek consent in extending their terms of appointment on their respective committees. The purpose of the extension was to allow the Governance Committee, as a newly struck committee, the opportunity to review the existing committee appointment process and recommend improvements where necessary. At the April 14 & 15, 2016 Board meeting, the Board approved the following recommendation from the Governance Committee:

Extend committee volunteer appointments to April 30, 2017 as circulated.

Since that time, it has been discovered that the circulated list contained a clerical error of omission: Norman Embree's name was erroneously omitted from the Inquiry Committee (IC). As the IC terms of reference requires a public Board member in its membership in order to be properly constituted, Norman Embree's term must be extended so that IC can continue to meet. Next IC meeting scheduled for May 6, 2016.

The College is relying on the following legislative provision to expedite Board approval:

Section 13(12) of the *Health Professions Act*-Bylaws:

> A written resolution signed by all board members is valid and binding and of the same effect as if such resolution has been duly passed at a board meeting.

Recommendation

That the Board unanimously extend Norman Embree's term of appointment on the Inquiry Committee to April 30, 2017 by signing the attached Board Resolution.

Appendix	
1	Board Resolution

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.v. June 3, 2016 Draft Board Teleconference Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the Draft June 3, 2016 Board Teleconference Meeting Minutes as circulated.

Appendix	
1	Draft June 3, 2016 Board Teleconference Meeting Minutes

College of Pharmacists of British Columbia

Board Teleconference
June 3, 2016
4:30 pm

MINUTES

Members Present:
Blake Reynolds, Chair & District 4 Board Member
Anar Dossa, Vice-Chair & District 6 Board Member
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
Sorell Wellon, District 8 Board Member
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member *(absent for item 4)*

Regrets:
Norman Embree, Public Board Member
George Walton, Public Board Member

Staff:
Suzanne Solven, Deputy Registrar
Kellie Kilpatrick, A/Director of Policy & Legislation
Lori Tanaka, Board & Legislation Coordinator

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1. **WELCOME & CALL TO ORDER**

   Chair Reynolds called the meeting to order at 4:32pm.

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

College of Pharmacists of British Columbia

DRAFT Board Meeting Minutes
June 3, 2016

2. CONFIRMATION OF AGENDA (APPENDIX 1)

It was moved and seconded that the Board:

Approve the June 3, 2016 Draft Board Teleconference Meeting Agenda as circulated.

CARRIED

3. MEDICAL ASSISTANCE IN DYING (MAID) (APPENDIX 2)

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.

The Board requests that the bylaw amendments come into force on June 6, 2016.

CARRIED

4. DRUG SCHEDULE REGULATION AMENDMENTS (APPENDIX 3)

It was moved and seconded that the Board:

Approve the following resolution:

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

CARRIED

ADJOURNMENT

Chair Reynolds adjourned the meeting at 5:32pm.

Appendix 1

College of Pharmacists
of British Columbia

Board Meeting
June 3, 2016 at 4:30 pm

By Teleconference
Dial-in Number: 1.855.281.8596
Participant Code: 8565484

AGENDA

1) Welcome and Call to Order	Chair Reynolds
2) Confirmation of Agenda	Chair Reynolds
3) Medical Assistance in Dying (MAID) **[DECISION]**	Deputy Registrar Solven
4) Drug Schedule Regulation Amendments	Jeremy Walden
5) Adjournment	Chair Reynolds

College of Pharmacists of British Columbia

EXTRAORDINARY BOARD MEETING
June 3, 2016

3. Medical Assistance in Dying (MAID)

DECISION REQUIRED

Recommended Board Motion:

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.*

The Board requests that the bylaw amendments come into force on June 6, 2016.

Purpose

The purpose of this Decision Note is to seek Board approval for proposed amendments to the *Health Professions Act* (HPA) - Bylaws listed below by approving filing of these amendments with the Minister of Health.

- Health Professions Act (HPA) – Bylaws, Schedule A - Code of Ethics
- HPA – Bylaws, Schedule F – Standards of Practice, Parts 1 – 3
- New: HPA – Bylaws, Schedule F – Part 5 – Standards, Limits and Conditions outlining additional standards for the provision of MAID in addition to outlining exceptions for registrants from the Standards of Practice, Parts 1-3

These amendments support the ruling made by the Supreme Court of Canada (SCC) on the decriminalization of Medical Assistance in Dying (MAID) – formerly known as physician-assisted dying. The SCC ruling will take effect on June 6, 2016. Due to the impending timeline the Ministry of Health has committed to a shortened filing period.

Background

Last year, on February 6, 2015, the SCC unanimously ruled in *Carter v. Canada* that the federal *Criminal Code* prohibitions on MAID infringe the *Charter of Rights and Freedoms*, particularly the rights to life, liberty, and security. The SCC's ruling states the decriminalization of MAID will be in effect one year later on February 6, 2016. The intention of a 12 month period was to provide time for both the Federal and Provincial governments to develop a legislative framework along with regulatory authorities and associations to develop corresponding policies and guidelines. The Federal government requested an

extension and the SCC subsequently ruled that MAID will be decriminalized June 6, 2016 rather than the original date of February 6, 2016.

A Senate Committee was appointed to review the proposed federal legislation (Bill C-14). The Committee heard evidence and reviewed submissions from a range of stakeholders including regulatory authorities from BC. On May 17, 2016, they tabled their report along with 10 recommendations. The recommendations include provisions for conscientious objections; permission to use advanced directives; and the addition of terminal illness to the definition of grievous and irremediable medical condition. At this time, it is unknown if these recommendations will be included in any future federal legislation.

As of June 3, 2016, it is uncertain if federal legislation will be in force by June 6, 2016. In either context, the College as well as the College of Physicians and Surgeons of BC (CPSBC) and the College of Registered Nurses of BC (CRNBC) are working together with the Ministry of Health, Health Authorities and other stakeholders to ensure registrants are provided with guidance on how to proceed with providing MAID services.

The proposed amendments were sent to all the College committees, the BC Pharmacy Association, and the Ministry of Health Working group (includes representatives from both the health and regulatory authorities) for feedback. The College received approximately 25 responses, all of which were considered in the final revisions.

Discussion

The overall approach for establishing standards of practice for MAID was to create a new set of standards, limits, and conditions specifically for the purpose of MAID. These are outlined in a new section titled Part 5 under Schedule F of the HPA-Bylaws. The intention is to have any new additional requirements for MAID outlined along with any exceptions from the usual set of standards of practice (Parts 1-3 of Schedule F).

A detailed summary of the changes are outlined below.

Code of Ethics (Standard 1)

The *HPA* Bylaws, Schedule A outlines the Code of Ethics for registrants. Standard 1(g) (iii) outlines the framework regarding conscientious objection. Conscientious objection is defined as “a sincerely held belief that the provision of a particular product or service will cause the registrant to contravene their personal moral or religious value system.”

As the Code of Ethics reads now, a registrant may object to the provision of a product or service, however they must follow a set of conditions, the most significant one is the requirement to “refer.“

The SCC *Carter* decision stated that that physicians should not be compelled to participate in a physician assisted death. That view is being generalized beyond physicians to include all healthcare

providers. Fundamentally, freedom of conscience and religion is a right as per Section 2 (a) of the *Charter of Rights and Freedoms*.

The requirement for a pharmacist to "refer" a patient to another pharmacist is generally being considered and viewed as the pharmacist acting as an "agent." As such, regulatory authorities are using language that ensures a service delivery system that is timely, non-judgemental, continuous and non-discriminatory. Consistent with the CPSBC and the CRNBC, the College proposes using the term "transfer" of care and guides registrants to fulfill the duty of care to the patient and cooperate in the effective transfer of care of the patient to another pharmacy or pharmacist.

"Pharmacists will cooperate in effective transfers of care initiated by the patient and are not required to make a referral"

Community/Hospital/Residential Standards of Practice (Schedule F, Part 1, 2, 3)

Parts 1-3 have proposed amendments that include reference to the new Part 5 Standards, Limits, and Conditions for the purpose of delivering pharmacy services for MAID.

Any exceptions to Parts 1-3 for services regarding MAID have been outlined in Part 5. For example, the requirement for registrants to counsel patients on drug therapy is exempted for MAID as the physician leading the service will be interacting with the patient rather than the pharmacist/registrant.

Dispensing for the Purposes of Medical Assistance in Dying –Standards, Limits and Conditions (Schedule F, Part 5)

Currently, pharmacy professionals operate within a collection of legislative and policy requirements – bylaws; standards; standards, limits and conditions, policies and other guidance documents. Pharmacy professionals are required to dispense in a manner that is aligned with all of the requirements.

For the purposes of dispensing for MAID, there are additional factors that must be considered in the balancing of access to a service with patient safety. To that end, these Standards, Limits and Conditions are developed specifically to add those safeguards while at the same time, not significantly impacting access. This is consistent with the work underway by the CPSBC and the CRNBC.

The Standards, Limits and Conditions specify what a pharmacist must do when dispensing for MAID. Requirements include:

- **Discussing** a full range of related issues with the prescribing physician (the patient's drug therapy; confirmation of eligibility; the protocol selected; completion of the medical record; and procedures for returning unused drugs to the pharmacy)

- **Dispensing** the drugs in a sealed tamper proof kit; directly to the physician
- **Documenting** the date the drugs were dispensed; the name and signature of the physician the drugs were dispensed to
- **Limits** to a pharmacist participating in medical assistance in dying for themselves or a family member; to only dispensing to the prescribing physician
- **Limits** to a pharmacy professional performing any activity that may imply they are leading the medical assistance in dying process including but not limited to assessing the individual against the criteria in *Carter v Canada (Attorney General)* or Bill C-14
- **Conditions** that the pharmacy professionals have the requisite competency, knowledge and skills to prepare and/or dispense the prescription for medical assistance in dying

Recommendation

The College recommends that the Board accept changes to the following HPA-Bylaws by approving filing of the amendments with the Minister of Health:

- HPA – Bylaws, Schedule A - Code of Ethics
- HPA – Bylaws, Schedule F – Standards of Practice, Parts 1 – 3
- New: HPA – Bylaws, Schedule F – Part 5 – Standards, Limits and Conditions outlining additional standards for the provision of MAID in addition to outlining exceptions for registrants from the Standards of Practice, Parts 1-3

Appendix	
1	Schedule to the Resolution
2	Bylaw Amendments (tracked changes version)

Code of Ethics - Detailed
College of Pharmacists of British Columbia

Responsibility to Patients

Standard 1: Registrants Protect and Promote the Health and Well-Being of Patients

Guidelines for Application

a) Registrants are committed first and foremost to protecting and promoting the health and well-being* of their patients.

b) Registrants practice only within the scope of their education, training and competence.

c) Registrants are aware of the limitations of their knowledge and expertise and refer as necessary and appropriate.

d) Registrants are knowledgeable of, and adhere to, national and provincial legislation, standards of practice and policies relevant to the practice of pharmacy.

e) Registrants maintain appropriate resources to facilitate their efforts to deliver services according to the standards of practice.

f) Registrants dispense, distribute, recommend and advertise drugs and health-related products that are approved by Health Canada.

g) Registrants must provide pharmacy services requested by patients and may only refuse to provide these services for any of the following reasons:

i. the drug or product requested is not available

ii. the registrant does not possess the knowledge, skills and abilities to provide the service or product

iii. ~~the registrant objects to~~ the provision of the product or service is contrary to the sincerely held conscientious or religious belief of a registrant, in which case the ~~on the basis of conscientious objection (a sincerely held belief that the provision of a particular product or service will cause the registrant to contravene their personal moral and/or religious convictions value system. In the event of a conscientious objection to the provision of a product or service, a~~ registrant must ensure that~~:~~ ~~following:~~
   - ~~that~~ they have informed and explained to the~~ir~~ pharmacy manager and employer of their conscientious or religious belief~~objection~~ before they accept employment;~~.~~
   - ~~i~~that ~~i~~f the belief is formed after employment is accepted, they inform the pharmacy manager and employer at the earliest opportunity;

*In the context of medical assistance in dying (MAID), death may be considered by the patient as the choice of well-being.

- ~~that they do not, at any time, express their conscientious objection directly to the prescriber or the patient~~
- ~~that~~ they do not discuss their personal beliefs ~~, nor~~ ask patients to disclose or justify their own beliefs~~;~~
- ~~that~~ they~~, in goodwill,~~ participate in ~~the development and delivery of a system~~ a process designed to ~~respect the patient's right to receive products and services in a timely and convenient manner which minimizes suffering and hardship to the patient~~ exercise their~~accommodate~~ freedom of conscience and religion in a manner that respects ~~while respecting~~ the patient's right to receive products and services in a timely manner and in a way that minimizes suffering and hardship to the patient;

- ~~that~~ they fulfill their duty of care to the patient in a manner that is non-judgmental, continuous and non-discriminatory~~;~~
- in the event of failure of
- ~~that should~~ the system developed to ensure the timely delivery of the product or service~~, fail, the registrant~~and ~~,~~ notwithstanding the registrant's ~~ir~~ conscientious or religious beliefs, they ~~objection, has a duty to the patient to provide the product or service requested to~~ provide patients with enough information and assistance to allow them to make informed choices for themselves;

- they~~. Pharmacists will~~ cooperate in effective transfers of care initiated by the patient and are not required to make a referral~~-~~; and

- ~~that~~ they do not rely on conscientious or religious beliefs ~~utilize an appeal to conscientious objection~~ in order to discriminate against any patient on morally irrelevant grounds including those outlined in *Standard 3, Guideline g* of this Code.

iv. the patient is unable or unwilling to provide payment for the requested pharmacy service or product

v. the patient is abusive physically or mentally to the registrant

~~*Note: In the case of the above (g) the registrant must refer the patient as appropriate.*~~

h) Registrants must provide essential pharmacy care throughout the duration of any job action or pharmacy closure.

i) In the event of either a patient emergency or a public emergency, registrants take appropriate action to provide care within their professional competence and experience.

Commented [RS1]: Bill C-14 Section 241.2(8) requires the prescriber (MP or NP) to inform the dispensing pharmacist that the prescribed substance is intended for MAID. Since, the prescriber will work in collaboration with the dispensing pharmacist, a prescriber may encounter a pharmacist with a conscientious objection, at which time there should be no prohibition on the objecting pharmacist to disclose his or her objection to the prescriber.

Commented [RS2]: This does not align with Bill C-14 or the Canadian Charter of Rights and Freedoms as there are no obligations to compel health care professional to complete MAID services.

Standard 2: Registrants ~~Protect~~ Act in the Best Interests of their Patients In Achieving their Chosen Health Outcome

Guidelines for Application

a) Registrants utilize their professional judgment to ~~protect~~ act in the best interests of their patients in achieving their chosen health outcome.

b) Pharmacists support patients in making informed choices about their ~~medical~~ care by ~~providing them with~~ explaining the benefits and risks associated with medication therapy. ~~Risks are defined as the most frequent and serious adverse effects.~~

c) Pharmacists provide information that is evidence based, relevant, up-to-date and consistent with the standard of care.

d) Registrants provide information in an understandable and sensitive manner and respond to patients' questions.

e) Registrants respect their patient's right to accept or refuse any drug or health product related recommendation.

f) Registrants ensure that they obtain the patient's informed, implied or expressed and voluntary consent prior to the provision of pharmacy services.

g) Registrants recognize and respect the autonomy of a competent minor to provide informed consent and make decisions about their healthcare.

h) Registrants recognize and respect persons authorized either through personal directives or proxy designations to act as surrogate decision-makers in the case of incompetent patients.

Commented [RS3]: Remove the definition of risks.

Risks associated with drug therapy outcomes for MAID may not align with the existing definition. Removing the definition and deferring to the professional judgment of registrants to interpret the definition in an evolving health care sector.

Standard 3: Registrants Practice Respect for Patients

Guidelines for Application

a) Registrants respect the value and dignity of patients.

b) Registrants respect the patient's autonomy and freedom to make an informed decision. ~~of choice~~.

c) Registrants recognize the power imbalance inherent in professional relationships (registrant-patient relationship) and maintain appropriate professional boundaries.

d) Registrants act in the best interests of their patients and do not exploit the professional relationship for any personal, physical, emotional, financial, social or sexual gain.

e) Registrants treat patients with sensitivity, caring, courtesy and respect.

f) Registrants provide pharmacy care that is respectful of the values, customs and beliefs of patients.

g) Registrants ensure that their personal beliefs and values do not prejudice patient care and do not engage in discrimination based on age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, lifestyle, disability, socio-economic status or any basis proscribed by law.

Standard 4: Registrants Protect the Right to Confidentiality of their Patients

Guidelines for Application

a) Registrants respect their patient's right to privacy and confidentiality.

b) Registrants do their utmost to protect patient confidentiality when they share patient information with colleagues or other healthcare professionals.

c) Registrants do not disclose confidential information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.

d) Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they control.

Standard 5: Registrants Participate in Ethically Valid Research

Guidelines for Application

a) Registrants ensure that any research they participate in is evaluated both ethically and scientifically and is approved by a research ethics board that meets applicable standards recognized by National Council on Ethics and Human Research (NCEHR) requirements for research involving human participants. (http://www.pre.ethics.gc.ca/policy-politique/tcps-eptc/docs/TCPS%20October%202005_E.pdf)

b) Registrants ensure that before proceeding with their research study they have obtained the informed consent of the patient or proxy and advised the patient that they have the right to withdraw from the study at any time without penalty.

c) Registrants inform the patient of the purpose of the study, its source of funding, the risks of harm and benefits, and the nature of their participation including any applicable compensation.

d) Registrants ensure that they inform research participants that all participant information will be kept confidential and not disclosed without the participants approval and consent.

Responsibility to Society

Standard 6: Registrants are Committed to Benefiting Society

Guidelines for Application

a) Registrants have an ethical duty to uphold public trust and confidence in the profession by acting with honesty and integrity.

b) Registrants have a responsibility to report incompetent or unethical behavior by colleagues or other healthcare professionals to the appropriate regulatory authority.

c) Registrants recognize the professions' responsibility to society to participate in*:
   i. advocacy
   ii. research
   iii. public education programs

d) Registrants endeavor to advance the quality of pharmacy services and care provided to the public.

e) Registrants contribute to the future of the profession by participating in student, intern and resident education including multidisciplinary and collaborative experiences as appropriate.

f) Registrants ensure that they maintain appropriate professional boundaries in pharmacy student/instructor and supervisor/subordinate relationships.

g) Registrants recognize the responsibility of the profession to provide access to pharmacy services and resources.

h) Registrants have a responsibility for ensuring the provision of cost-effective pharmacy services in overall healthcare delivery.

i) Registrants provide safe disposal of drugs and health related products and support environmentally friendly practices.

*It is understood that this is not an obligation of all individual registrants but rather a responsibility of the profession as a whole.

Responsibility to the Profession

Standard 7: Registrants are Committed to Personal and Professional Integrity

Guidelines for Application

a) Registrants have an ethical duty to act conscientiously and avoid unethical behavior.

b) Registrants act with honesty and integrity in all professional relationships and fulfill their responsibilities as described in the Code of Ethics and companion documents: Conflict of Interest Standards and Patient Relations Program.

c) Registrants uphold the spirit of the Code of Ethics and its intent as well as its written articulation.

d) Registrants comply with legislation, standards of practice and accepted best practice guidelines.

e) Registrants do not justify unethical behavior by rationalizing that such behavior is not explicitly captured in a standard or guideline and therefore ethically permissible.

f) Registrants shall resist any influence or interference that could undermine their professional integrity.

g) Registrants have a responsibility to protect and maintain their physical and mental health and well-being and seek care and support as appropriate.

h) Registrants must discontinue the provision of professional services if their physical or mental health poses a risk of harm.

i) Registrants take appropriate steps to prevent and report the misuse or abuse of substances by patients, colleagues, other healthcare professionals or other pharmacy employees.

j) Registrants recognize that professional obligations override management policies, and take all reasonable steps to resolve situations where management policies and professional obligations are in conflict.

k) Registrants report any policies, systems or working conditions to the College that pose a risk of harm to the public.

l) Registrants cooperate with investigations into their own or another healthcare professionals' fitness to practice and abide by undertakings or limitations and conditions placed on their practice.

m) Registrants enter only into relationships, contracts and agreements in which they can maintain their professional integrity and safeguard the interests of their patients.

Standard 8: Registrants are Sensitive to and Avoid Conflict of Interest

Guidelines for Application

a) Registrants must consider first the health and well-being of the patient and avoid situations that are, or may reasonably be perceived to be, a conflict of interest.

b) Registrants abide by and conscientiously follow the Code of Ethics companion document, Conflict of Interest Standards.

c) Registrants inform relevant parties, if they are involved in a real, perceived, or potential, conflict of interest scenario and resolve the situation as outlined in the Conflict of Interest Standards.

d) Registrants avoid dual or multiple relationships and other situations which may present a conflict of interest and potentially reduce their ability to be objective and unbiased in their professional judgment.

Standard 9: Registrants Participate in Ethical Business Practices

Guidelines for Application

a) Registrants do not participate in, condone, or are associated with dishonesty, fraud, misrepresentation or any other kind of unethical or illegal behavior.

b) Registrants do not make false, deceptive or fraudulent statements concerning their training, experience, competence, academic degrees or credentials, affiliations, services, research, fees, etc.

c) Registrants conform to legal and professional norms that support the integrity and dignity of the profession.

d) Registrants use only truthful, accurate, fully informative and non-deceptive information in their marketing and public education programs.

e) Registrants do not make false claims for any purpose.

f) Registrants are transparent in the fees they charge, consider the ability of the patient to pay and discuss options with the patient.

g) Registrants ensure that any comparison to the business services of competitors is fair and accurate.

h) Registrants only enter relationships with industry which are appropriate and in compliance with the Code of Ethics and Conflict of Interest Standards and maintain the integrity of the fiduciary relationship between the registrant and the patient.

i) Registrants refrain from participating in activities that could undermine patient trust in registrants and society's trust in the pharmacy profession.

Standard 10: Registrants are Committed to Professional Development

Guidelines for Application

a) Registrants keep up to date with new pharmacy knowledge and practices by participating in continuous lifelong learning.

b) Registrants participate in continuous evaluations of their practice and are responsive to the outcomes of evaluations and reviews by undertaking constructive change or further training if necessary.

c) Registrants endeavour to advance the knowledge and skills of the profession and make relevant information available to patients, colleagues and the public.

d) Registrants participate in professional development opportunities that support learning in professional ethics and the development of sound professional judgment in ethical decision making.

e) Registrants develop, promote and participate in quality assurance and accountability processes.

Health Professions Act – BYLAWS

SCHEDULE F

PART 1 - Community Pharmacy Standards of Practice

Table of Contents

Application

1. This Part applies to all registrants providing pharmacy services in a community pharmacy.

Definitions

2. In this Part:

"community pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"**incentive**" means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards;

"personal health number" means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;

"prescription copy" means a copy of a prescription given to a patient by a registrant for information purposes only;

"prescription transfer" means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;

"refill" means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;

"renewal" means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the *Act*;

"*Residential Care Facilities and Homes Standards of Practice*" means the standards, limits and conditions for practice established in Part 3 of this Schedule.

Patient Choice

3. Registrants, owners and directors must not enter into agreements with patients, patient's representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient's choice of pharmacy, except as required or permitted under the bylaws.

Community Pharmacy Technicians

4. (1) Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a prepared prescription,

(e) performing the final check of a prepared prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or

(b) do anything described in

(i) sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2) or 13(3) of this Part, or

(ii) Part 4 of this Schedule.

(c) Dispense a drug pursuant to HPA Bylaws Schedule F, Part 5

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Pharmacy Assistants

5. A registrant may delegate technical functions relating to the operation of the community pharmacy to a pharmacy assistant if the registrant directly supervises the pharmacy assistant and implements procedures, checks and controls to ensure the accurate and safe delivery of community pharmacy services.

Prescription

6. (1) A registrant must ensure that a prescription is authentic.

(2) Upon receipt from the practitioner, a prescription must include the following information:

(a) the date the prescription was written;

(b) the name of the patient;

(c) the name of the drug or ingredients and strength if applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) the name and signature of the practitioner for written prescriptions;

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

(4) At the time of dispensing, a prescription must include the following additional information:

(a) the address of the patient;

(b) the identification number from the practitioner’s regulatory college;

(c) the prescription number;

(d) the date on which the prescription was dispensed;

(e) the manufacturer’s drug identification number or the brand name of the product dispensed;

(f) the quantity dispensed;

(g) the handwritten identification of each registrant and pharmacy assistant involved in each step of the dispensing process;

(h) written confirmation and identification of the registrant who

(i) reviewed the personal health information stored in the PharmaNet database,

(ii) reviewed the drug usage evaluation messages (DUE) from the PharmaNet database,

(iii) performed the consultation in accordance with section 12 of this Part, and

(iv) performed the final check including when dispensing a balance owing.

(5) A full pharmacist must

(a) review prescriptions for completeness and appropriateness with respect to the drug, dosage, route and frequency of administration,

(b) review patient personal health information for potential drug interactions, allergies, therapeutic duplications and any other potential problems,

(c) consult with patients concerning the patient’s drug history and other personal health information,

(d) consult with practitioners with respect to a patient’s drug therapy unless s.25.92(2) of the *Act* applies, and

(e) follow-up on suspected adverse drug reactions.

(6) A registrant may receive verbal prescription authorizations directly from a practitioner or from a practitioner’s recorded voice message.

(7) A registrant must make a written record of a verbal authorization, and include his or her signature or initial.

(8) A registrant must not dispense a prescription issued for more than one patient.

(9) For refill authorizations, a registrant

(a) may

(i) accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction,

(ii) retain the current prescription number for a quantity change if the software system is capable of retaining a record of the quantity dispensed on each previous occasion, and

(iii) document the refill authorization on the original prescription if

(A) a computerized transaction log is maintained, or

(B) a new prescription number is assigned, and

(b) must

(i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug,

(ii) advise the other pharmacy of the new prescription if unused refills are at another pharmacy, and

(iii) create a new prescription number if a renewal authorization involves a different drug identification number, practitioner or directions for use.

(10) If a full pharmacist authorizes a prescription renewal, he or she must

(a) create a written record,

(b) assign a new prescription number, and

(c) use his or her college identification number in the practitioner field on PharmaNet.

Transmission by Facsimile

7. (1) Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if

(a) the prescription is sent only to a pharmacy of the patient's choice,

(b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and

(c) in addition to the requirements of section 6(2), the prescription includes

(i) the practitioner's telephone number, facsimile number and unique identifier if applicable,

(ii) the time and date of transmission, and

(iii) the name and fax number of the pharmacy intended to receive the transmission.

(2) Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for

(a) the information set out in section 6(2),

(b) the name, address and 10 digit telephone number of the pharmacy, and

(c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.

(3) A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription Drug List.

(4) Prescription transfers may be completed by facsimile transmission if

(a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section 8(4), and

(b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.

Prescription Copy and Transfer

8. (1) If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.

(2) A prescription copy must contain

(a) the name and address of the patient,

(b) the name of the practitioner,

(c) the name, strength, quantity and directions for use of the drug,

(d) the dates of the first and last dispensing of the prescription,

(e) the name and address of the community pharmacy,

(f) the number of authorized refills remaining,

(g) the signature of the registrant supplying it, and

(h) an indication that it is a copy.

(3) Upon request, a registrant must transfer to a pharmacy licenced in Canada a

prescription for a drug if

(a) the drug does not contain a controlled drug substance, and

(b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.

(4) A registrant who transfers a prescription to another registrant under subsection (3) must

(a) enter on the patient record

(i) the date of the transfer,

(ii) the registrant's identification,

(iii) identification of the community pharmacy to which the prescription was transferred, and

(iv) identification of the person to whom the prescription was transferred, and

(b) transfer all prescription information listed in subsection (2) (a) to (f).

(5) A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.

Prescription Label

9. (1) All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.

(2) The label for all prescription drugs must include

(a) the name, address and 10 digit telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the patient,

(d) the name of the practitioner,

(e) the quantity and strength of the drug,

(f) the practitioner's directions for use, and

(g) any other information required by good pharmacy practice.

(3) For a single-entity product, the label must include

(a) the generic name, and

(b) at least one of

(i) the brand name,

(ii) the manufacturer's name, or

(iii) the drug identification number.

(4) For a multiple-entity product, the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer's name, or

(ii) the drug identification number.

(5) For a compounded preparation, the label must include all active ingredients.

(6) If a drug container is too small to accommodate a full label in accordance with subsection (2),

(a) a trimmed prescription label must be attached to the small container,

(b) the label must include

(i) the prescription number,

(ii) the dispensing date,

(iii) the full name of the patient, and

(iv) the name of the drug, and

(c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.

(7) All required label information must be in English, but may contain directions for use in the patient's language following the English directions.

Dispensing

10. (1) A registrant may adjust the quantity of drug to be dispensed if

(a) a patient requests a smaller amount,

(b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,

(c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or

(d) a trial prescription quantity is authorized by the patient.

(2) A full pharmacist may adjust the quantity of drug to be dispensed, if

(a) he or she consults with a practitioner and documents the result of the

consultation, and

(b) if

(i) a poor compliance history is evident on the patient record,

(ii) drug misuse is suspected, or

(iii) the safety of the patient is in question due to the potential for overdose.

(3) If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.

(4) All drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment, it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance,

(d) child-resistant packaging is unavailable, or~~,~~

~~(d)~~(e) the drugs are prescribed for medical assistance in dying.

(5) A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.

Patient Record

11. (1) A patient record must be prepared and kept current for each patient for whom a Schedule I drug is dispensed.

(2) The patient record must include

(a) the patient's full name,

(b) the patient's personal health number,

(c) the patient's address,

(d) the patient's 10 digit telephone number if available,

(e) the patient's date of birth,

(f) the patient's gender,

(g) the patient's clinical condition, allergies, adverse drug reactions and intolerances if available including the source and date the information

was collected,

(h) the date the drug is dispensed,

(i) the prescription number,

(j) the generic name, strength and dosage form of the drug,

(k) the drug identification number,

(l) the quantity of drug dispensed,

(m) the intended duration of therapy, specified in days,

(n) the date and reason for discontinuation of therapy,

(o) the directions to the patient,

(p) the identification of the prescribing practitioner,

(q) special instructions from the practitioner to the registrant, if appropriate,

(r) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,

(s) compliance with the prescribed drug regimen, and

(t) Schedule II and III drug use if appropriate.

(3) If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:

(a) medical conditions and physical limitations;

(b) allergies, adverse drug reactions and intolerances;

(c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy;

(d) compliance with the prescribed drug regimen;

(e) Schedule II and III drug use.

(4) A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to

(a) appropriateness of drug therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions and intolerances,

(d) therapeutic duplication,

(e) correct dosage, route, frequency and duration of administration and dosage form,

(f) contraindicated drugs,

(g) degree of compliance, and

(h) any other potential drug related problems.

Pharmacist/Patient Consultation

12. (1) Full pharmacist/patient consultation for Schedule I, II and III drugs should occur in person if practical, or by telephone and must respect the patient's right to privacy.

(2) Full pharmacist/patient consultation is required for all prescriptions.

(3) Subject to subsection (6), a full, limited or student pharmacist must engage in direct consultation with a patient or the patient's representative regarding a Schedule I drug, and must

(a) confirm the identity of the patient,

(b) identify the name and strength of drug being dispensed,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide prescription refill information,

(h) provide information regarding

(i) how to monitor the response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention, and

(i) provide other information unique to the specific drug or patient.

(4) If a drug-related problem is identified during full pharmacist/patient consultation, the full pharmacist must take appropriate action to resolve the problem.

(5) If an adverse drug reaction as defined by Health Canada is identified, a full 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.

(6) A full, limited or student pharmacist must use reasonable means to comply with subsections (1), (2) and (3) for patients or the patient's representatives who have language or communication difficulties.

Schedule II and III Drugs

13. (1) A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.

(2) If a patient purchases a Schedule II drug, a full, limited or student pharmacist must counsel the patient or the patient's representative regarding the selection and use of the drug.

(3) A full pharmacist must be available for consultation with a patient or patient's representative who wishes to select a Schedule III drug.

Sole Pharmacy Services Provider

14 The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if

(a) pharmacy services are provided in a manner that is consistent with the *Residential Care Facilities and Homes Standards of Practice,*

(b) patient therapeutic outcomes are monitored to enhance patient safety, and

(c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.

Prohibition on the Provision of Incentives

15 (1) A registrant must not provide or distribute, or be a party to the provision or distribution of, an incentive to a patient or patient's representative for the purpose of inducing the patient or patient's representative to

(a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or

(b) obtain any other pharmacy service from a particular registrant or pharmacy.

(2) Subsection (1) does not prevent a registrant from

(a) providing free or discounted parking to patients or patient's representatives,

(b) providing free or discounted delivery services to patients or patient's representatives, or

(c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

(3) Subsection (1) does not apply in respect of a Schedule III drug or an unscheduled drug, unless the drug has been prescribed by a practitioner.

Health Professions Act – BYLAWS

SCHEDULE F

PART 2 – Hospital Pharmacy Standards of Practice

Table of Contents

Application

1. This Part applies to all registrants providing pharmacy services in a hospital pharmacy or a hospital pharmacy satellite.

Definitions

2. In this Part:

"bulk/batch drug repacking" means the repackaging in a single process of multiple units, not for immediate use;

"bulk compounding" means the preparation of products which are not commercially available in anticipation of a practitioner's order;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established in Part 1 of this Schedule;

"hazardous drugs" means pharmaceutical preparations in which the concentration, toxicity, environmental persistence, degradation characteristics, flammability, corrosiveness, or reactivity represents a risk to the health of humans or other living organisms;

"hospital pharmacy" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"hospital pharmacy satellite" has the same meaning as in section 1 of the bylaws of the college under the *Pharmacy Operations and Drug Scheduling Act*;

"individual patient prescription system" means a form of drug distribution in which drugs are dispensed in patient-specific labelled drug containers;

"master formula" means a set of instructions outlining in detail the materials, equipment, and procedures required to produce a specific quantity of a product;

"multiple pouch packaging" means a pouch containing drugs to be administered at a particular time;

"unit dose distribution" means a form of drug distribution in which orders for each patient are dispensed individually and packaged in unit-of-use packages containing one dose;

"ward stock" means drugs that are stocked in a patient care area and are not labelled for a particular patient.

Drug Distribution

3. (1) The pharmacy's manager must establish a drug distribution system that

(a) provides drugs in identified dosage units ready for administration whenever possible and practical,

(b) protects drugs from contamination,

(c) provides a method of recording drugs at the time of administration, and

(d) eliminates or reduces the need to maintain ward stock.

(2) A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.

(3) Sterile products must be prepared and distributed in an environment that is in accordance with

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

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

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

(4) Hazardous drugs must be handled and prepared in accordance with the Requirements for the Safe Handling of Antineoplastic Agents in Health Care Facilities published by the Workers Compensation Board of British Columbia and such other published standards approved by the board from time to time.

Drug Label

4. (1) Drug container labels must include

(a) the generic name of the drug, strength and dosage form, and

(b) hospital approved abbreviations and symbols.

(2) Only hospital pharmacy staff may alter a drug container label.

(3) Inpatient prescription labels must include

(a) a unique patient name and identifier,

(b) the generic name of the drug, strength and dosage form,

(c) parenteral vehicle if applicable, and

(d) hospital approved abbreviations and symbols.

(4) The following information must be included on the inpatient prescription label if not available on the medication administration record:

(a) the frequency of administration;

(b) the route of administration or dosage form;

(c) auxiliary or cautionary statements if applicable;

(d) the date dispensed.

(5) All drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite must be labeled and dispensed according to the *Community Pharmacy Standards of Practice.*

Returned Drugs

5. (1) Unused dispensed drugs must be returned to the hospital pharmacy.

(2) Previously dispensed drugs must not be re-dispensed unless

(a) they are returned to the hospital pharmacy in a sealed dosage unit or container as originally dispensed,

(b) the labeling is intact and includes a legible drug lot number and expiry date, and

(c) the integrity of the drug can be verified.

Drug Transfer

6. A registrant who supplies a Schedule I drug to another registrant or practitioner must comply with section 8(3) and (4) of the *Community Pharmacy Standards of Practice.*

Inpatient Leave of Absence and Emergency Take-Home Drugs

7. (1) A system must be established to provide drugs to an emergency department short stay patient requiring take-home drugs, who is unable to obtain them from a community pharmacy within a reasonable time frame.

(2) All take-home drugs issued from the emergency department must be documented in the patient's health record.

(3) All inpatient leave of absence drugs must be documented in the patient's health record.

(4) Labels for inpatient pass and emergency department take-home drugs must include

(a) the hospital's name,

(b) the patient's name,

(c) the practitioner's name,

(d) the drug name, strength and directions for use,

(e) identification of the person preparing the drug, and

(f) the date the drug is issued.

(5) Drugs must be dispensed in a container that is certified as child-resistant unless

(a) the practitioner, the patient or the patient's representative directs otherwise,

(b) in the registrant's judgment it is not advisable to use a child-resistant container,

(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or

(d) child-resistant packaging is unavailable.

Investigational and Special Access Program Drugs

8. Registrants must comply with the policies and directives of Health Canada with respect to storage and dispensing of Special Access Program or investigational drugs.

Drug Repackaging and Compounding

9. (1) A registrant must supervise all bulk/batch drug repackaging and bulk drug compounding.

(2) Bulk/batch drug repackaging records must be kept for three years after the repackaging date.

(3) A master formula record must be kept for each bulk compounded drug product.

(4) A separate production record must be kept for each compounded bulk product and must include

(a) the date of compounding,

(b) the lot or batch number assigned to the compounded product,

(c) the manufacturer's name and lot number for each raw material used,

(d) handwritten identification of each registrant and pharmacy assistant involved in each step of the compounding process,

(e) the process including weights and measures performed,

(f) the results of all quality control testing,

(g) a statement of the final yield,

(h) signatures for final verification and authorization for release,

(i) a sample label, and

(j) the expiry date of the product.

(5) A production record must be kept for a period of three years after the expiry date of the compounded batch.

(6) A label must be affixed to the finished bulk/batch repackaged or bulk compounded drug and must contain

(a) generic name(s) of the drug,

(b) strength and quantity of active ingredients,

(c) dosage form,

(d) total amount of final product,

(e) expiry date of the compound,

(f) manufacturer identification and lot number or hospital pharmacy control number,

(g) storage conditions, if applicable,

(h) auxiliary labels, if applicable, and

(i) the name of the hospital.

Hospital Pharmacy Technicians

10. (1) Pharmacy technicians in a hospital pharmacy or hospital pharmacy satellite may prepare, process and compound prescriptions, including

(a) receiving and transcribing verbal prescriptions from practitioners,

(b) ensuring that a prescription is complete and authentic,

(c) transferring prescriptions to and receiving prescriptions from other pharmacies,

(d) ensuring the accuracy of a dispensed prescription,

(e) performing the final check of a dispensed prescription, and

(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

(2) Despite subsection (1), a pharmacy technician in a hospital pharmacy or hospital pharmacy satellite may dispense a drug but must not

(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, ~~or~~

(b) do anything described in

(i) sections 13, 15 or 16 of this Part~~, or~~

(ii) Part 4 of this Schedule, or~~.~~

(c) Dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

(3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Hospital Pharmacy Assistants

11. Specific technical functions may be performed by a pharmacy assistant in a hospital pharmacy or hospital pharmacy satellite after the pharmacy's manager has

established written procedures for performing the functions.

Patient Record

12. (1) The registrant must ensure the preparation and maintenance of patient records for each patient for whom drugs are prepared are complete, accurate and current, except patients admitted for less than 24 hours to

(a) surgical day care,

(b) ambulatory care,

(c) emergency short-stay, or

(d) other short-stay diagnostic or treatment units.

(2) The patient record must include

(a) the patient's full name and admission date,

(b) the hospital number and location,

(c) the patient's date of birth and gender,

(d) the attending practitioner's name,

(e) the patient's weight and height if applicable to therapy,

(f) the patient's allergies, adverse drug reactions, intolerances, and diagnoses,

(g) a chronological list of drugs which have been prescribed for the patient since admission to hospital, or, if admission is prolonged, for a minimum period of two years, and

(h) a list of all current drug orders including

(i) the drug name,

(ii) the drug strength,

(iii) the dosage,

(iv) the route,

(v) the dosage form,

(vi) intravenous diluent if applicable,

(vii) the directions for use,

(viii) administration time or frequency,

(ix) the attending practitioner,

(x) the quantity,

(xi) the start and stop date, or length of therapy, and

(xii) the date drug was dispensed, refilled or discontinued.

Patient Oriented Pharmacy Practice

13. (1) During pharmacy hours the full pharmacist must review the drug order before the drug is dispensed.

(2) The full pharmacist must check the drug order for

(a) the patient's name, hospital number and location,

(b) the signature of the practitioner,

(c) the name of the drug,

(d) the dosage form and strength,

(e) the route and frequency of administration,

(f) the duration of treatment if limited,

(g) directions for use,

(h) the date and time the order was written, and,

(i) in the case of verbal and/or telephone orders, the name and signature of the person who received the order.

(3) The full pharmacist must review the pharmacy patient record before dispensing the patient's drug and at appropriate intervals thereafter to assess

(a) appropriateness of therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions and intolerances,

(d) therapeutic duplication,

(e) correct dosage, route, frequency and duration of administration and dosage form,

(f) contraindicated drugs,

(g) intravenous administration problems including potential incompatibilities, drug stability, dilution volume and rate of administration, and

(h) any other drug related problems.

(4) The full pharmacist must notify the patient's nursing staff immediately if a problem with a prescription for a ward stock item is discovered.

(5) The full pharmacist must monitor drug therapy to detect, resolve and prevent drug-related problems at a frequency appropriate for the medical condition being treated.

(6) Monitoring includes but is not limited to

(a) a review of the patient record and/or health record,

(b) discussion with the patient's practitioner and/or other appropriate individual, and

(c) use of physical assessment skills when trained to do so.

(7) The full pharmacist must provide drug information, including patient-specific information to patients and health care personnel.

(8) A full pharmacist, or a limited or student pharmacist under the direct supervision of a full pharmacist, must provide drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request, and must

(a) confirm the identity of the patient,

(b) identify the name and strength of drug,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide prescription refill information,

(h) provide information regarding

(i) how to monitor the response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention, and

(i) provide other information unique to the specific drug or patient.

(9) If a full pharmacist requests a history from a patient or a patient's representative, the following information must be obtained:

(a) medical conditions and physical limitations;

(b) allergies, adverse drug reactions, and idiosyncratic responses;

(c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency and duration and effectiveness of therapy;

(d) compliance with the prescribed drug regimen;

(e) Schedule II and III and unscheduled drug use.

(10) A full pharmacist must provide information about the assessment, management and prevention of drug poisoning within the hospital.

Medication Administration

14. (1) The registrant must collaborate with nursing and medical staff to develop written policies and procedures for the safe administration of drugs.

(2) A medication administration record of all prescribed drugs for each patient must be produced from the pharmacy-maintained patient record.

(3) The medication administration record must include

(a) the patient's full name and identification number,

(b) the patient's location in the hospital,

(c) the presence or absence of known allergies, adverse drug reactions, and intolerances,

(d) the date or period for which the drug administration record is to be used,

(e) the name, dosage and form of all drugs currently ordered,

(f) complete directions for use for all drugs,

(g) stop or expiry dates for drug orders for which there is an automatic stop policy (if not reported by another means),

(h) predetermined, standard medication administration times for regularly scheduled drugs, and

(i) changes to drug orders.

Residential Care

15. A full pharmacist providing pharmacy care to residential care patients residing in a facility that is not licensed under the *Community Care and Assisted Living Act* must

(a) use a monitored dosage, multiple pouch packaging or unit dosage system except where the form of the drug does not permit such packaging,

(b) restrict ward stock to drugs that do not have a high potential for toxicity or require a complex dosage titration, and are commonly prescribed on a "when needed" basis,

(c) maintain a current patient record for each patient,

(d) provide administration records of all current drugs for each patient from the pharmacy maintained patient record within seventy-two hours of admission and at least monthly thereafter,

(e) review each patient's drug regimen at least every six months preferably in the setting of multidisciplinary rounds, and

(f) maintain a written record of drug reviews in the patient's permanent health record, including the date of each review, identified concerns and recommendations.

Documentation

16. (1) The full pharmacist must document directly in the patient record all activities and information pertaining to the drug therapy of the patient.

(2) The documentation must include but is not limited to

(a) actual or potential drug-related problems that warrant monitoring,

(b) recommendations for changes in drug selection, dosage, duration of therapy, and route of administration,

(c) recommendations for monitoring the response to drug therapy,

(d) notations of consultations provided to other health care professionals about the patient's drug therapy selection and management,

(e) notations of drug-related patient education and/or consultation provided,

(f) clarification of drug orders and practitioner's telephone orders received directly by the registrant, and

(g) allergies, adverse drug reactions and intolerances.

Health Professions Act – BYLAWS

SCHEDULE F

PART 3 – Residential Care Facilities and Homes Standards of Practice

Table of Contents

Application

1. This Part applies to registrants providing pharmacy services in or to facilities and homes.

Definitions

2. In this Part:

"administration" means the provision of a drug to a resident as prescribed, or for drugs listed in Schedule II or III of the Drug Schedules Regulation, B.C. Reg. 9/98, or unscheduled drugs initiated by a registered nurse;

"audit" means a periodic review of the pharmacy services provided in accordance with this Part;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established in Part 1 of this Schedule;

"facility" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 7 or more persons;

"home" means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 3 to 6 persons;

"licensed practical nurse" means a registrant of the College of Licensed Practical Nurses of British Columbia;

"medication safety and advisory committee" means a committee appointed under section 8.2 of the Adult Care Regulations, B.C. Reg. 536/80;

"monitored dose system" means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time;

"natural product" has the same meaning as in the *Natural Health Products Regulations* under the *Food and Drug Act* (Canada) as amended from time to time;

"registered nurse" means a registrant of the College of Registered Nurses of British Columbia;

"registered psychiatric nurse" means a registrant of the College of Registered Psychiatric Nurses of British Columbia;

"resident" means a person who lives in and receives care in a facility or home;

"Schedule II and III drugs" mean drugs listed in Schedule II or III of the *Drug Schedules Regulation*.

Supervision of Pharmacy Services in a Facility or Home

3. (1) A registrant must not provide pharmacy services in or to a facility or home unless appointed to do so by the licensee of that facility or home.

(2) A registrant must not allow any person to interfere with the provision of pharmacy services in accordance with the *Act* or the *Pharmacy Operations and Drug Scheduling Act*.

(3) The full pharmacist appointed to provide services to the facility or home must do the following:

(a) visit and audit the medication room at the facility at least every 3 months,

(b) visit and audit the medication room or storage area at the home at least once annually,

(c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and

(d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.

(4) The full pharmacist appointed to provide services to a facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the

(a) safe and effective distribution, administration and control of drugs,

(b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,

(c) reporting of drug incidents and discrepancies, and

(d) training and orientation programs for staff members who store, handle, or administer drugs to residents.

(5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.

(6) Except where a person in care self-administers drugs in accordance with regulations under the *Community Care and Assisted Living Act* , the registrant must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.

(7) The registrant must ensure that a copy of this Part is available in the facility or home.

Quality Management

4. A pharmacy providing services to a facility or home must have a documented ongoing quality management program that

   (a) monitors the pharmacy services provided, and

   (b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

Pharmacy Technicians

5. (1) Pharmacy technicians providing pharmacy services to a facility or home may prepare, process and compound prescriptions, including

   (a) receiving and transcribing verbal prescriptions from practitioners,

   (b) ensuring that a prescription is complete and authentic,

   (c) transferring prescriptions to and receiving prescriptions from other pharmacies,

   (d) ensuring the accuracy of a dispensed prescription,

   (e) performing the final check of a dispensed prescription, and

   (f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.

   (2) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not

   (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, ~~or~~

   (b) do anything described in

   (i) sections 3(3), 3(4), 13(4), 15 or 16 of this Part, ~~or~~

   (ii) Part 4 of this Schedule, or~~.~~

   (c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

   (3) A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.

Prescription Authorizations

6. (1) A registrant may only dispense a drug to a resident upon receipt of a prescription.

   (2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.

   (3) A prescription may be transmitted to the pharmacy servicing the facility or

home verbally, electronically or in writing.

(4) If a prescription is transmitted to the pharmacy by facsimile, the registrant must comply with section 7 of the *Community Pharmacy Standards of Practice.*

(5) If a prescription is transmitted verbally, the registrant must make a written record of the verbal authorization, and include his or her signature or initial.

(6) If a prescription is transmitted electronically, the registrant must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialling and filing.

(7) A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to the pharmacy and the registrant may dispense the drug.

(8) Upon receipt from the practitioner, a prescription must include the following information:

(a) the date the prescription was written;

(b) the name of the resident;

(c) the name of the drug or ingredients and strength where applicable;

(d) the quantity of the drug;

(e) the dosage instructions including the frequency, interval or maximum daily dose;

(f) refill authorization if applicable, including number of refills and interval between refills;

(g) the name and signature of the practitioner for written prescriptions.

(9) A registrant may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if

(a) the drug does not contain a controlled drug substance,

(b) the registered nurse, registered psychiatric nurse or licensed practical nurse writes the verbal order on a practitioner's order form or electronic equivalent, and

(c) transfers the written order to the pharmacy.

Dispensing

7. (1) All prescriptions dispensed to residents must be dispensed in a monitored dose system except where the form of the drug does not permit such packaging, and each package must contain not more than a 35 day supply of

medication.

(2) Where directions for the use of a drug are changed by the practitioner, the registrant must, following receipt of the required confirmation, initiate and dispense a new prescription.

Contingency Drugs

8. (1) A registrant may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.

(2) Contingency drugs must be prepared by the pharmacy and dispensed in a monitored dose system in accordance with section 7(1).

(3) A list of the contingency drugs must be available in the facility, home and pharmacy.

(4) Records of use of contingency drugs must be kept in the facility or home and must include

(a) the date and time the drug was administered,

(b) the name, strength and quantity of the drug administered,

(c) the name of the resident for whom the drug was prescribed,

(d) the name or initials of the person who administered the drug, and

(e) the name of the practitioner who prescribed the drug.

Nurse Initiated Drugs

9. (1) A registrant may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so.

(2) A record of use of all medications must be on the resident's medication administration record.

Standing Orders

10. (1) Standing orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.

(2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.

(3) A record of use of all medications must be on the resident's medication administration record.

Returned Drugs

11. (1) A registrant must provide for the return of all discontinued drugs at the time of the next scheduled delivery.

(2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.

(3) Previously dispensed drugs must not be re-dispensed unless

(a) they have been returned to the pharmacy in a single-drug, sealed dosage unit or container as originally dispensed,

(b) the labelling is intact and includes a legible drug lot number and expiry date, and

(c) the integrity of the product can be verified.

Drug Containers and Prescription Labels

12. (1) All drugs dispensed pursuant to a prescription must be labeled.

(2) The label for all prescriptions must include

(a) the name, address and 10-digit telephone number of the pharmacy,

(b) the prescription number and dispensing date,

(c) the full name of the resident,

(d) the name of the practitioner or registered nurse,

(e) the strength of the drug,

(f) the dosage instructions including the frequency, interval or maximum daily dose,

(g) the route of administration,

(h) medical indication for use for all "as required" prescription authorizations, and

(i) any other information required by good pharmacy practice.

(3) For single-entity products the label must include

(a) the generic name and at least one of

(i) the brand name,

(ii) the manufacturer's name, or

(iii) the drug identification number.

(4) For multiple-entity products the label must include

(a) the brand name, or

(b) all active ingredients, and at least one of

(i) the manufacturer's name, or

(ii) the drug identification number.

(5) For compounded preparations the label must include all active ingredients.

(6) If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for

(a) identification,

(b) repackaging in a monitored dose system if appropriate,

(c) labeling, and

(d) notation on the resident's record and the medication administration record.

(7) If labels are produced to be attached to a resident's medication administration record, the label must state "for MAR".

(8) All drugs must be labelled with the drug expiry date and manufacturer's lot number, except multi-drug sealed dosage units.

(9) A registrant must not delegate the labelling of drugs in a monitored dose system to an employee of a facility or home.

Resident Records

13. (1) A registrant must maintain a record for each resident.

(2) The record must include

(a) the resident's full name, personal health number, birth date, gender, practitioner name, name of the facility or home, and if possible, the resident's location within the facility or home,

(b) diagnoses,

(c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,

(d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,

(e) the medical indication for use for all "as required" prescription

authorizations and drugs dispensed,

(f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and

(g) the dates and reasons for early discontinuation of drug therapy if applicable.

(3) When a drug is to be administered on a "when necessary" basis, the record and prescription label must clearly indicate

(a) the specific indication for which the drug is to be given,

(b) the minimum interval of time between doses, and

(c) the maximum number of daily doses to be administered.

(4) A full pharmacist must review the resident record before dispensing a drug and take appropriate action when necessary with respect to

(a) the appropriateness of drug therapy,

(b) drug interactions,

(c) allergies, adverse drug reactions, and intolerances,

(d) therapeutic duplication,

(e) contraindicated drugs,

(f) the degree of compliance,

(g) the correct dosage, route, frequency and duration of administration and dosage form, and

(h) any other potential drug-related problems.

Resident Medication Administration Records

14. (1) The registrant must provide a medication administration record for each resident.

(2) The medication administration record must be current for each resident based on the information on the resident's record and must be sent to the facility or home each month.

(3) A resident's medication administration record must include

(a) the resident's full name,

(b) the resident's location within the facility or home, where possible,

(c) the name of the practitioner,

(d) allergies,

(e) diagnoses,

(f) the month for which the record is to be used,

(g) the name and strength of all drugs currently being administered, including those to be administered on a “when necessary” basis, and

(h) full directions for use.

Resident Medication Review

15. (1) The full pharmacist responsible for a facility must

(a) review each resident’s drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and

(b) review the resident’s personal health information stored on the PharmaNet database before releasing any drug to the facility.

(2) A full pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident’s record and in the record at the pharmacy, and the record of review must include information about

(a) the people in attendance,

(b) the date of the review, and

(c) recommendations, if any.

(3) At a facility or home, if a resident’s practitioner does not attend the review, the full pharmacist must advise the practitioner of any recommendations arising from the review.

(4) The full pharmacist responsible for a home must

(a) review each resident’s drug regimen and document the result of the review at least once every 6 months, and

(b) conduct the review on site at least once in every 12 month period.

(5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident’s practitioner every six 6 months, either by written, verbal or electronic communication.

Resident Oriented Pharmacy Practice

16. (1) When a resident is first admitted to a facility or home, the full pharmacist must obtain a history for the resident, and the following information must be obtained if available:

(a) allergies, adverse drug reactions, and intolerances,

(b) past and present prescribed drug therapy including the drug name,

strength, dosage, frequency and duration of therapy,

(c) compliance with prescribed drug regimen,

(d) Schedule II, III and unscheduled drug use, and

(e) laboratory results.

(2) The full pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.

(3) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must

(a) notify the resident's practitioner,

(b) make an appropriate entry on the resident's record, and

(c) report the reaction to the Canada Vigilance Program Regional Office.

(4) Where a self-medication program is deemed suitable for a resident, the full pharmacist must comply with all applicable regulations under the *Community Care and Assisted Living Act* and must

(a) participate in the development of policies and procedures for the program, including appropriate storage and security requirements,

(b) ensure a drug consultation with the resident occurs,

(c) ensure authorization from the resident's practitioner and the medication safety and advisory committee is obtained,

(d) include any drugs in the self-medication program in the drug regimen review referred to in section 13(4), and

(e) document the consultation referred to in paragraph (b) in the resident's record.

(5) The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must

(a) confirm the identity of the resident,

(b) identify the name and strength of drug being dispensed,

(c) identify the purpose of the drug,

(d) provide directions for use of the drug including the frequency, duration and route of therapy,

(e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

(f) discuss storage requirements,

(g) provide information regarding

(i) how to monitor response to therapy,

(ii) expected therapeutic outcomes,

(iii) action to be taken in the event of a missed dose, and

(iv) when to seek medical attention, and

(h) provide other information unique to the specific drug or resident.

Respite Care

17. (1) When a resident is admitted for short-stay respite care, the registrant must confirm all prescription authorizations with the resident's practitioner.

(2) The registrant must dispense drugs using a monitored dose system and provide medication administration records.

(3) Emergency stay respite care residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

Leave of Absence Drugs

18. (1) The registrant must establish a system to ensure that leave-of-absence drugs are prepared correctly.

(2) The label on a leave of absence medication must include

(a) the facility or home name,

(b) the resident's name,

(c) the practitioner's name,

(d) the drug name, strength, quantity and complete directions for use,

(e) the initials of the person preparing the drug, and

(f) the date of issue.

(3) All leave of absence drugs must be documented on the resident's medication administration record.

SCHEDULE

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

1. Standards 1, 2, and 3 of Schedule A Code of Ethics – Detailed are repealed and the following is substituted:

Standard 1: Registrants Protect and Promote the Health and Well-Being of Patients

Guidelines for Application

(a) Registrants are committed first and foremost to protecting and promoting the health and well-being* of their patients.

(b) Registrants practice only within the scope of their education, training and competence.

(c) Registrants are aware of the limitations of their knowledge and expertise and refer as necessary and appropriate.

(d) Registrants are knowledgeable of, and adhere to, national and provincial legislation, standards of practice and policies relevant to the practice of pharmacy.

(e) Registrants maintain appropriate resources to facilitate their efforts to deliver services according to the standards of practice.

(f) Registrants dispense, distribute, recommend and advertise drugs and health-related products that are approved by Health Canada.

(g) Registrants must provide pharmacy services requested by patients and may only refuse to provide these services for any of the following reasons:

i. the drug or product requested is not available

ii. the registrant does not possess the knowledge, skills and abilities to provide the service or product

iii. the provision of the product or service is contrary to the sincerely held conscientious or religious belief of a registrant, in which case the registrant must ensure that:
   - they have informed and explained to the pharmacy manager and employer of their conscientious or religious belief before they accept employment;
   - if the belief is formed after employment is accepted, they inform the pharmacy manager and employer at the earliest opportunity;

- they do not discuss their personal beliefs or ask patients to disclose or justify their own beliefs**;**
- they participate in a process designed to exercise their freedom of conscience and religion in a manner that respects the patient's right to receive products and services in a timely manner and in a way that minimizes suffering and hardship to the patient;
- they fulfill their duty of care to the patient in a manner that is non-judgmental, continuous and non-discriminatory;
- in the event of failure of the system developed to ensure the timely delivery of the product or service, and notwithstanding the registrant's conscientious or religious beliefs, they provide patients with enough information and assistance to allow them to make informed choices for themselves;
- they cooperate in effective transfers of care initiated by the patient and are not required to make a referral; and
- they do not rely on conscientious or religious beliefs in order to discriminate against any patient on morally irrelevant grounds including those outlined in *Standard 3, Guideline g* of this Code.

iv. the patient is unable or unwilling to provide payment for the requested pharmacy service or product

v. the patient is abusive physically or mentally to the registrant

(h) Registrants must provide essential pharmacy care throughout the duration of any job action or pharmacy closure.

(i) In the event of either a patient emergency or a public emergency, registrants take appropriate action to provide care within their professional competence and experience.

Standard 2: Registrants Act in the Best Interests of their Patients In Achieving their Chosen Health Outcome

Guidelines for Application

a) Registrants utilize their professional judgment to act in the best interests of their patients in achieving their chosen health outcome.

b) Pharmacists support patients in making informed choices about their care by explaining the benefits and risks associated with medication therapy.

c) Pharmacists provide information that is evidence based, relevant, up-to-date and consistent with the standard of care.

d) Registrants provide information in an understandable and sensitive manner and respond to patients' questions.

e) Registrants respect their patient's right to accept or refuse any drug or health product related recommendation.

f) Registrants ensure that they obtain the patient's informed, implied or expressed and voluntary consent prior to the provision of pharmacy services.

g) Registrants recognize and respect the autonomy of a competent minor to provide informed consent and make decisions about their healthcare.

h) Registrants recognize and respect persons authorized either through personal directives or proxy designations to act as surrogate decision-makers in the case of incompetent patients.

Standard 3: Registrants Practice Respect for Patients

Guidelines for Application

a) Registrants respect the value and dignity of patients.

b) Registrants respect the patient's autonomy and freedom to make an informed decision.

c) Registrants recognize the power imbalance inherent in professional relationships (registrant-patient relationship) and maintain appropriate professional boundaries.

d) Registrants act in the best interests of their patients and do not exploit the professional relationship for any personal, physical, emotional, financial, social or sexual gain.

e) Registrants treat patients with sensitivity, caring, courtesy and respect.

f) Registrants provide pharmacy care that is respectful of the values, customs and beliefs of patients.

g) Registrants ensure that their personal beliefs and values do not prejudice patient care and do not engage in discrimination based on age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, lifestyle, disability, socio-economic status or any basis proscribed by law.

2. Section 4(2) of Part 1 of Schedule F is amended by adding the following:

    (c) Dispense a drug pursuant to HPA Bylaws Schedule F, Part 5

3. Section 10(4)(d) of Part 1 of Schedule F is repealed and the following is substituted:

    (d) child-resistant packaging is unavailable, or

4. Section 10(4) of Part 1 of Schedule F is amended by adding the following:

    (e) the drugs are prescribed for medical assistance in dying.

5. Section 10(2) of Part 2 of Schedule F is repealed and the following is substituted:

    (2) Despite subsection (1), a pharmacy technician in a hospital pharmacy or hospital pharmacy satellite may dispense a drug but must not

    (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,

    (b) do anything described in
        (i) sections 13, 15 or 16 of this Part
        (ii) Part 4 of this Schedule, or

    (c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

6. Section 5(2) of Part 3 of Schedule F is repealed and the following is substituted:

    (2) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not

    (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use,

    (b) do anything described in
        (i) sections 3(3), 3(4), 13(4), 15 or 16 of this Part,
        (ii) Part 4 of this Schedule, or

    (c) dispense a drug pursuant to HPA Bylaws Schedule F, Part 5.

7. The attached new Part 5 is added to Schedule F.

HPA BYLAWS SCHEDULE F
Part 5 - DISPENSING DRUGS FOR THE PURPOSES OF MEDICAL ASSISTANCE in DYING
STANDARDS, LIMITS AND CONDITIONS

STANDARDS

1. The physician and the full pharmacist must work in a collaborative team based approach throughout the process.

2. The full pharmacist must discuss and confirm with the physician:
   (a) The patient's drug therapy;
   (b) The patient's eligibility and consent for medical assistance in dying;
   (c) The protocol selected;
   (d) The scheduled time and date for the administration of medical assistance in dying;
   (e) The time required to order and prepare the drugs;
   (f) Completion of the medication administration record; and
   (g) The procedures for returning unused drugs to the pharmacy.

3. The full pharmacist must ensure that the drugs dispensed for the purposes of medical assistance in dying are **labeled** as per the current Standards of Practice and that the drugs are labeled in order of the administration as per the protocol selected.

4. The full pharmacist must **dispense** the drugs:
   (a) In a sealed tamper proof kit;
   (b) With a medication administration record listing all of the drugs included in the kit that also identifies the order of their administration; and
   (c) With the written agreed upon procedures in (2) (g).

5. The full pharmacist must **document** on the prescription:
   (a) The date and time the drugs were dispensed;
   (b) The name and signature of the physician the drugs were dispensed to; and
   (c) If the physician is not known to the pharmacist, that the pharmacist confirmed the physician’s identity by means of photo identification.

6. The full pharmacist must follow up with the physician within 48 hours of the scheduled date and time for administration of the drugs to ensure appropriate return of unused medications for disposal.

7. The following Standards of Practice do not apply to medical assistance in dying:
   (a) Sections 6(5) (c) and (e), 6(6), 11(4)(f) and (g), and 12 of the Health Professions Act Bylaws, Schedule F, Part 1; and
   (b) Section 13(5) of the Health Professions Bylaws, Schedule F, Part 2.

8. Where there is an inconsistency between this Part and any other Part of Schedule F, the provisions of this Part prevail.

LIMITS

1. Only a full pharmacist can dispense drugs for the purposes of medical assistance in dying.
2. A full pharmacist cannot delegate any aspect of the dispensing of drugs for the purposes of medical assistance in dying.
3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the physician.
4. A full pharmacist must not dispense a drug to a physician for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.
5. A full pharmacist must not participate in dispensing drugs intended to provide medical assistance in dying:
    (a) To themselves or a family member;
    (b) To someone who has made the pharmacist a beneficiary under the person's will or to someone who the pharmacist has reason to believe has made them a beneficiary under the person's will; or
    (c) In circumstances where the pharmacist will receive financial or other material benefit from the person's death, other than the standard compensation for their services relating to the dispensing of drugs.
6. A full pharmacist must not perform any activity that may imply he or she is leading the medical assistance in dying process, and may not:
    (a) Prior to the proclamation of Bill C-14 assess whether an individual is a competent adult person who clearly consents to the termination of life and has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstance of his or her condition;
    (b) Following the proclamation of Bill C-14, assess whether an individual meets the legislated criteria for medical assistance in dying; or
    (c) Adapt a prescription for medical assistance in dying.

CONDITIONS

1. The full pharmacist has the requisite competency, knowledge and skills to prepare and/or dispense the prescription for medical assistance in dying.

College of Pharmacists of British Columbia

EXTRAORDINARY BOARD MEETING
June, 3, 2016

4. Drug Schedule Regulation Amendments to enable Nurse Practitioner prescribing

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

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

Purpose

To amend the provincial Drug Schedule Regulation in order to authorize and support the Nurse Practitioner (NP) prescribing standards of practice.

Background

NP Prescribing

The College of Registered Nurses of BC (CRNBC) is preparing for the implementation of NP prescribing; they will be authorized to prescribe a limited subset of controlled drugs and substances. Controlled drugs and substances are federally regulated and are prescription only; it is outside of BC's jurisdiction to change the scheduling status of these types of drugs. Federal legislation has been amended to permit NP's to prescribe controlled drugs and substances under the laws of the province in which they are registered and entitled to practise. The BC's Nurses (Registered) and Nurse Practitioners Regulation authorizes NPs to prescribe (and administer, compound and dispense) from Schedules I, IA and II of the BC's Drug Schedule Regulation.

Currently, BC's Drug Schedule Regulation does not include controlled drugs and substances, except for controlled drugs and substances that are included in Schedule IA (i.e. the Controlled Prescription Program). As they are already prescription only, adding these drugs to Schedule 1 of BC's Regulation will not change the status of these drugs. Rather, it will provide clarity and ensure legal authority for NP's to prescribe.

Legislative Authority for the College of Pharmacists of British Columbia (CPBC)
The legislative authority to amend the Drug Schedules Regulation is outlined in section 22 of the *Pharmacy Operations and Drug Scheduling Act*. The *Act* states:

Regulations of the board
22 (1) Subject to the *Food and Drugs Act* (Canada), the board, by regulation, may make drug schedules specifying the terms and conditions of sale for drugs and devices.
(2) A regulation under subsection (1) must be filed with the minister.

The proposed amendments include drugs that may be used for Medical Assistance in Dying (MAID) protocols. As NP's are authorized to prescribe drugs for MAID as per the anticipated federal legislative framework, there is an agreed upon sense of urgency between the College, CRNBC and the Ministry of Health to have these drugs included before the June 6, 2016 decriminalization of MAID.

Discussion
The current state of BC's Drug Schedules Regulation, in which most controlled drugs and substances are not included has raised an issue for CRNBC as it develops its standards of practice for NP prescribing. Most of these drugs were not included as it was unnecessary to duplicate federal legislative requirements in a provincial regulation. However, due to the structure of the NP's Regulation outlining their scope of practice, the College will need to make these benign amendments.

The list of prioritized drugs that are missing from the Drug Schedule Regulations are as follows:

- Dextroamphetamine
- Diphenoxylate (Lomotil)
- Methylphenidate
- Phenobarbital
- Secobarbital
- Tramadol[1]

Recommendation
The College recommends that the Board approve the proposed Drug Schedules Regulation amendments as presented.

Appendix	
1	Tagged schedule of Drug Schedule Regulation amendments

[1] Tramadol has been added for administrative purposes. It is not a controlled drug substance, rather it is on Health Canada's Prescription Drug List and accordingly should be added as a Schedule 1 on BC's Drug Schedule Regulation.

A PPENDIX

The Drug Schedules Regu lation , B.C. Reg. 9/98, is amended in the Schedules by adding the following:

I Dextroamphetamine or its salts
Diphenoxylate or its salts
Methylphenidate or its salts
Phenobarbital or its salts
Secobarbital or its salts
Tramadol or its salts .

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.vi. Committee Updates (Minutes)

INFORMATION ONLY

At the April 2016 Board meeting, the Board passed the following motion as recommended by the Governance Committee:

> *Direct the Registrar to provide an update to the Board at every Board meeting of all committees except ad-hoc committees.*

Committees who have met and approved previous meeting minutes have submitted them, the following committees do not have a submission:

- Drug Administration Committee,
- Jurisprudence Examination Committee,
- Legislation Review Committee, and
- Quality Assurance Committee.

Note: for confidentiality purposes, the Inquiry Committee has provided a summary of their meetings, but will not be submitting minutes.

Appendix	
1	Audit & Finance Committee Meeting Minutes
2	Governance Committee
3	Inquiry Committee Meeting Summaries
4	Practice Review Committee Meeting Minutes
5	Registration Committee Meeting Minutes

Appendix 1

Audit and Finance Committee Minutes

Wednesday, March 23rd, 2016
Henderson Room
College of Pharmacists of BC

Present: George Walton (Chair) Anar Dossa, Norman Embree, Blake Reynolds (via teleconference)
Staff: Bob Nakagawa (Registrar), Mary O'Callaghan (COO), Jesse Hogan (Accountant), Evangeline Ilumin (Accountant)
Guests: Donna Diskos and Kevin Yuen, Grant Thornton LLP

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1. Call to Order

George Walton called the meeting to order at 9:00 a.m.

2. Review and Approval of the August 2015 Audit and Finance Committee Minutes

The Audit and Finance Committee approves the February 3, 2016 Audit and Finance Committee minutes as presented.

Motion carried

3. Review the existing Investment Policy and summary of the current investment portfolio

The Audit and Finance Committee recommends approval of the current Investment Policy.

Motion carried

Appendix 1

4. January 2016 Financial Reports

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 $322,899 was getting low and we cashed in some GIC funds in early February to meet payroll and invoice obligations.
Short Term Investments are still substantial at $8,433,174.
Payables and Accruals are $761,306.

Revenue and Expenses:

Revenues – Pharmacists and Pharmacy Technician fee projections are lower than anticipated in the budget. These are being monitored, as are expenses, so that expenditures can be adjusted, if needed. Pharmacist registration statistics are meeting budgeted estimates. However, some of the one-time fees, such as JE exams and injection fees are lower than anticipated. Pharmacy Technician registrations are lower than expected.
Grant revenues are lower primarily due to timing and should increase somewhat.

Expenses – With Revenues projected to be lower than budget, we are monitoring expenses closely. Total Year to Date Actual expenses are lower than budget, many due to timing.

Board and Registrar – the budget contains a contingency related to the loyalty points court case, which has not been used to date.

Grants - Some contracts have recently been signed and one is still pending but anticipated to be signed before the end of January.

Registration & Licensure – This variance is primarily due to the delay in the Jurisprudence Exam review project.

Quality Assurance – The budget includes funding for the expansion of e-library services. One proposal was approved in November and College staff will be looking at another one early in November. However, there will be a surplus at the end of the year, which will offset some of the revenue shortfall.

Appendix 1

Practice Review (Inspections) – Compliance Officer travel costs have not been as costly as anticipated.

Complaints Resolution (Discipline and Investigations) – Legal and outside contractors fees depend upon the timing of Discipline Hearings.

Policy and Legislation – Primarily due to timing of legal expenditures.

Hospital Pharmacy & Practice (Pharmacist Prescriber) – Outside consulting fees are higher than budget due to the amount of time and work involved with the Pharmacist Prescriber project.

Public Engagement – The surplus is primarily due to changing priorities and Communications staff availability.

Finance and Administration – The higher than anticipated expenditures came from three areas.

- Some staff were contracted through an agency temporarily, resulting in fees from the agency rather than salaries and benefits.
- Legal fees were higher than budgeted, both for HR and for FOI.
- The Registration Database software (iMIS) upgrade was moved up in timing.

Salaries and Benefits – Some timing factors and some classification factors - see temporary agency note above.

Amortization – timing – as some calculations are done at year end.

General discussion about revenues and whether we can count on increasing registrants. Suggested that revenues should be estimated conservatively.

The Audit and Finance Committee approves the January 2016 financial reports as presented.

Motion carried

5. Grant Thornton Audit Plan

The audit plan outlines which risk areas that Grant Thornton's team will focus on. They do rely on the Joint Venture's audited reports and communicate with that audit firm. Testing is based upon the risk profile, for example changes in IT systems.
The Audit and Finance Committee met with Grant Thornton's representatives (without staff) to discuss risk and any concerns, potential for fraud, etc.

The Audit and Finance Committee recommends acceptance of the proposed Grant Thornton Audit Plan.

Motion carried

Appendix 1

6. Report on College Reserves

The report outlines the reason for maintaining reserve accounts and the levels recommended for each reserve as well as what activities they can be used for. It was suggested to include a separate Legal Reserve as well as increasing the total value of all reserves to $4 million.

The Audit and Finance Committee tabled this report and will review Reserves again at the June meeting.

7. Report on budgeted one-time expenditures

The Audit and Finance Committee will review all expenditures at the June meeting. Current one-time expenditures should be listed in a report. One report to show only recurring, regular business costs. The Committee will take to the Board meeting a number of options and the Board will consider the options. The appropriateness of the items to the role of the College will be discussed by the Board. For example, is it the College's role to supply e-library subscriptions to registrants? Or Continuing Education modules? Or Conference Support?

Can we get any usage statistics re e-library or UBC CE modules? Mary to investigate.

8. Discussion on budget review / fees timeline

Expenditures to be reviewed in June.
Revenues to be reviewed in September.

9. Other Business

10. Adjournment

The meeting adjourned at 10:50.

College of Pharmacists
of British Columbia

Governance Committee Meeting

June 6, 2016 @ 3:00pm

Held at the College office

Members Present:

Norman Embree, Chair
Blake Reynolds
Anar Dossa *(by teleconference)*
George Walton

College Staff:

Suzanne Solven, Deputy Registrar (staff resource)
Lori Tanaka, Board & Legislation Coordinator (Board support)

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1. **Review and update of all committee terms of reference documents**
   - All College committee terms of reference documents were reviewed for relevancy and consistency and changes were made accordingly. Updated terms of reference documents will be brought forward to the June Board meeting for approval.
2. **Registrar's yearly evaluation process**
   - The Governance Committee will begin the process of hiring an external company to conduct a 360 degree evaluation of the Registrar.
3. **Committee appointment – Mona Kwong to the Legislation Review Committee**
   - Board members were appointed to various committees of interest at the April Board meeting. At that time, Board member Mona Kwong expressed interest in joining the Legislation Review Committee (LRC), however, that committee's terms of reference only allowed for 3 members. It is the recommendation of the Governance Committee to amend the LRC terms of reference by allowing a minimum of 3 but no more than 5 Board members, included in recommended changes in item #1 above, and appointing Mona Kwong to the LRC, effective immediately.
4. **Board**

   a) **Elected Board members:**
   Chair Embree led a discussion regarding the length of the term of office for elected Board members and the benefit of extending the term to 3 years. Therefore, it is the recommendation of the

Governance Committee to request an amendment to section 7(1) of the HPA bylaws that would change the term of office for elected Board members from 2 years to 3 years.

b) Composition – numbers of elected and appointed members:
This topic was tabled for further discussion at a future Governance Committee meeting.

5. a) Organizational Review

The Governance Committee is recommending that the Board direct the Registrar to conduct an organizational review of the College in conjunction with the replacement of the Deputy Registrar.

b) Board Remuneration

The Governance Committee is recommending that the Board direct the Chair of the Audit and Finance Committee to conduct an environmental scan of other Colleges under the Health Professions Act, and other pharmacy colleges across Canada in regards to Board remuneration and report back at the September Board meeting.

6. Next Governance Committee meeting date

- Lori Tanaka will conduct a doodle poll to determine future meeting dates.

College of Pharmacists of British Columbia

Report to the Board for Inquiry Committee

Reporting Period: March 1, 2016 – April 30, 2016

Membership:

Carla Ambrosini
Dorothy Barkley
Cindy Bondaroff
Karen Callaway
Sally Chai
Ming Chang
Michael Dunbar
Norman Embree
Sukhvir Gidda
John Hope
George Kamensek
Patricia Kean
Fatima Ladha
Jim Mercer
Jing-Yi Ng
Alison Rhodes
Alana Ridgeley
Susan Troesch
Ann Wicks
Cynthia Widder

Chair: John Hope
Vice-Chair: Dorothy Barkley
Staff Resource: Suzanne Solven

Mandate: Investigate complaints and concerns regarding a pharmacist's conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

Responsibilities:

- Investigate complaints on its own motion or raised by a complainant as soon as possible,
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to children as determined by the Registrar of the Criminal Records Review Act,
- Determine disposition of items (1) and (2),
- Inform registrants, complainants and the Health Professions Review Board about the inquiry process and complaint outcomes, as necessary, and
- Report to the Board as applicable.

Relevant Statistical Information:

- Number of in-person meetings: 3
- Number of teleconferences: 4
- Total number of files disposed: 31
    - Number of new files disposed: 20
    - Number of reconsiderations: 11
- Number of calls/tips received to date: 145
- Number of official complaints received to date: 9

Meeting of the Practice Review Committee
College of Pharmacists of BC

Thursday March 10th, 2016
6:00 PM – 8:00 PM Teleconference Meeting

MINUTES

PRESENT: Aleisha (Thornhill) Enemark (Vice-Chair), Alison Rhodes (in-person), Fady Moussa (in-person), Helen Singh, Joanne Konnert (in-person), Kris Gustavson, Mike Ortynsky (Chair) (in-person), Patrick Chai, Perry Tompkins

REGRETS: Nerys Hughes, Sean Gorman

RESOURCE: Ashifa Keshavji, Ashley Cheung, Paul Tier

1. **Welcome and call meeting to order**

The Chair called the meeting to order at 6:00pm and welcomed all committee members.

2. **Approval of agenda**
   It was MOVED and SECONDED that the:

   Agenda be approved as distributed.

3. **Approval of minutes of Tuesday January 26th, 2016** ***(Appendix 1)***
   It was MOVED and SECONDED that the:

   Minutes of the meeting held on Tuesday January 26th, 2016 be approved as distributed.

4. **PRP Project Working Committee Update** ***(Appendix 2)***

The Practice Review Program (PRP) Project Working Committee consists of the College's Leadership Team who provides monthly progress reports on the development of the PRP.

- Business Stream
- Communications / Stakeholder Stream
- Legislation
- Enforcement Stream
- Human Resources / Operations Stream
- IT Stream

5. **PRP Phase 1 – Community Practice Update**

- Statistics

*Statistics **(Appendix 3)** were presented in the form of graphs to show the number of Pharmacy Reviews and Pharmacy Professionals Reviews conducted to date. The Chair noted that we are currently on target for the six year program cycle. The graphs presented also displayed the number of pharmacies that still need to undergo reviews.*

Staff noted that they will be re-evaluating the yearly target for the 6 year cycle prior to the next meeting as the number of pharmacies and pharmacy professionals have grown since the launch of the program.

- Update on Results:
    - Referral to the Inquiry Committee
        - File disposed at the January 28th, 2016 IC Meeting

The file that was referred to the Inquiry Committee was disposed at their January 28th, 2016 meeting. No further information was provided as outcomes are confidential ***(Appendix 4)****.*

- Update Feedback Survey

The committee reviewed and approved the suggested updates to the PRP Feedback Survey ***(Appendix 5)****. Committee members were asked to email staff with any further comments they may have. Staff will continue to distribute the old survey until the updated survey is approved. Additional survey responses will be presented at the next meeting.*

6. PRP Phase 2 – Hospital Practice Update

The Chair provided a summary of the activities since last meeting which included development of review forms and Professional Practice Policies. A PRP Phase 2 Forum was held on March 8th, 2016.

- Forum held on March 8th, 2016

The Chair provided an overview of the PRP Phase 2 Forum held on March 8th, 2016 ***(Appendix 6)*** *which included logistics, summary, overall feedback and areas requiring direction from the committee and the Board. A detailed analysis of the areas requiring direction will be presented along with recommendations at the next meeting.*

7. Next Steps / Timelines - PRC meeting May 2016

A doodle poll will be sent for preferred dates for the May 2016 meeting.

8. Expenses and Adjournment

Committee members were asked to complete an expense form and the meeting was adjourned at 7:37 pm.

Minutes of the Registration Committee Teleconference Meeting
College of Pharmacists of B.C.

Tuesday, May 3, 2016

Present: Raymond Jang (Chair), Phuong Hoang (Vice-Chair), Laura Bickerton, Charles Park, Nathan Roeters, Joy Sisson, Jeremy Walden

Resource: Doreen Leong, Director of Registration, Licensure & PharmaNet
Cathy Herb-Kelly, Legal Counsel

Regrets: Ashley Foreman, Derek Lee, Vanessa Lee, Leonard Ma, Carolyn Cheung, Yonette Harrod

Agenda Items:

1. Meeting called to order at 1403 hours.

2. Agenda (Appendix 1)

   MSC That the agenda is approved as distributed.

3. Registration Committee Meeting Minutes – March 24, 2016 Teleconference Meeting (Appendix 2)

   MSC That the Registration Committee Meeting Minutes from the March 24, 2016 meeting is approved.

4. Pharmacy Technician Registration Application – Request to complete Full Registration after the December 31, 2015 deadline

   4.1 Pharmacy Technician Registration Application - Applicant A (File 16-003)

   At the March 24, 2016 Registration Committee meeting, the Committee directed College staff to inform Applicant A of her option to request for an “appeal” to review her Application for Pharmacy Technician Registration after the December 31, 2015 deadline and provide reasons as to why she applied after the deadline date. The “appeal” request and supporting documentation was received on April 18, 2016.

   Applicant A completed all the required assessments for registration through the “Currently-in-Practice” path prior to December 31, 2015, however she did not submit the final application to complete her registration before the December 31, 2015 deadline.

   The applicant pre-registered with the College on February 26, 2013 and has since completed the following registration assessments:

Assessment	Date of completion
PTBP Pharmacology PLAR	June 8, 2013
PTBP Management of Drug Distribution PLAR	January 18, 2014
Structured Practical Evaluation	July 1, 2014
PTBP Product Preparation course	April 21, 2015
PTBP Professional Practice course	April 21, 2015
Jurisprudence Exam	December 16, 2013
PEBC certification	November 16, 2015

Applicant A's Application for Pharmacy Technician Registration was received on January 26, 2016. The Registration department emailed to advise that she would not be able to complete registration through the "currently-in-practice" path, as it was pass the deadline date. Options of registering through the "new-to-practice" path or "Agreement on Internal Trade (AIT)" path were provided to her. She did not respond to the email.

The Registration Committee considered if there are any provisions in the *HPA Bylaws* that would permit Applicant A to complete registration after the December 31, 2015 deadline date, and the implications of either decision.

The Registration Committee also considered their recent decisions:

- March 11, 2016 meeting - decision in favor of Applicant B's (file 16-002) request for full registration after the December 31, 2015 deadline
- March 24, 2016 meeting – decision in favor of Applicant C's (file 16-004) request for full pharmacy technician registration after the December 31, 2015 deadline

MSC That the Registration Committee approves Applicant A's Application for Pharmacy Technician Registration received at the College on January 26, 2016 under the substantial equivalency provisions pursuant to section 47(3) of the *HPA Bylaws.*

5. Next meeting – at the call of the chair.

6. Meeting adjourned at 1425 hours.

Appendix 1

Teleconference Meeting of the Registration Committee
College of Pharmacists of BC
Tuesday, May 3, 2016
2:00 pm – 3:00 pm

AGENDA

1. Call meeting to order
2. Agenda
3. Registration Committee Meeting Minutes – March 24, 2016 Teleconference Meeting
4. Pharmacy Technician Registration Application – Request to complete Full Registration after the December 31, 2015 deadline.
   - 4.1 Pharmacy Technician Applicant A (File 16-003)
5. Next meeting

Appendix 2

Minutes of the Registration Committee Teleconference Meeting
College of Pharmacists of B.C.

Thursday, March 24, 2016

Present: Raymond Jang (Chair), Phuong Hoang (Vice-Chair), Derek Lee, Laura Bickerton, Vanessa Lee, Nathan Roeters, Joy Sisson, Jeremy Walden

Resource: Doreen Leong, Director of Registration, Licensure & PharmaNet
Denise Lin, Coordinator, Registration & Licensure

Regrets: Ashley Foreman, Leonard Ma, Charles Park, Carolyn Cheung, Yonette Harrod

Agenda Items:

1. Meeting called to order at 1630 hours.

2. Agenda (Appendix 1)

   MSC That the agenda is approved as distributed.

3. Registration Committee Meeting Minutes – March 11, 2016 Teleconference Meeting (Appendix 2)

   MSC That the Registration Committee Meeting Minutes from the March 11, 2016 meeting is approved as amended removing the title "4.Jurisprudence Exam – Request for 5th Attempt).

4. Pharmacy Technician Registration Applications – Requests to complete Full Registration after the December 31, 2015 deadline

   4.1 Pharmacy Technician Registration Application - Applicant A (File 16-003)

   Applicant A completed all the required assessments for registration through the "Currently-in-Practice" path, however she did not submit the final application to complete her registration before the December 31, 2015 deadline.

   The applicant pre-registered with the College on February 26, 2013 and has since completed the following registration assessments:

Assessment	Date of completion
PTBP Pharmacology PLAR	June 8, 2013
PTBP Management of Drug Distribution PLAR	January 18, 2014
Structured Practical Evaluation	July 1, 2014
PTBP Product Preparation course	April 21, 2015
PTBP Professional Practice course	April 21, 2015
Jurisprudence Exam	December 16, 2013
PEBC certification	November 16, 2015

Applicant A's Full Registration application ("Pharmacy Technician Registration" application) was received on January 26, 2016. The Registration department emailed to advise that she would not be able to complete registration through the "currently-in-practice" path, as it was passed the deadline date. Options of registering through the "new-to-practice" path or "Agreement on Internal Trade (AIT)" path were provided to her. She did not respond to the email.

The Registration Committee considered if there are any provisions in the *HPA Bylaws* that would permit Applicant A to complete registration after the December 31, 2015 deadline date, and the implications of either decision.

The Registration Committee also considered their recent decisions:

- March 11, 2016 meeting - decision in favor of Applicant B's (file 16-002) request for full registration after the December 31, 2015 deadline
- March 24, 2016 meeting – decision in favor of Applicant C's (file 16-004) request for full pharmacy technician registration after the December 31, 2015 deadline

The decisions of March 11, 2016 and March 24, 2016 were made based on the fact that the applicants provided an appeal letter describing the circumstances of their application.

Applicant A has not provided a letter of appeal, nor was informed of her option to request an appeal. For due process, the Registration Committee directed College staff to inform Applicant A of her option to request an appeal to the Registration Committee for consideration for full registration after the December 31, 2015 deadline. Applicant A would have to appeal within 30 days of the date of the letter.

MSC The Registration Committee tabled their decision to approve Applicant A's "Application for Pharmacy Technician Registration" received at the College on February 26, 2016 pending applicant's request for appeal.
(8 in favor)

4.2 Pharmacy Technician Registration Application - Applicant C (File 16-004)

Applicant C completed all the required assessments for registration through the "Currently-in-Practice" path, however she did not submit the final application to complete her registration before the December 31, 2015 deadline. The applicant pre-registered with the College on November 21, 2013 and has since completed the following registration assessments:

Assessment	Date of completion
PTBP Product Preparation course	May 2, 2014
PTBP Management of Drug Distribution PLAR	October 4, 2014
PTBP Professional Practice course	August 15, 2014
Structured Practical Evaluation	June 1, 2015
PTBP Pharmacology course	December 4, 2014
Jurisprudence Exam	February 23, 2015
PEBC certification	November 16, 2015

Applicant C phoned the College on January 29, 2015. The Registration department advised that she did not submit her final application to meet the deadline and therefore would not be able to complete registration through the "currently-in-practice" path. Options of registering through the “new-to-practice” path or “Agreement on Internal Trade (AIT)” path were provided to her.

Applicant C’s Full Registration application (“Pharmacy Technician Registration” application) was received on February 19, 2016. An appeal letter was provided by Applicant C, explaining that she was on short term disability from September 10, 2015 to October 21, 2015 due to having gestational diabetes from her pregnancy with twins. She also thought the deadline was for completing the registration assessments and was unaware the final registration application had to be submitted before the deadline. The Registration department emailed to advise that she would not be able to complete registration through the “currently-in-practice” path, as it was passed the deadline date. Options of registering through the “new-to-practice” path or “Agreement on Internal Trade (AIT)” path were provided. She did not respond to the email.

On May 25, 2015, an email was sent to all currently-in-practice applicants to remind them of the requirements and timeline for full registration. This email contained a checklist of all the registration requirements, as well as our request for the "Pharmacy Technician Registration" application to be submitted before December 21, 2015.

The Registration Committee considered if there are any provisions in the *HPA Bylaws* that would permit Applicant C to complete registration after the December 31, 2015 deadline date, and the implications of either decision. They also considered their decision of March 11, 2016 regarding Applicant B.

MSC That the Registration Committee approves Applicant C’s Application for Pharmacy Technician Registration received at the College on February 19, 2016. *(8 in favor)*

5. Next meeting – at the call of the chair.

6. Meeting adjourned at 1700 hours.

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.vii. 125 Year Anniversary Working Group
a) Update

INFORMATION ONLY

Staff have secured a venue, presenters and a keynote speaker for the event to be held on Saturday, September 17th in Kelowna, BC as approved by the Board in February 2016 (see Appendix 1).

Staff have made a conscious effort to provide a diverse set of presentations. The continuing education topics were selected based on high-priority topics (e.g. naloxone) as well as ones that have been of interest at the Board table (e.g. intercultural awareness). The continuing education topics were also selected based on the results of the College's learning needs survey that was sent to registrants in December 2015 (e.g. collaboration, compounding). Staff are planning to secure accreditation for the presentations so that registrants can put them towards the revised PDAP requirement of 5 accredited learning hours.

Appendix	
1	125 Year Anniversary Draft Agenda

Appendix 1: 125 Year Anniversary Draft Agenda

The Delta Grand Okanagan Hotel, Kelowna, BC Saturday, September 17, 2016

Start Time	Presentation	Speakers
8:00 AM	Breakfast and Registration Sign-in	-
8:30 AM	Welcome	-
8:45 AM	Back to the Future	Bob Nakagawa
9:15 AM	Collaboration	CPhA
9:45 AM	Intercultural Training	First Nations Health Authority
10:15 AM	**Break**	
10:30 AM	Developing follow-up and monitoring plans	Peter Loewen
11:00 AM	**Keynote Speaker**	Globe and Mail columnist André Picard
12:15 PM	**Lunch**	
1:00 PM	#HealthTech Panel	4 panelists currently confirmed Moderated by André Picard
1:45 PM	Physical Assessment	Sean Spina
2:15 PM	**Break**	
2:30 PM	Naloxone	BC Centre for Disease Control
3:00 PM	Compounding	Tamar Koleba
3:30 PM	Closing remarks	-
3:45 PM	**Break**	
4:30 PM	Cocktail Reception	-
6:00 PM	Dinner, Awards and Entertainment	TBC

Keynote Speaker: Globe and Mail Health Columnist André Picard

André Picard is the health columnist at The Globe and Mail and the author of four books, most recently The Path to Health Care Reform: Policies and Politics.

He has received much acclaim for his writing, including the Michener Award for Meritorious Public Service Journalism and the Centennial Prize of the Pan-American Health Association, awarded to the top health journalist in the Americas. He is also an eight-time finalist for the National Newspaper Awards – Canada's version of the Pulitzer Prize.

André is a graduate of the University of Ottawa and Carleton University, and has received honourary doctorates from the University of Manitoba and the University Of Ontario Institute Of Technology.

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.vii. 125 Year Anniversary Working Group
b) Membership Appointment

DECISION REQUIRED

Recommended Board Motion:

"That the Board appoint Bal Dhillon as an additional pharmacy technician representative to the 125 Year Anniversary Working Group."

Background

Pharmacy technician Bal Dhillon expressed interest to join the 125 Anniversary Working Group after being approached for recommendations on pharmacy technician-focused continuing education topics and presenters. The Terms of Reference for the working group were updated at the February 2016 Board meeting to include additional members as appointed by the Board.

Recommendation

The 125 Year Anniversary Working Group recommends that the Board appoint Bal Dhillon as an additional pharmacy technician representative.

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.viii. Audit and Finance Committee
a) Financial Statements

INFORMATION ONLY

Purpose
To report on the highlights of the April financial reports.

Background
The April financial reports reflect **two months** activity, as our fiscal year ends February 29, 2016. Attached are the Statement of Financial Position, a summary Statement of Revenue and Expenditures and more detailed reports on Revenue and on Expenditures for the nine months.

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 $648,207 is quite satisfactory. We cashed in some GIC funds in early February to meet payroll and invoice obligations and the busy renewals brought in enough cash to meet all of the year-end bills.

Short Term Investments are still substantial at $7,295,351.

Payables and Accruals are $764,765.

Revenue

Pharmacists and Pharmacy Technician fee projections are a little lower than anticipated in the budget. This should change with the graduation of university and college students.

Pharmacy fees are almost right on budget. Pharmanet profile fees are once again over budget.

Expenses

Total Year to Date Actual expenses are lower than budget, many are due to timing.

Variance updates by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	$89,769	$85,361	Due to timing.
Grant distribution	$73,873	$52,788	We have had discussions concerning renewing ADAPT funding and the Physical Assessment course grant.
Registration & Licensure	$43,168	$26,796	This variance is primarily due to the scheduling of committee meetings.
Quality Assurance	$97,827	$82,097	The budget includes funding for the expansion of e-library services.
Practice Review (Inspections)	$49,208	$34,462	The Practice Review Program is at the stage where Consulting Services requirements are very limited.
Complaints Resolution (Discipline and Investigations)	$64,572	$33,063	Legal and outside contractors' fees depend upon the timing of Discipline Hearings.
Policy and Legislation	$28,700	$19,170	Due to timing of legal expenditures.
Public Engagement (Communications)	$84,110	$12,990	Due to timing of 125th Anniversary and some forums, etc.
Finance and Administration	$260,354	$302,926	Due to the timing of IT activities, particularly support after the recent iMIS upgrade.
Salaries and benefits	$856,072	$807,741	Due to timing.
Amortization	$68,688	$43,952	Timing – as some calculations are done at year end.

Appendix	
1	Statement of Financial Position
2	Statement of Revenue and Expenditures
3	Statement of Revenue
4	Statement of Expenses

College of Pharmacists of British Columbia
Statement of Financial Position
As at April 30, 2016

Assets	**$**
Current	
Cash	648,207
Short term investments	7,295,351
Receivables	142,221
Prepaids and deposits	325,693
Investment in Joint Venture	1,549,455
	9,960,927
Development costs	263,173
Property and equipment	931,509
	11,155,610

Liabilities and Net Assets	**$**
Liabilities	
Current	
Payables and accruals	803,804
Deferred revenue	2,684,993
Unearned revenue	191,185
	3,674,288
Capital lease obligations	80,850
	3,755,139
Net Assets	
Opening Balance	7,560,757
Unrestricted Surplus (Deficit)	239,724
Closing Balance	7,400,471
	11,155,610

College of Pharmacists of BC

Statement of Revenue and Expenditures

For the two months ended April 30, 2016

	2016/17 YTD Budget	2016/17 YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	2 months	2 months	2 months	2 months
REVENUE				
Licensure	**966,724**	**924,875**	**(41,849)**	**(4%)**
Non Licensure	**387,747**	**413,184**	**25,437**	**7%**
Total Revenue Before Transfer from Balance Sheet	**1,354,472**	**1,338,059**	**(16,412)**	**(1%)**
Transfer from Balance Sheet	**361,870**	**400,310**	**38,441**	**11%**
TOTAL REVENUE	**1,716,341**	**1,738,369**	**22,028**	**1%**
TOTAL EXPENSES BEFORE AMORTIZATION	**1,647,653**	**1,454,394**	**193,260**	**12%**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**68,688**	**283,976**	**215,288**	
Amortization expenses	68,688	43,952	24,736	36%
TOTAL EXPENSES AFTER AMORTIZATION	**1,716,341**	**1,498,345**	**217,996**	13%
NET SURPLUS(DEFICIT)	**0**	**240,024**	**240,024**	

College of Pharmacists of BC

Statement of Revenue and Expenditures

For the two months ended April 30, 2016

	2016/17 YTD Budget	2016/17 YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	2 months	2 months	2 months	2 months
REVENUE				
Licensure				
Pharmacy Fees	309,066	308,961	(105)	(0%)
Pharmacist Fees	562,259	528,293	(33,966)	(6%)
Pharmacy Technician Fees	95,400	87,622	(7,778)	(8%)
	966,724	**924,875**	**(41,849)**	**(4%)**
Non Licensure				
Other revenue	280,479	300,447	19,967	7%
Grant revenue	39,206	42,500	3,294	8%
Investment Income - GIC	26,395	30,238	3,842	15%
Investment Income - JV	41,667	40,000	(1,667)	(4%)
	387,747	**413,184**	**25,437**	**7%**
Total Revenue Before Transfer from Balance Sheet	**1,354,472**	**1,338,059**	**(16,412)**	**(1%)**
Transfer from Balance Sheet	**361,870**	**400,310**	**38,441**	**11%**
TOTAL REVENUE	**1,716,341**	**1,738,369**	**22,028**	**1%**

College of Pharmacists of BC

Statement of Revenue and Expenditures

For the two months ended April 30, 2016

	2016/17 YTD Budget	2016/17 YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	2 months	2 months	2 months	2 months
EXPENSES				
Board & Registrar's Office	89,769	85,361	4,408	5%
Grant Distribution	73,873	52,788	21,085	29%
Registration and Licensing	43,168	26,796	16,372	38%
Quality Assurance	97,827	82,097	15,729	16%
Inspections	49,208	34,462	14,747	30%
Discipline and Investigations	64,572	30,063	34,509	53%
Legislation	28,700	19,170	9,530	33%
Public Accountability and Engagement	84,110	12,990	71,120	85%
Finance and Administration	260,354	302,926	(42,572)	(16%)
Salaries and Benefits	856,072	807,741	48,331	6%
TOTAL EXPENSES BEFORE AMORTIZATION	**1,647,653**	**1,454,394**	**193,260**	**12%**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**68,688**	**(116,334)**	**(185,022)**	
Amortization expenses	68,688	43,952	24,736	36%
TOTAL EXPENSES AFTER AMORTIZATION	**1,716,341**	**1,498,345**	**217,996**	13%

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.viii. Audit and Finance Committee
b) Reserves Policy

DECISION REQUIRED

Recommended Board Motion:

Approve the Reserves Policy as circulated.

Approve amending Board Policy 3.1 Financial Planning and Budgeting by striking out section 3.1.9 and replacing it with the new section 3.1.9 as follows:

'3.1.9 See Reserves Policy – Appendix B.'

and by adding the Reserves Policy as Appendix B to the Board Policies.

Purpose

To update the policy concerning reserves.

Background

The College is a non-profit for taxation purposes. As such all surplus funds retained by the College should have a purpose and be justified. Currently the Policy 3.1 Financial Planning and Budgeting item 3.1.9 states "Ensure the College has sufficient cash and investment assets to meet 6 months of projected operational expenses plus Board approved contingency reserves."

Discussion

Reviewing current literature supplied by Grant Thornton and other sources, this level of reserve is recommended for charities who bring in funds through an annual fundraiser (such as a Walkathon) that might be unreliable due to weather or other circumstances.
For non-profits with fairly reliable revenue sources and reasonably predictable expenditures, the recommendation is to examine cash flow requirements and plan for events where the budget or normal cash flow shortfalls may occur. The reserves should be documented as to uses, approval and replenishment processes.

Recommendation

The Audit and Finance Committee recommends approval of the attached Reserves Policy.

Appendix	
1	Reserves Policy
2	Board Policy 3.1 Financial Planning and Budgeting

Reserves Policy

Statement of Purpose

The purpose of the reserves is to help to ensure the long-term financial stability of the College and position it to respond to varying economic conditions and changes affecting the College's financial position and the ability of the College to continuously carry out its Mission.

Scope / Limits

This policy applies to all reserve funds of the College. In accordance with Canadian accounting standards for private sector not-for-profit organizations, externally restricted funds held by the College are classified as deferred revenue and, consequently, not considered a reserve fund for the purposes of this policy.

Policy

- The College shall hold the following reserve funds
    - Capital Asset and Building Reserve
    - Joint Venture Reserve
    - Automation Reserve
    - Legal Reserve
    - Grants Reserve
    - Operating Reserve

- The reserve funds will not be shown in the budget, but will be held in separate general ledger balance sheet accounts with equivalent funds invested in either College bank accounts and / or College investment accounts. These funds will be separately reported in the annual financial statements.
- The annual and multi-year budgets shall include a statement of the current balances in the reserves. The budget will include a line for anticipated net transfers between the reserve funds and the operating account, if applicable.

Fund Balances

The goal of the Board is to maintain the reserves for the following purposes and the target balances as follows:

Capital Asset and Building Reserve (Target balance is $500,000):

The Capital Asset and Building Reserve is maintained to assist in funding any unanticipated leasehold improvements, furniture purchases and other capital acquisitions, other than automation purchases.

Joint Venture Reserve (Target balance is $500,000):

The Joint Venture Reserve is maintained to assist in funding any special levies required to maintain the upkeep of the building jointly owned by the College of Pharmacists and the College of Dental Surgeons. These would be outside of the planned reserve fund schedule.

Automation Reserve (Target balance is $750,000):

The Automation Reserve is maintained to provide for the substantial maintenance, upgrading or replacement of IT equipment, software purchases, audiovisual equipment and telecommunications equipment over and above regular maintenance, upgrades or replacements provided for in the annual operating budget.

Legal Reserve (Target balance is $750,000):

The Legal Reserve enables the College to sustain operations in the event of legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

Grants Reserve (Target balance is $500,000):

The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities that support the College's Strategic Plan.

Operating Reserve (Target balance is $1,500,000):

The Operating Reserve is maintained to achieve the following objectives:

1. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the regular budget lines and to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.
2. To create an internal line of credit to manage cash flow and maintain financial flexibility.

Fund Expenditures

Expenditures from the reserves and transfers between reserves and operations may only be made at the discretion of the Board and only for the purposes outlined below:

Capital Asset and Building Reserve:

The Capital Asset and Building Reserve funds may be used for expenditures related to leasehold improvements, furniture purchases, the purchase of other capital assets (other than automation purchases), a facility needs analysis, expanding the existing property or the College's share of ownership of the property and / or acquiring a new property.

Joint Venture Reserve:

The Joint Venture Reserve may be used to pay for the College's portion of a special levy related to a large capital expenditure for the upkeep of the Joint Venture building.

Automation Reserve:

Capital purchases and large maintenance projects related to IT equipment, audiovisual equipment, telecommunications equipment, as well as software licencing and purchases will first be met through the annual operating budget. In the event of unanticipated large projects, the Board may approve withdrawing funds from the Replacement Reserve to enable these projects to proceed in a timely manner.

Legal Reserve:

The Legal Reserve may be used to pay for legal costs arising from an unanticipated increase in the number of Inquiry or Discipline cases (or other significant events requiring extensive legal assistance).

Grants Reserve:

The Grants Reserve is maintained to provide the opportunity to fund proposals for research projects or training opportunities. Upon receipt of proposals requesting support, the Board may approve the grant being funded from this reserve.

Operating Reserve:

The Operating Reserve is maintained to achieve the following objectives:

1. To enable the College to sustain operations through delays in payments of committed funding, unanticipated operating expenditures or increases in service delivery costs that cannot be financed through changes in the regular budget linesand to permit acceptance of reimbursable contracts and grants without jeopardizing ongoing operations.
2. To create an internal line of credit to manage cash flow and maintain financial flexibility.

The Board may approve withdrawing funds from the Operating Reserve for #1 – to cover proposals for unanticipated operating expenditures, etc.

For #2 – in the case of a cash flow shortfall of three months or less, the Chief Operating Officer shall use Reserve funds before using the commercial line of credit. A draw-down from the fund that will not or cannot be replaced with operating funds within three months, must be approved by the Board.

Replenishing the Reserves

If any of the Reserves is and has been less than 75% of the targeted reserve level for two consecutive years, the Board of Directors, in the absence of any extraordinary circumstances, will adopt an operational budget that includes a projected surplus sufficient to rebuild the Reserve(s) to the targeted reserve level over the following two years. Board approval will be required to authorize transfers from unrestricted net assets to one of these reserves.

Standards of Organizational Conduct **3.1 Financial Planning and Budgeting**

Financial planning and budgeting for any fiscal year will be based on Board stated goals, maintenance of the on-going operations of the College, and avoidance of financial risk.

Accordingly, the Registrar will:

3.1.1 Use credible planning assumptions.

3.1.2 Ensure that the budget is based on the College's strategic and operational plans.

3.1.3 Develop a balanced budget aligning annual expenditures with projected annual revenues.

3.1.4 Construct and submit a budget that shows a separation of capital and operating items.

3.1.5 Provide sufficient funds for the Board's annual operating costs.

3.1.6 Ensure sufficient cash balance to settle payroll and debts in a timely manner.

3.1.7 Invest surplus funds in low risk government bonds in accordance with prior practice and Provincial legislation.

3.1.8 Submit a draft budget to the Board prior to the beginning of each new budget year that will allow sufficient time for review, comments and changes (if required) prior to final approval.

3.1.9 See Reserves Policy – Appendix B. ~~Ensure the College maintains cash equivalent assets of at least 2 months of projected operational expenses for the current fiscal period, with an additional 4 months of projected operational expenses being available, if needed, via the liquidation of other investment assets. How this is to be achieved will be reviewed during the annual fiscal budget planning meeting with the Audit Committee.~~

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.ix. Governance Committee
a) Committee Terms of Reference

DECISION REQUIRED

Recommended Board Motion:

Approve the amended terms of reference documents for various College committees as attached to this motion.

A review of all College committees' terms of reference documents was conducted by the Governance Committee. The main focus of the review was consistency within the three established groups of committees; standing, ad hoc, and HPA/Board committees, as well as relevancy as to how each committee is currently conducting its work. A similar review was completed in early 2015, and as such, the majority of the suggested changes are housekeeping in nature.

Appendix	
1	Amended Committee Terms of Reference (tracked changes)

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.ix. Governance Committee
b) Legislation Review Committee – Member Appointment

DECISION REQUIRED

Recommended Board Motion:

Appoint Mona Kwong to the Legislation Review Committee to a term ending April 30, 2017.

At the April 2016 Board meeting, members were appointed to all committees to terms ending April 30, 2017. At that time, new Board members were also placed on various College committees depending on their areas of interest and their professional background. Mona Kwong showed interest in being placed on the Legislation Review Committee (LRC). However, at that time the terms of reference only allowed for 3 Board members. Since approval of the motion in item 2.b.ix.a., the LRC terms have been amended to align with other standing Board committees allowing 'at least 3 but no more than 5 members'.

COMMUNITY PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Community Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to community pharmacy practice.

Responsibilities

- To meet from time to time to review issues related to the practice of pharmacy that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to community pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding community pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in community pharmacy (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Community Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

Policy Governance Portfolio
Committee Terms of Reference

COMMUNITY PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Community Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to community pharmacy practice.

Responsibilities

- To meet from time to time to ~~R~~review issues related to the practice of pharmacy that have been directed to the committee by the Board~~, Board committees or College staff~~ or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to community pharmacy practice ~~issues~~ and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding community pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in community pharmacy (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Community Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

ETHICS ADVISORY COMMITTEE

Background

The Board has established the Ethics Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to the Code of Ethics, Conflict of Interest Standards and any other related policies or guidelines.

Responsibilities

- To meet from time to time to provide advice and guidance regarding ethical questions and dilemmas that have been directed to the committee from the Board or the Registrar.
- Review and recommend updates to the Code of Ethics and Conflict of Interest Standards as necessary.
- Consult on education program proposals relating to ethics issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).
- A credentialed ethicist (ie; doctorate in philosophy with a specialization in medical or bioethics or a doctorate in philosophy with experience in medical ethics, such as a chair or committee member of an ethics review Board).
- One public member

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconferencing.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Ethics Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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Remuneration

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

Amendment to terms of reference

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

ETHICS ADVISORY COMMITTEE

Background

The Board has established the Ethics Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board ~~and~~ or the ~~registrar~~ Registrar on matters relating to the ~~code~~ Code of ~~ethics~~Ethics, ~~conflict~~ Conflict of ~~interest~~ Interest ~~standards~~ Standards and any other related policies or guidelines.

Responsibilities

- To meet from time to time to ~~Provide~~ provide advice and guidance regarding ethical questions and dilemmas that have been directed to the committee from the Board~~, Board committees or College staff~~ or the Registrar.
- Review and recommend updates to the C~~c~~ode of E~~e~~thics and ~~conflict~~ Conflict of ~~interest~~ Interest ~~standards~~ Standards as necessary.
- Consult on education program proposals relating to ethics issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).
- A credentialed ethicist (ie; doctorate in philosophy with a specialization in medical or bioethics or a doctorate in philosophy with experience in medical ethics, such as a chair or committee member of an ethics review Board).
- One public member

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit

membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconferencing.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Ethics Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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Remuneration

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

Amendment to terms of reference

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

HOSPITAL PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Hospital Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to hospital pharmacy practice issues.

Responsibilities

- To meet from time to time to review issues related to the practice of hospital pharmacy that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to hospital pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding hospital pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in hospital pharmacy (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconferencing.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Hospital Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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Confidentiality

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Remuneration

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Amendment to terms of reference

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

HOSPITAL PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Hospital Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to hospital pharmacy practice issues.

Responsibilities

- To meet from time to time to ~~Review~~ review issues related to the practice of hospital pharmacy that have been directed to the committee by the Board~~, Board committees or College staff~~ or the Registrar.
- Assist in the development of policies, procedures, guidelines and proposed legislation pertaining to hospital pharmacy practice ~~issues~~ and standards.
- ~~Assist in the identification and definition of hospital pharmacy issues that promote safe medication standards of practice.~~Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding hospital pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in hospital pharmacy (there must be representation from both groups of registrants).~~.~~

Term of appointment

- Appointments are determined by the Board and will not exceed~~ing~~ 2 years. ~~and~~ Aa~~a~~ppointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit

membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconferencing.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Hospital Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

RESIDENTIAL CARE PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Residential Care Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to residential care pharmacy practice issues.

Responsibilities

- To meet from time to time to review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the committee by the Board or the Registrar.
- Assist in the development of policies, guidelines and proposed legislation pertaining to residential care pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding residential care pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in the area of residential care (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Residential Care Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

RESIDENTIAL CARE PHARMACY ADVISORY COMMITTEE

Background

The Board has established the Residential Care Pharmacy Advisory Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board or the Registrar on matters relating to residential care pharmacy practice issues.

Responsibilities

- To meet from time to time to review issues related to the practice of pharmacy for residential care facilities and homes that have been directed to the ~~attention of the~~ committee by the Board~~, Board committees or College staff~~ or the Registrar.
- ~~To A~~assist in the development of policies, guidelines and proposed legislation pertaining to residential care pharmacy practice and standards.
- Assist in the development of information materials for circulation to practicing registrants.
- Recommend appropriate action to the Board or the Registrar regarding residential care pharmacy practice issues.
- Work collaboratively with other College practice advisory committees to ensure a cohesive approach to common practice issues.

Reporting relationship

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

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board who are practicing in the area of residential care (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Residential Care Pharmacy Advisory Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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Confidentiality

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Remuneration

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

Amendment to terms of reference

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

Policy Governance Portfolio
Committee Terms of Reference

DRUG ADMINISTRATION COMMITTEE

Background

The Board is required to establish a Drug Administration Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws sections 18 and 19; HPA Pharmacists Regulation.

Mandate

To review, develop and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and to maintain patient safety and public protection with respect to authorized pharmacist's administration of injections to patients.

Responsibilities

- Must review, develop and recommend to the Board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.

- May review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.

- May make recommendations to the Board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.

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

Reporting relationship

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

Membership

- At least 4 and no more than 7 persons appointed by the Board.

- Must include, one full pharmacist, one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee, one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and one person nominated by the Ministry of Health Services.

Term of appointment

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.

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

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

Committee officers

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

Voting rights

Each member, including each public representative, is entitled to one vote on all matters coming before the committee.

Meeting procedures

Schedule:	As required to fulfill mandate and responsibilities; to be determined at first meeting.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Injection Drug Administration Committee members and College staff are entitled to attend committee meetings, unless specifically invited by the committee as a guest.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

Members must declare conflicts of interest at any time a conflict of interest or potential conflict of interest arises.

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

Remuneration

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

Amendment to terms of reference

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

Policy Governance Portfolio
Committee Terms of Reference

~~INJECTION~~ DRUG ADMINISTRATION COMMITTEE

Background

The Board is required to establish ~~an Injection~~a Drug Administration Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws sections 18 and 19; HPA Pharmacists Regulation.

Mandate

To ~~develop,~~ review, develop and recommend the standards, limits and conditions under which a registrant may administer a drug or substance to patients and to maintain patient safety and public protection with respect to authorized pharmacist's administration of injections to patients.

Responsibilities

- Must review, develop and recommend to the Board standards, limits and conditions respecting the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of preventing diseases, disorders and conditions.
- May review the role of practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation.
- May make recommendations to the Board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by practising pharmacists of restricted activities under section 4(1) (c.1) of the Pharmacists Regulation for the purposes of treating diseases, disorders and conditions.
- May consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

Reporting relationship

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

Membership

- At least 4 and no more than 7 persons appointed by the Board.
- Must include, one full pharmacist, one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee, one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and one person nominated by the Ministry of Health Services.

Term of appointment

Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.

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

Committee officers

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

Voting rights

Each ~~Injection Drug Administration Committee~~ member, including each public representative, is entitled to one vote on all matters coming before the committee.

Meeting procedures

Schedule:	As required to fulfill mandate and responsibilities; to be determined at first meeting.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Injection Drug Administration Committee members and College staff are entitled to attend committee meetings, unless specifically invited by the committee as a guest.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

Members must declare conflicts of interest at any time a conflict of interest or potential conflict of interest arises.

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

Remuneration

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

Amendment to terms of reference

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

DISCIPLINE COMMITTEE

Background

The Board is required to establish a Discipline Committee.

Authority

Health Professions Act (HPA) sections 19(10(t) and 38; HPA Bylaws sections 16 and 19 Pharmacy Operations and Drug Scheduling Act (PODSA), Part 3.

Mandate

Hear and make a determination of a matter referred to the committee regarding a registrants conduct, competency and/or ability to practice, pursuant to legislation.

Responsibilities

- Conduct hearings of a matter.
- Determine disposition of the matter.
- Inform respondents, complainants and the public about action taken.
- Inform respondents and complainants about the discipline process as applicable.

Reporting relationship

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

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, at least 1 full pharmacist for pharmacist hearings and at least 1 technician for technician hearings.
- The chair (or the vice chair in the absence of the chair) of the discipline committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the discipline committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person or by teleconference.
Hearing agenda:	Developed by discipline panel chair.
Attendees:	Discipline hearings must be in public unless otherwise directed by the discipline committee.
Quorum:	A majority of the committee or all members of a panel.

Conflict of interest disclosure

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

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

Confidentiality

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

Any public notification required by legislation will be made by the registrar at the direction of the discipline committee.

Remuneration

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

Amendment to terms of reference

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

DISCIPLINE COMMITTEE

Background

The Board is required to establish a Discipline Committee.

Authority

Health Professions Act (HPA) sections 19(10(t) and 38; HPA Bylaws sections 16 and 19~~;~~ Pharmacy Operations and Drug Scheduling Act (PODSA), Part 3 ~~and PODSA Bylaws~~.

Mandate

Hear and make a determination of a matter referred to the committee regarding a registrants conduct, competency and/or ability to practice, pursuant to legislation.

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

Responsibilities

- Conduct hearings of a matter.
- Determine disposition of the matter.
- Inform respondents, complainants and the public about action taken.
- Inform respondents and complainants about the discipline process as applicable.

Reporting relationship

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

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, ~~-~~at least 1 full pharmacist for pharmacist hearings and at least 1 technician for technician hearings.
- The chair (or the vice chair in the absence of the chair) of the discipline committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the discipline committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the chair. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each ~~Discipline Committee~~ member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person or by teleconference.~~.~~
Hearing agenda:	Developed by discipline panel chair.
Attendees:	Discipline hearings must be in public unless otherwise directed by the discipline committee.
Quorum:	A majority of the committee or all members of a panel.

Conflict ~~-~~of ~~-~~interest disclosure

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

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

Confidentiality

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

Any public notification required by legislation will be made by the registrar at the direction of the discipline committee.

Remuneration

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

Amendment to terms of reference

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

INQUIRY COMMITTEE

Background

The Board is required to establish an Inquiry Committee.

Authority

Health Professions Act (HPA) sections 19(1)(t) and 33; HPA Bylaws sections 15 and 19; Pharmacy Operations and Drug Scheduling Act (PODSA), Part 3.

Mandate

Investigate complaints and concerns regarding a registrants conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

Responsibilities

- Investigate complaints on its own motion or raised by a complainant within timelines as prescribed by the Minister.
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to the vulnerable sector as determined by the Registrar of the Criminal Records Review Act.
- Make dispositions on matters investigated.
- Inform registrants, complainants, the public and the Health Professions Review Board (as required) about the inquiry process and complaint outcomes.

Reporting relationship

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

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, at least 1 full pharmacist for pharmacist complaints and at least 1 technician for technician complaints.
- The chair (or the vice chair in the absence of the chair) of the inquiry committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the inquiry committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff and approved by the Chair.
Attendees:	Only Inquiry Committee members, College staff and inspectors, legal advisors as required and registrants upon request are entitled to attend committee and panel meetings.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval by the Chair or Vice Chair; filed at the College office.
Secretariat support:	Provided by the College including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

INQUIRY COMMITTEE

Background

The Board is required to establish an Inquiry Committee.

Authority

Health Professions Act (HPA) sections 19(1)(t) and 33; HPA Bylaws sections 15 and 19; Pharmacy Operations and Drug Scheduling Act (PODSA), Part 3. ~~and PODSA Bylaws.~~

Mandate

Investigate complaints and concerns regarding a registrants conduct, competency and/or ability to practice and decide on an appropriate course of action pursuant to legislation.

Responsibilities

- Investigate complaints on its own motion or raised by a complainant within timelines as prescribed by the Minister.
- Investigate registrants that fail to authorize a criminal records review check as well as registrants presenting a risk of physical or sexual abuse to ~~children~~ the vulnerable sector as determined by the Registrar of the Criminal Records Review Act.
- Make ~~Determine~~ dispositions on matters investigated. ~~of items (1) and (2).~~
- Inform registrants, complainants, the public and the Health Professions Review Board (as required) about the inquiry process and complaint outcomes.
- ~~Report to the Board as applicable.~~

Reporting relationship

The committee as a whole~~,~~ reports through the chair to the Board. The committee must submit a report of its activities to the Board annually, or as required by the Board.

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, at least 1 full pharmacist for pharmacist complaints and at least 1 technician for technician complaints.
- The chair (or the vice chair in the absence of the chair) of the inquiry committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the inquiry committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each ~~Inquiry Committee~~ member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff and approved by the Chair.
Attendees:	Only Inquiry Committee members, College staff and inspectors, legal advisors as required and registrants upon request are entitled to attend committee and panel meetings.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval by the Chair or Vice Chair; filed at the College office.
Secretariat support:	Provided by the College including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

PRACTICE REVIEW COMMITTEE

Background

The Board has established the Practice Review Committee to develop and maintain the Pharmacy Review and the Pharmacy Professionals' Review components of the Practice Review Program (PRP).

Authority

Health Professions Act (HPA) s. 19(1)(t) and HPA Bylaws sections 15.1 and 19.

Mandate

To monitor standards of practice to enhance the quality of pharmacy care for British Columbians.

Responsibilities

- Develop and update the PRP processes and policies for approval by the Board as required including but not limited to processes and policies that:
    - outline the Pharmacy Review component;
    - outline the Pharmacy Professionals' Review component;
    - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.
- Liaise with the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.
- Review s.17(1) PODSA and 28(1) HPA reports and determine whether to refer matters arising from that review to the Inquiry Committee, Quality Assurance Committee or Registrar.

Reporting relationship

The committee as a whole reports to the Board and must submit a report of its activities to the Board annually, or as required by the Board.

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- The Chair must appoint the members of a panel and must designate a chair for each panel.
- The panel may exercise any power, duty or function of the Practice Review Committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each committee member, including the public representative, is entitled to one vote on all matters coming before the committee.

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Practice Review (PR) Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee chair as a guest.
Quorum:	A simple majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

PRACTICE REVIEW COMMITTEE ~~TERMS OF REFERENCE~~

Background

The Board has established the Practice Review Committee to develop and maintain the Pharmacy Review and the Pharmacy Professionals' Review components of the Practice Review Program (PRP).

Authority

Health Professions Act (HPA) s. 19(1)(t) and~~;~~ HPA Bylaws sections 15.1 and 19.~~; Pharmacy Operations and Drug Scheduling Act (PODSA); PODSA Bylaws.~~

Mandate

To monitor ~~and enforce~~ standards of practice to enhance the quality of pharmacy care for British Columbians.

Responsibilities

- Develop and update the PRP processes and policies for approval by the Board as required including but not limited to processes and policies that:
    - outline the Pharmacy Review component;
    - outline the Pharmacy Professionals' Review component;
    - outline follow-up and remediation.
- On a yearly basis review the statistics and outcomes and feedback of the PRP, determine recommendations for improvement and report to the Board as applicable.
- Liaise with the Hospital Pharmacy Advisory Committee, Community Pharmacy Advisory Committee and Residential Care Advisory Committee to make recommendations on current and outstanding issues pertaining to the PRP.
- Liaise with Health Authorities, owners and directors and other stakeholders to address current and outstanding issues pertaining to the PRP.
- Review s.17(1) PODSA and 28(1) HPA reports and determine whether to refer matters arising from that review to the Inquiry Committee, Quality Assurance Committee or Registrar.

Reporting relationship

The committee as a whole reports to the Board and must submit a report of its activities to the Board annually~~.~~, or as required by the Board.

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- The Chair must appoint the members of a panel and must designate a chair for each panel.
- The panel may exercise any power, duty or function of the Practice Review Committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each committee member, including the public representative, is entitled to one vote on all matters coming before the committee.

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
~~*Agenda:*~~	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Practice Review (PR) Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee chair as a guest.
Quorum:	A simple majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

QUALITY ASSURANCE COMMITTEE

Background

The Board is required to establish a Quality Assurance Committee.

Authority

Health Professions Act (HPA) sections 19(1)(t) and 26.1 and HPA Bylaws sections 17 and 19.

Mandate

To ensure that registrants are competent to practice and to promote high practice standards amongst registrants.

Responsibilities

- Assess standards of practice and make recommendations to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- Establish and maintain a quality assurance program to promote high practice standards among registrants and continuous learning and professional development.
- Recommend standards of practice for continuing competency for the Board's approval.
- Establish and maintain a quality assurance program in accordance with current testing standards and assessment practices.
- Develop, update and maintain the CE-Plus content, requirements, and forms.
- Establish standards for monitoring and auditing CE-Plus submissions for compliance with requirements.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the quality assurance program.

Reporting relationship

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

Membership

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

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Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- The chair of the quality assurance committee must appoint the members of a panel and must designate a chair of the panel
- The panel may exercise any power, duty or function of the quality assurance committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each Quality Assurance Committee member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	At least three times annually.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair, with input from committee members.
Panels:	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of the committee.
Attendees:	Only Quality Assurance Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

QUALITY ASSURANCE COMMITTEE

Background

The Board is required to establish a Quality Assurance Committee.

Authority

Health Professions Act (HPA)~~;~~ sections 19(1)(t) and 26.1 and HPA Bylaws sections 17 and 19.

Mandate

To ensure that registrants are competent to practice and to promote high practice standards amongst registrants.

Responsibilities

- ~~Monitor and enforce~~Assess standards of practice and make recommendations to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants.
- Establish and maintain a quality assurance program to promote high practice standards among registrants and continuous learning and professional development.
- Recommend standards of practice for continuing competency for the Board's approval.
- Establish and maintain a quality assurance program in accordance with current testing standards and assessment practices.
- Develop, update and maintain the CE-Plus content, requirements, and forms.
- Establish standards for monitoring and auditing CE-Plus submissions for compliance with requirements.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the quality assurance program.

Reporting relationship

The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually, or as required by the Board.~~.~~

Membership

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

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Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives.
- The chair of the quality assurance committee must appoint the members of a panel and must designate a chair of the panel
- The panel may exercise any power, duty or function of the quality assurance committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each Quality Assurance Committee member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	At least three times annually.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair, with input from committee members.
Panels:	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of the committee.
Attendees:	Only Quality Assurance Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
Quorum:	A majority of the committee or all members of a panel.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

REGISTRATION COMMITTEE

Background

The Board is required to establish a Registration Committee.

Authority

Health Professions Act (HPA) sections 19(1)(m.4) and 19(1)(t) and HPA Bylaws sections 14 and 19.

Mandate

To ensure that registrants meet the conditions or requirements for registration as a Member of the College.

Responsibilities

- Review all matters relating to applicants for registration and determine applicants' eligibility for registration including establishing the conditions and requirements for registration.
- Grant registration, including reinstatement and registration renewal, to all individuals who satisfy the Registration Committee that they are qualified to be a registrant, including payment of required fees.
- Develop policies and requirements with respect to the registration of new, renewing and reinstating registrants.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the registration processes.
- Inform registrants, complainants and the Health Professions Review Board (as required) about the registration process and outcomes.

Reporting relationship

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

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, at least 1 full pharmacist for pharmacist applications and at least 1 pharmacy technician for pharmacy technician applications.
- The chair of the registration committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the registration committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	At least three times annually.
Format:	In person, by teleconference, or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Panels:	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of that committee.
Attendees:	Only Registration Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
Quorum:	A majority of the committee or all members of a panel
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

Policy Governance Portfolio
Committee Terms of Reference

REGISTRATION COMMITTEE

Background

The Board is required to establish a Registration Committee.

Authority

Health Professions Act (HPA) sections 19(1)(m.4) and 19(1)(t) and~~;~~ HPA Bylaws sections 14 and 19.

Mandate

To ensure that registrants ~~are qualified to practice~~meet the conditions or requirements for registration as a Member of the College.

Responsibilities

- Review all matters relating to applicants for registration and determine applicants' eligibility for registration including establishing the conditions and requirements for registration.
- Grant registration, including reinstatement and registration renewal, to all individuals who satisfy the Registration Committee that they are qualified to be a registrant, including payment of required fees.
- Develop policies and requirements with respect to the registration of new, renewing and reinstating registrants.
- Set, administer and maintain policies on all matters related to assessment competencies, standards, principles, selection or design and processes.
- Establish sub-committees and ad hoc working groups for Board appointment, to develop, administer and maintain assessments for the purposes of the registration processes.
- Inform registrants, complainants and the Health Professions Review Board~~,~~ (as required) about the registration process and outcomes.

Reporting relationship

The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually, or as required by the Board.~~.~~

Membership

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

Panels

- The committee may meet in panels of at least 3 persons but not more than 5 persons, and each panel must include at least 1/3 public representatives, at least 1 full pharmacist for pharmacist applications and at least 1 pharmacy technician for pharmacy technician applications.
- The chair of the registration committee must appoint the members of a panel and must designate a chair of the panel.
- The panel may exercise any power, duty or function of the registration committee.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A registrant appointed to the committee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

Each ~~Registration Committee~~ member, including each public representative, is entitled to one vote on all matters coming before the committee or a panel of the committee.

Meeting procedures

Schedule:	At least three times annually.
Format:	In person, by teleconference, or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Panels:	The committee chair, who also designates the panel chair, must appoint panel members. A panel of a committee may exercise any power, duty or function of that committee.
Attendees:	Only Registration Committee members and College staff are entitled to attend committee and panel meetings, unless specifically invited by the committee or panel chair as a guest.
Quorum:	A majority of the committee or all members of a panel
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict-of-interest disclosure

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

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

AUDIT AND FINANCE COMMITTEE

Background

The Board has established the Audit and Finance Committee (Committee).

Authority

Health Professions Act, s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board relating to the annual audit and financial management of the College.

Responsibilities

Annual Audit
Planning, preparation and results

- Provide oversight of the annual College audit.

Financial oversight

- Provide oversight of the financial management of the College.

Reporting relationship

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

Membership

- At least 3 but no more than 5 Board members appointed by the Board.
- Must include the Board chair, the Board vice-chair and a public representative.

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A member appointed to the committee ceases to be a member if they are no longer a Board member.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

The chair and vice chair of the Audit and Finance Committee will be determined annually.

Voting rights

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

Meeting procedures

Schedule:	At least four times annually to address the tasks identified in the attached Schedule A.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	The Registrar and COO should attend. Other College staff and the external auditors will be invited as needed to participate in specific meetings.
Quorum:	At least 3 committee members.
Minutes:	Drafted by College staff for review and approval at the next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College e.g. meeting coordination, preparation and distribution of materials.

Conflict of interest disclosure

Members must declare conflicts of interest at any time a conflict of interest or potential conflict of interest arises.

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

Confidentiality

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

Amendment to terms of reference

The Board may amend the committee terms of reference at any time, and should formally review the terms of reference on an annual basis.

AUDIT AND FINANCE COMMITTEE

Background

The Board has established the Audit and Finance Committee (Committee) ~~to provide oversight of the annual College of Pharmacists of British Columbia (College) audit. The auditors' report, is incorporated into the College Annual Report which is submitted to the BC Ministry Of Health, as required by the Health Professions Act (HPA) and College Bylaws. In addition, the Committee is responsible for governance oversight of the financial management of the College~~.

Authority

Health Professions Act, s. 19(1)(t); HPA Bylaws s. 19.

~~Reporting relationship~~

~~The committee reports through the committee chair to the Board after each committee meeting. The Committee will report to the Board during the year as required to meet its responsibilities defined in this Terms of Reference document. A summary report of its activities will be presented to the Board annually.~~

Mandate

To provide recommendations to the Board relating to the annual audit and financial management of the College.

Responsibilities

Annual Audit
Planning, ~~and~~ preparation and results

- Provide oversight of the annual College audit.
- ~~Review with the auditors the scope of the upcoming year's audit, including any areas where the auditors have identified a risk of potential error in the financial condition and/or results of operations.~~
- ~~Review with College management control weaknesses detected in the prior year's audit, and determine whether practical steps have been taken to overcome them.~~

~~Audit results~~

- ~~Review the auditors' draft report on the financial statements.~~
- ~~Review auditors' evaluation of internal controls and processes, including internal controls over financial reporting and any material weaknesses or risks of fraud. Assess the steps management has taken to minimize significant risk of exposure. Consider effectiveness of control systems including information technology.~~
- ~~Enquire into the condition of the records and the adequacy of resources committed to accounting and control.~~
- ~~Enquire about changes in finance/auditing/control standards that have occurred during the year and whether there is any impact on the College financial systems.~~

- ~~Meet with the auditors (without College management) to ascertain whether there are concerns that should be brought to the committee's attention.~~
- ~~—~~
- ~~—~~

- ~~Coordinate with College management: the presentation of the audit findings by the auditors to the Board for Board approval; incorporate the Board approved audit report into the College Annual Report; have the auditors' present the results to the College registrants at the AGM.~~

~~Auditors' appointment~~

- ~~Meet with senior management to ensure that management has no concerns about the conduct of the most recent audit.~~

- ~~Recommend to the Board the auditors to be appointed for the following year, and in consultation with College management determine the appropriate compensation.~~

- ~~Approve the selected auditors' engagement letter, receive the independence letter, review and approve any related materials.~~

Financial oversight

- Provide oversight of the financial management of the College.

- ~~Review the quarterly financial statements at the committee meetings during the year.~~

- ~~Annually, review the proposed fiscal budget with College management.~~

- ~~Annually review the College multi-year (2-5 year) financial plan.~~

- ~~At least annually, review the College investment policy and ensure that the existing policy is being followed.~~

- ~~Enquire about changes in professional standards or regulatory requirements.~~

- ~~Ensure financial planning adequately addresses risks and long term planning e.g. insurance, litigation, joint venture, other contingency funds, capital investments.~~

- ~~Make recommendations to the Board with regard to the above and any other aspects of the financial management of the College as required.~~

Reporting relationship

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

Membership

- At least 3 but no more than 5 Board members appointed by the Board.

- Must include~~:~~
  the Board chair, the Board vice-chair and a public representative.
  - ~~Board chair and vice-chair~~

  - ~~Board public representative~~

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.

- A member appointed to the committee ceases to be a member if they are no longer a Board member.

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

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

Committee officers

The chair and vice chair of the Audit and Finance Committee will be determined annually.

Voting rights

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

Meeting procedures

Schedule:	At least four times annually to address the tasks identified in the attached Schedule A.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	The Registrar and COO should attend. Other College staff and the external auditors will be invited as needed to participate in specific meetings.
Quorum:	At least 3 committee members.
Minutes:	Drafted by College staff for review and approval at the next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College e.g. meeting coordination, preparation and distribution of materials.

Conflict -of -interest disclosure

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

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

Confidentiality

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

~~Committee performance review~~

~~Annually, the committee will conduct an assessment of its responsibilities and performance. This will take into account its interactions with the Board, Registrar, COO, external auditors and other College staff with regard to meeting its mandate under these Terms of Reference. The outcomes of this self assessment will be used to make changes that will improve the effectiveness of the Committee committee going forward.~~

Amendment to terms of reference

The Board may amend the committee terms of reference at any time, and should formally review the terms of reference on an annual basis.

~~SCHEDULE A~~

~~The following is a guideline for the tasks that are to be addressed by the committee in each of the meetings through the year. The month in which the meeting takes place corresponds to the known Board meetings in each year. The need for a September meeting is optional e.g. to provide a review of the proposed multi-year financials supporting the College strategic plan, although this can also be done in the November meeting.~~

~~February Meeting~~

- ~~Review Q3 and LE3[1] financials for current year~~
- ~~Review proposed fiscal budget for upcoming year, including capital budget, contingency funds, insurance~~
- ~~Meet with auditors and review audit plan for current fiscal year~~

~~April Meeting~~

- ~~Review un-audited year end actuals (Q4) for prior year~~
- ~~Review investment policy and actual investments~~
- ~~Review insurance policies, contingency fund allocations~~
- ~~Committee self-assessment of performance~~

~~June Meeting~~

- ~~Review Q1 and LE1 financials for current year~~
- ~~Meet with auditors' and review their report~~
- ~~Review outcomes of audit with College management and Board~~
- ~~Formally recommend whether Board should accept auditors report. Required to support submission of the audited financials with the College annual report that is filed with the Ministry of Health not later than 120 days after the end of the College fiscal year (June 28th).~~
- ~~Propose Board retains existing auditors or inform Board that the Committee is putting a plan into place to find new auditors~~

~~September Meeting (as required)~~

- ~~Review multi-year financial plan as part of strategic plan review (if applicable, or in Nov meeting)~~
- ~~If needed from June meeting decision - review options on alternative auditors provided by management, and make recommendation to Board on which auditor to hire for current fiscal year.~~

~~November Meeting~~

- ~~Review Q2 and LE2 for current year~~
- ~~Annual summary report for Board~~
- ~~Update membership of Committee as required by results of annual Board elections~~
- ~~Recommend auditors for current fiscal year (Board to approve)~~

~~Other agenda items can be added as needed at each of the above meetings.~~

~~Additional meetings can be added as needed by the committee to address unexpected or special issues that require more time.~~

~~[1] LE = latest estimate of projected full year budget. There are three estimate updates during the year LE1, LE2, LE3.~~

GOVERNANCE COMMITTEE

Background

The Board has established the Governance Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

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

Responsibilities

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

Reporting relationship

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

Membership

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

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A member appointed to the committee ceases to be a member if they are no longer a Board member.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	At least three times annually to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Governance Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

Members must declare conflicts of interest at any time a conflict of interest or potential conflict of interest arises.

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

GOVERNANCE COMMITTEE

Background

The Board has established the Governance Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

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

Responsibilities

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

Reporting relationship

The committee as a whole reports through the chair to the Board. The committee must submit a report of its activities to the Board annually~~.~~, or as required by the Board.

Membership

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

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than ~~3 consecutive terms~~6 consecutive years.
- A member appointed to the committee ceases to be a member if they are no longer a Board member.
- Any committee member may resign upon written notification to the registrar. Committee members who are absent for more than three committee meetings per year automatically forfeit membership on the committee. The chair has the discretion to approve, in advance, an extended absence of any committee member.

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

Committee officers

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

Voting rights

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

Meeting procedures

Schedule:	At least three times annually to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the committee chair with input from committee members.
Attendees:	Only Governance Committee members and College staff are entitled to attend committee meetings, with the exception of invited guests.
Quorum:	A majority of the committee.
Minutes:	Drafted by College staff for review and approval at next committee meeting; filed at the College office.
Secretariat Support:	Provided by the College, including meeting coordination, preparation and distribution of materials and drafting meeting minutes.

Conflict of interest disclosure

Members must declare conflicts of interest ~~prior to the discussion of issues or~~ at any time a conflict of interest or potential conflict of interest arises.

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

Confidentiality

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

Remuneration

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

Amendment to terms of reference

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

JURISPRUDENCE EXAMINATION SUBCOMMITTEE

Background

The Board has established the Jurisprudence Examination Subcommittee to assist the Registration Committee with the development of and revisions to the Jurisprudence Examination.

Authority

Health Professions Act (HPA), s.19(1)(t).

Mandate

To ensure that the Jurisprudence Examination remains a valid and reliable assessment instrument.

Responsibilities

- Develop, update and maintain Jurisprudence Examination blueprint and content.
- Establish and validate the assessment, the processes, and the standards.
- Develop recommendations and policies for review and approval by the Registration Committee.
- Review correspondence and appeals pertaining to the examination questions and acceptable answers, and recommend outcomes for the Registration Committee's approval.

Reporting relationship

The subcommittee as a whole reports through the chair to the Registration Committee. The subcommittee must submit a report of its activities to the Registration Committee annually, or as required by the Registration Committee.

Membership

- At least six full pharmacists or pharmacy technicians appointed by the Board (there must be representation from both groups of registrants).

Term of appointment

- Appointments are determined by the Board and will not exceed 2 years. Appointees are eligible for reappointment by the Board but may not serve more than 6 consecutive years.
- A registrant appointed to the subcommittee ceases to be a member if they are no longer a full pharmacist or pharmacy technician in good standing or if they become a College employee.
- Any subcommittee member may resign upon written notification to the registrar. Subcommittee members who are absent for more than three subcommittee meetings per year automatically forfeit membership on the subcommittee. The chair has the discretion to approve, in advance, an extended absence of any subcommittee member.

Subcommittee officers

The Board appoints a subcommittee chair and vice-chair from among the members of the subcommittee. The subcommittee members will recommend to the Board the appointment of new subcommittee members as vacancies or extraordinary needs arise.

Voting rights

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

Meeting procedures

Schedule:	As required to fulfill its mandate and responsibilities.
Format:	In person, by teleconference or by videoconference.
Agenda:	Developed by College staff in consultation with the subcommittee chair, with input from subcommittee members.
Attendees:	Only Jurisprudence Examination Subcommittee members and College staff are entitled to attend subcommittee and panel meetings, unless specifically invited by the subcommittee chair as a guest.
Quorum:	A majority of the subcommittee.
Minutes:	Drafted by College staff for review and approval at next subcommittee meeting; filed at the College office.
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LEGISLATION REVIEW COMMITTEE

Background

The Board has established the Legislation Review Committee.

Authority

Health Professions Act (HPA) s. 19(1)(t); HPA Bylaws s. 19.

Mandate

To provide recommendations to the Board and the Registrar on matters relating to pharmacy legislation and policy review.

Responsibilities

- Provide advice and guidance regarding proposed legislation/policy changes that have been directed to the committee from the Board, Board committees or College staff.
- Identify priorities for change within the legislation review planning cycle.
- Determine if broader external stakeholder consultation is required.
- The chair of the committee presents priorities to the Board for approval.
- Approve final draft of proposed legislation/policy prior to presentation to the Board.
- The chair, with support from the Director of Policy and Legislation, presents revised documents to the Board for approval.
- Review public posting comments as necessary.

Reporting relationship

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

Membership

- At least 3 but no more than 5 Board members appointed by the Board.
- Must include at least one full pharmacist, one full pharmacy technician, and one public representative.

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Committee officers

The Board will appointment a chair from amongst the committee's members for a term of one year.

Voting rights

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Meeting procedures

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Policy Governance Portfolio
Committee Terms of Reference

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Membership

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  - ~~One pharmacist~~
  - ~~One pharmacy technician~~
  - ~~One public~~

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College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

2.b.x. Quality Assurance Committee:
a) Council on Licensure, Enforcement and Regulation (CLEAR) Meeting Update

INFORMATION ONLY

Background

CLEAR held a regional symposium in Vancouver on Quality Assurance in Professional Regulation on May 17th, 2016. The one-day seminar was attended by Norm Embree (Board member and Quality Assurance Committee (QAC) member) and Ashifa Keshavji (staff resource to the QAC).

The seminar examined the approaches taken and mechanisms used by professional and occupational regulators to ensure that their practitioners maintain appropriate levels of knowledge, skill and judgment after initial licensure / registration. Using "right touch regulation" as a foundation, seminar participants learned about active and passive means of regulatory quality assurance designed to mitigate risk and reinforce the standards of qualification used at entry-to-practice, and verify that standards of practice are being met. In the current era of public skepticism and media scrutiny, it is important for regulators to have visible, tangible mechanisms to ensure that practitioners maintain competency and demonstrate accountability. Quality assurance initiatives designed to prevent instances of misconduct or incompetent practice are a superior means of serving and protecting the public interest as compared to complaints and discipline processes which can only react after misconduct or incompetence has taken place.

The following regulators each presented their approach to Quality Assurance:

- College of Registered Nurses of British Columbia
- College of Physicians and Surgeons of British Columbia
- Federation of Medical Regulatory Authorities of Canada
- Professional Engineers and Geoscientists of British Columbia

College of Pharmacists of British Columbia

Board Meeting

Friday, June 24th, 2016

CPBC Office, 200 - 1765 West 8th Avenue, Vancouver

DRAFT AGENDA

THURSDAY, JUNE 23, 2016: BOARD SESSION 2PM to 5PM at the Fairmont Hotel Vancouver

Cocktails at 5:30pm and Board Dinner at 6:00pm

FRIDAY, JUNE 24, 2016: BOARD MEETING 9AM to 4:00PM at the College Office

9:00am - 9:10am	**1.**	Welcome & Call to Order	Chair Reynolds
	2.	Consent Agenda a) Items for further discussion b) Approval of Consent Items **[DECISION]**	Chair Reynolds
	3.	Confirmation of Agenda **[DECISION]**	Chair Reynolds
9:10am - 9:50am	**4.**	Mifegymiso - Pharmacist Dispensing **[DECISION]**	Dr. Judith Soon
9:50am - 10:05am		***BREAK***	
10:05am - 10:50am	**5.**	Ministry of Health Update on ePrescribing and PharmaNet	Jonathan Robinson
10:50am - 11:50am	**6.**	Barriers and Pharmacy Security	Elliott Mann
11:50am - 12:50pm		***LUNCH***	
12:50pm - 1:35pm	**7.**	Legislation Review Committee: a) Workload/Quotas - PODSA s.3(2) **[DECISION]** b) HPA Fee Schedule **[DECISION]** c) HPA Standards of Practice: "6 Standards" Amendment Updates d) Medical Assistance in Dying (MAID) Update	Jeremy Walden Suzanne Solven
1:35pm - 2:05pm	**8.**	Practice Review Committee: a) Phase 1 Statistics, and 1 year registrant feedback report b) Phase 2 Launch	Mike Ortynsky
2:05pm - 3:05pm	**9.**	Audit and Finance Committee: a) Audited Financial Statements **[DECISION]** b) Expenditure Review	George Walton
3:05pm - 3:20pm		***BREAK***	
3:20pm - 3:45pm	**10.**	Governance Committee: a) Board Remuneration **[DECISION]** b) Organizational Review **[DECISION]**	Norm Embree
3:35pm - 4:00pm	**11.**	Items brought forward from Consent Agenda	Chair Reynolds
4:00pm		***CLOSING COMMENTS, ROUND TABLE EVALUATION OF MEETING, AND ADJOURNMENT***	Chair Reynolds

College of Pharmacists of British Columbia Board Meeting
June 24, 2016

College of Pharmacists of British Columbia

Pharmacist's Role in the Management and Dispensing of Mifegymiso

Judith A. Soon

BSc. (Pharm), RPh, ACPR, MSc, PhD, FCSHP

judith.soon@ubc.ca

Disclosure Statement

Relationship with commercial interests:

- Grants/Research Support:
  - None from pharmaceutical industry
- Speakers Bureau/Honoraria:
  - None
- Consulting Fees:
  - None

ISSUE

- Canadian pharmacists are integral to advancing options for women's reproductive health.
- The Health Canada approval for Mifegymiso mandates physician-only dispensing.
- CPhA has strong support from SOGC and CFPC to have accredited pharmacists engaged in the management and dispensing of Mifegymiso.
- Involvement of pharmacists in dispensing Mifegymiso has the potential to **improve patient safety** and **enhance utilization of health system costs**.

Lifetime Prevalence of Abortion

- USA: ~ 33% of women by age 45

Henshaw SK, Unintended pregnancy in the United States, *Family Planning Perspectives*, 1998, 30(1):24–29 & 46; 2006 updated estimate.

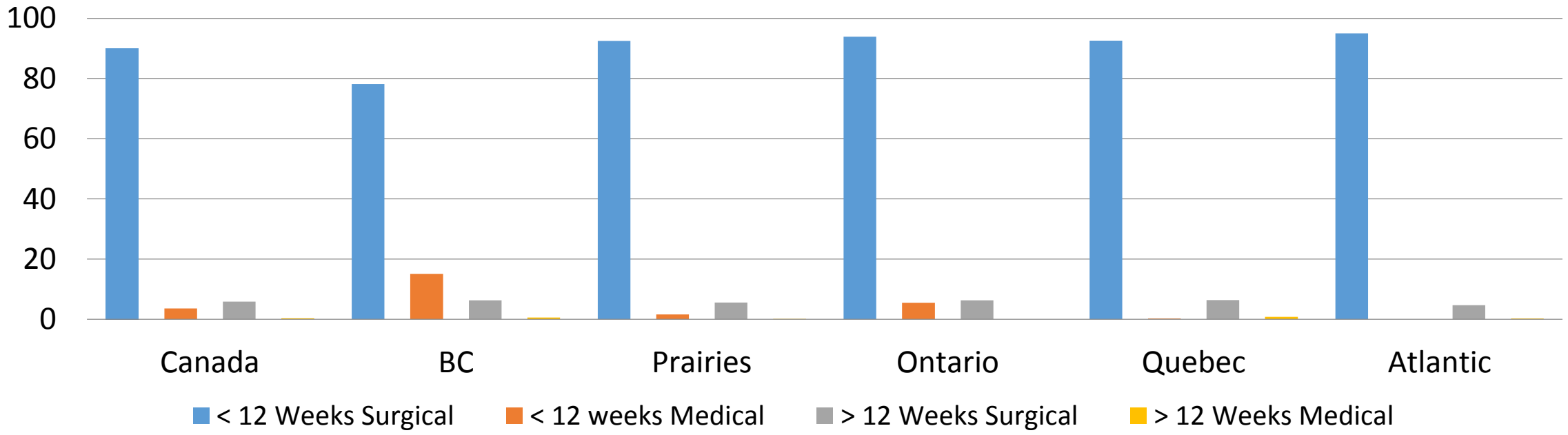
- **Canada: ~ 31% of women by age 45**

Norman WV, Induced Abortion in Canada 1974-2005: Trends over the first generation with legal access. Contraception. 2012 Feb;85(2):185-91.

Abortion in Canada

Percentage Distribution of Induced Abortions in Canada by Gestational Age in 2012

(96% Surgical and 4% Medical)



Norman WV, Guilbert ER, Okpaleke C et al. Abortion health services in Canada. Results of a 2012 national survey. Can Fam Physician 2016 April;62(4):e209-e217.

Long Term Safety of Abortion

First trimester abortions pose no risk of:

- Infertility
- Ectopic pregnancy
- Miscarriage
- Birth defect
- Preterm or low-birth-weight delivery
- Mental health problems in adult women
- Mental health problems in adolescents

"Abortion is never an emergency"

Dr. Garson Romalis

Vancouver BC

Brief History of Mifepristone

- Developed by Roussel Uclaf in France in 1981 (RU 486)
- Worldwide trials of 20,000 women in 1982 - 1987
- France and China approved use in 1988, then Great Britain (1991), Sweden (1992), and the United States (2000)
- 62 countries have now approved use of this regimen

http://gynuity.org/programs/more/introduction-of-medical-abortion-in-developing-countries/

Mifegymiso Dosage and Administration

Mifegymiso is a combination package of:

- 1 mifepristone oral tablet: 200mg
- 4 misoprostol buccal tablets: 4 x 200mcg (total 800 mcg)

Day 1:	Take mifepristone orally.
Day 2 – 3:	At home, place 2 misoprostol tablets between cheek and gums on each side of your mouth (total 4 tablets). Leave in place for 30 minutes, and swallow remaining fragments with a glass of water. Rest for 3 hours.
Day 7 – 14:	Follow-up with physician to assess for completion.

“Certified” Training Program for Mifegymiso

- Collaborative SOGC/CFPC/CPhA Training program for physicians and pharmacists accredited by CCCEP and SOGC
- Currently under review by Health Canada
- 6 online modules
- Once pharmacists are accredited, can register on the “Community of Practice” web site
  - Able to register their pharmacy
  - Able to rapidly link to specialists with their questions
  - Able to provide feedback on their experiences

Resources for Medical Abortion Regimens

1. Costescu D, Guilbert E, Bernardine J et al. Medical Abortion. Clinical Practice Guideline No. 332. J Obstet Gynaecol Can 2016;38(4):366-389. http://dx.doi.org/10.1016/j.jogc.2016.01.002

2. Soon JA, Costescu D, Guilbert E. Medication used in evidence-based regimens for medical abortion: An Overview. J Obstet Gynaecol Can 2016 http://dx.doi.org/10.1016/j.jogc.2016.04.005

Mifegymiso

Global NEWS MENU

CANADA December 9, 2015 6:00 pm Updated: January 4, 2016 5:04 am

Provider patchwork: How abortion access varies across Canada

By Anna Mehler Paperny

Senior Producer, Investigative Data Desk Global News

Global NEWS MENU

CANADA December 9, 2015 6:00 pm

How the 'abortion pill' Mifegymiso could change reproductive health

Health Canada Notice of Compliance

PrMIFEGYMISO

Contact: tpd-general-dpt-general@hc-sc.gc.ca

Summary Basis of Decision (SBD)

Linepharma International Limited has agreed to implement the following post-authorization commitments:

- a Restrictive Distribution and Administration Program;
- an Education and Registration Program for Mifegymiso prescribers;
- a Canadian Phase IV observational study of Mifegymiso safety;
- a 24-hour support-line in both English and French for patients taking Mifegymiso;
- a Patient Consent Form to be provided to each patient by the authorized prescriber;
- a Patient Medication Information and a Patient Information Card be provided to each patient by the authorized prescriber.

- *"The **Restricted Distribution Program** would necessitate that only registered physicians, having successfully completed the education program, would prescribed and provide Mifegymiso to patients, and would supervise the patient's administration of mifepristone. This measure would minimize the likelihood of incorrect drug intake, and associated health risks, and support the efficacy of the product."*

Potential Physician-only Distribution System

Mifegymiso

Canadian Drug Supply Chain

Physician-only Distribution

Drug Manufacturer and Distributor

(Celopharma Inc.)

Direct Order

Front-Line User

Hospitals

Certified prescriber writes Rx

Monitored by Colleges of Physicians

Direct Order

Front-Line User

Physician Offices
Medical Clinics

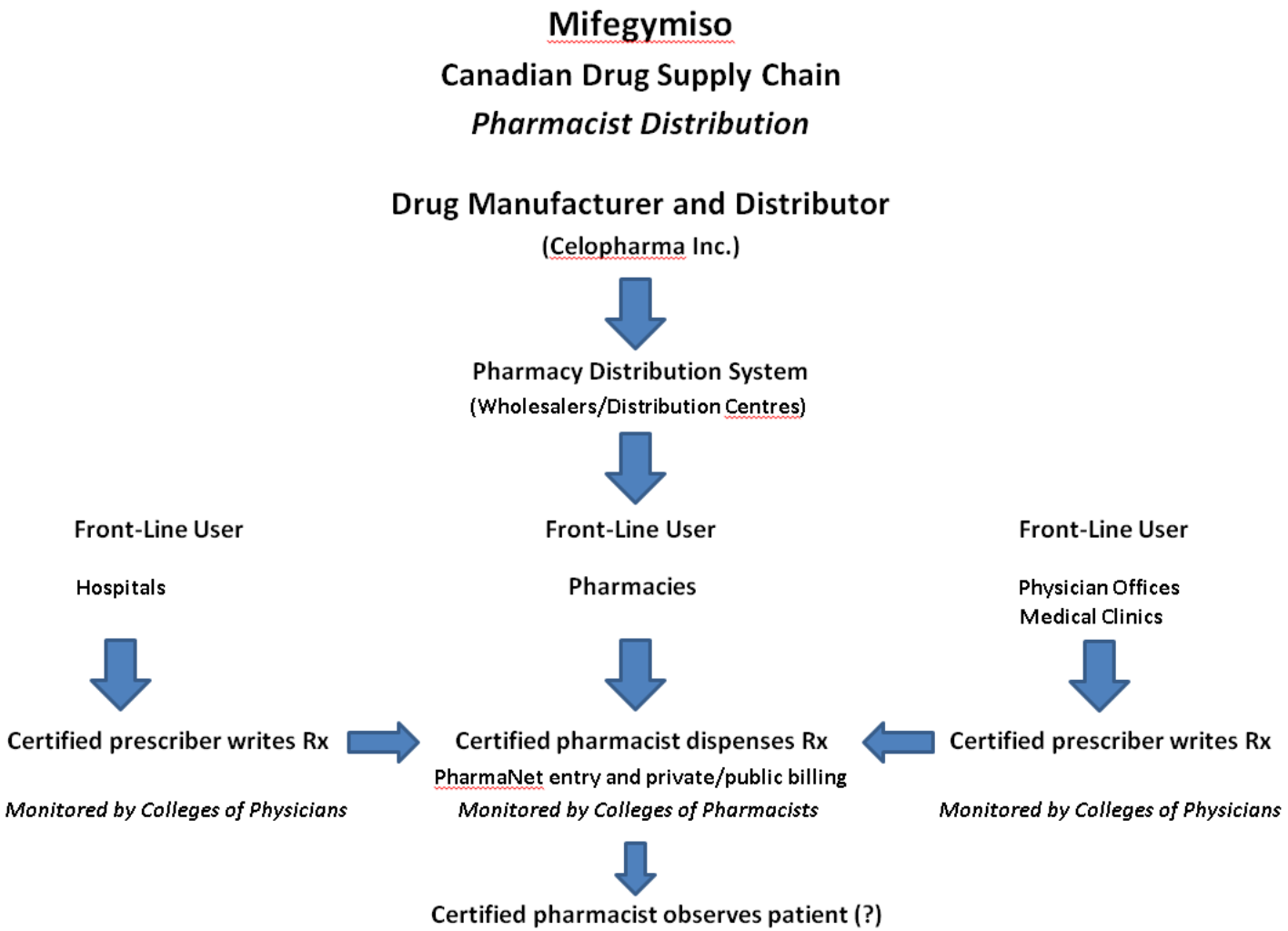
Certified prescriber writes Rx

Monitored by Colleges of Physicians

Potential Unintended Consequences

- **Possible out-of-pocket costs ($270) for patients**
- **Challenges with ordering/stocking product with 1 year expiry date**
- **No data entry for insurance/administrative DB**
- **PODSA prohibits pharmacists acting as wholesalers**

Potential Pharmacist Distribution



Ongoing Activities

- Encourage Health Canada to modify the Notice of Compliance
  - Colleges of Pharmacists & Colleges of Physicians and Surgeons
- Encourage/facilitate distributor (Celopharma) to submit new NOC
  - CPhA/SOGC/CFPC
- Federal political advocacy
  - Prime Minister Office, Federal Minister of Health
- Healthcare professional advocacy
  - Canadian Pharmacists Association, Canadian Medical Association

How *Pharmacists* Improve Reproductive Health

Increase access to contraception

Contraception information

Evaluate consistency of use

Encourage condom use to prevent STIs

Advice and counselling

Pregnancy testing

Health promotion: folic acid, healthy lifestyles, information about family planning services.

Figure 3-1 Comparing typical effectiveness of contraceptive methods

More effective

Less than 1 pregnancy per 100 women in one year

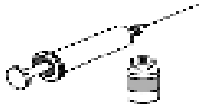
Implant

Vasectomy

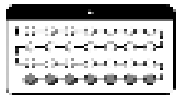
Female Sterilization

IUC

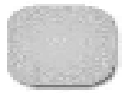
6-12 pregnancies per 100 women in one year



Injectable



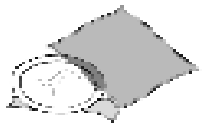
Pills



Patch

Ring

Diaphragm



Male Condom

Female Condom

Sponge

Withdrawal

Spermicides

Fertility Awareness-Based Methods

Less effective

18 or more pregnancies per 100 women in one year

How to make your method most effective

After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectable: Get repeat injections on time

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

Diaphragm: Use correctly every time you have sex

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex

Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective

World Health Organization MEC Fifth ed. 2015. Page 108.

Appendix 3

Policy on LARC

"Health care professionals should offer LARCs as a first line method of contraception to both nulliparous and multiparous women."

SOGC

"When choosing contraceptive methods, adolescents should be encouraged to consider LARC methods."

ACOG

SOGC J Obstet Gynaecol Can 2016; ACOG. Obstet Gynecol. 2012.

How Pharmacists can <u>further</u> enhance patient care by improving access to Reproductive Health choices

Increase access to Mifegymiso for medical abortion

Increase access to Long Acting Reversible Contraception

Contraception information

Evaluate consistency of use

Encourage condom use to prevent STIs

Advice and counselling

Pregnancy testing

Health promotion: folic acid, healthy lifestyles, information about family planning services.

Thank you!

It is the right thing to do.

Let’s work together to improve patient safety and enhance the utilization of healthcare system costs.

ePrescribing

June 24, 2016

College of Pharmacists of BC Board

What is ePrescribing?

ePrescribing allows prescribers to send prescriptions electronically to pharmacists through PharmaNet

Recent Progress

- Last year, Ministry engaged Doctors of BC, BC Pharmacy Association, BC College of Physicians and Surgeons and BC College of Pharmacists

- Ministry undertook pilot activities in the summer of 2015 with TELUS MedAccess that encountered numerous technical challenges and was ultimately postponed as a result of *Pharmaceutical Services Act* Information Management Regulation restrictions on vendor access

eRx Pilots in 2016/17

- IM Regulations have been revised
- Minister of Health has desire to see seven ePrescribing pilots in the next 12 months
- Ministry is re-engaging Doctors of BC, BC Pharmacy Association, BC College of Physicians and Surgeons and BC College of Pharmacists
- Pilot planning with EMR and Pharmacy vendors is underway

Working Together

Clinical Guidance

- Creation of a clinical expert group of physicians and pharmacists to provide guidance related to impact on clinical work flows and clinical practice
- Collaboratively assess pilot successes and identify path forward for province-wide adoption

Bylaws and Regulations

- Obtain college permission to permit electronic prescribing in pilot settings

- Work with college to review bylaws and regulations to identify revisions to permit ongoing electronic prescribing

Next Steps

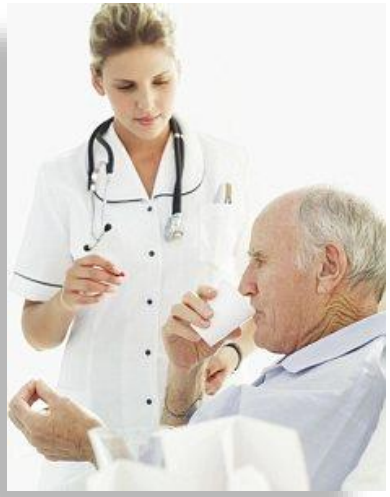
- College permission to permit pilot electronic prescribing
- Seven end-to-end pilots
- Form clinical expert group
- Review bylaws and regulations
- Develop business case for province-wide adoption

Thank You!

Appendix: Benefits

ePrescribing: Patient Benefits

- ✓ **Safety**: Getting the right prescription and dosage for you, the first time
- ✓ **Improved Health Outcomes:** Complete medication history for your prescriber
- ✓ **Time**: Simplified renewals of prescriptions
- ✓ **Convenience**: Fill and refill your prescription at a pharmacy of your choice, anywhere in BC



ePrescribing: Prescriber Benefits

- ✓ **Better information**: Putting enhanced patient medication history at your fingertips
- ✓ **Improved Health Outcomes:** Providing insight into patient compliance and multi-doctoring behaviour
- ✓ **Productivity**: Full integration with EMR, and less use of the fax machine
- ✓ **Efficiency**: Eliminating unnecessary calls to clarify prescriptions

ePrescribing: Pharmacist Benefits

- ✓ **Wet signature issue:** Eliminating need to check for appropriate wet signatures
- ✓ **Better information**: Including prescriber rationale with prescription
- ✓ **Productivity**: Less data entry and transcription
- ✓ **Efficiency**: Eliminating unnecessary calls to clarify illegible hand writing
- ✓ **Cost**: Replacing costly pharmacy facility space with electronic archives

ePrescribing: Health System Benefits

- ✓ **Better information**: Prescription information captured for the first time providing more complete and accurate drug data that will support:
  - Improved evidence-based policy decisions
  - More effective and informative research results
  - Improved audit and reconciliation processes
  - Reduced incidents of fraudulent prescriptions

SIMON FRASER UNIVERSITY

REDUCING PHARMACY CRIME: THE IMPLEMENTATION OF CPTED AND PHYSICAL BARRIERS

Dr. Martin Andresen
Elliott Mann
Simon Fraser University
School of Criminology

Contents

A Criminological Perspective: CPTED

- Crime Prevention Through Environmental Design (CPTED)
  - Manipulation of the built environment
  - Reduce crime, fear of crime, and improve quality of life
- C. Ray Jeffrey (1971)
- Based on works of Jane Jacobs (1961) and Oscar Newman (1972)
- Supported by several criminological theories

CPTED Grounded in Theory

- Rational Choice Theory
  - Crime is not random; rational decision-making process
  - *Bounded rationality*

- Situational Crime Prevention
  - Changes offenders' mentality about the suitability of target
  - More difficult -> Less rewarding
  - *Principle of Least Effort*

What is CPTED?

Image Management

Legitimate Activity Support

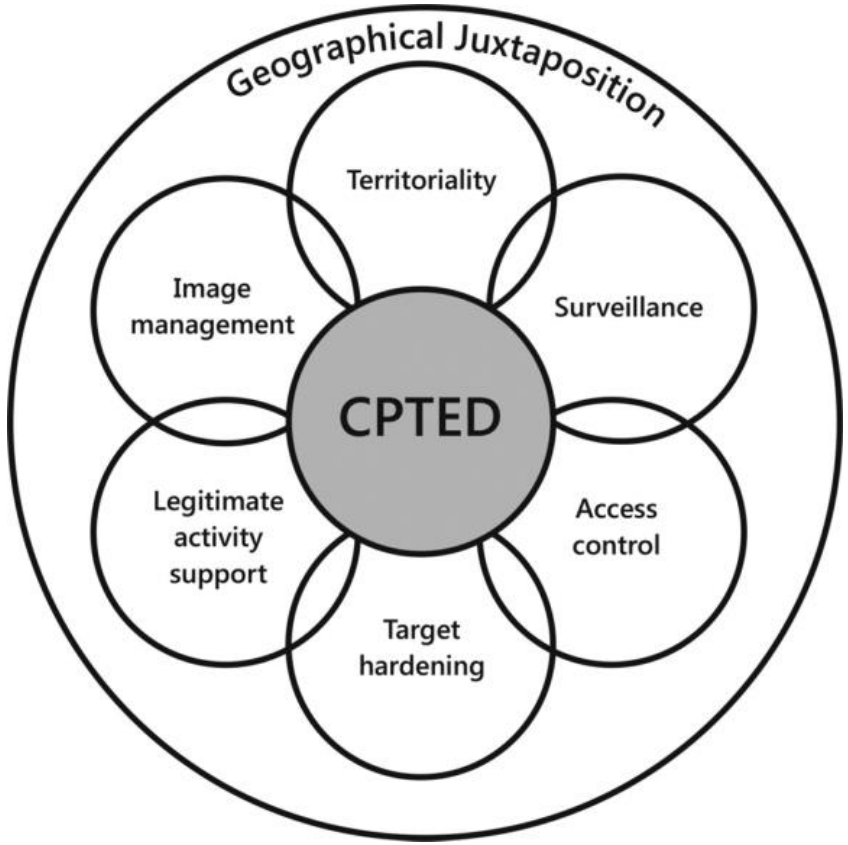
Surveillance

Access Control

Territoriality

Target Hardening

Geographical Juxtaposition



What is CPTED?

Territoriality

- Promote proprietary concern and sense of ownership for legitimate users of a space
- Umbrella concept including access control, surveillance, and image management
- Clear defining of boundaries declares an ownership of space
  - Such implementations may include physical barriers

What is CPTED?

Target Hardening

- Increases effort that offenders must exert for the commission of a crime
- Presence of target hardening features further reduces the opportunity for crime
- Target hardening often considered access control on a micro scale

What is CPTED?

Access Control

- Includes target hardening features: doors, locks, gates, and barriers
- Limits access to only the intended users of a space
- Target hardening and access control can reduce the suitability of a target for potential offenders

Implementation and Efficacy

- Adopted by Netherlands as regulatory building code for residential housing
  - Known as the Dutch Police Label Secure Housing project
  - Significant reduction in burglary and other crime rates
- New South Wales, Australia
- North America and Europe
  - Adopted and implemented by local and state law enforcement

Practical Applications of CPTED for Pharmacies

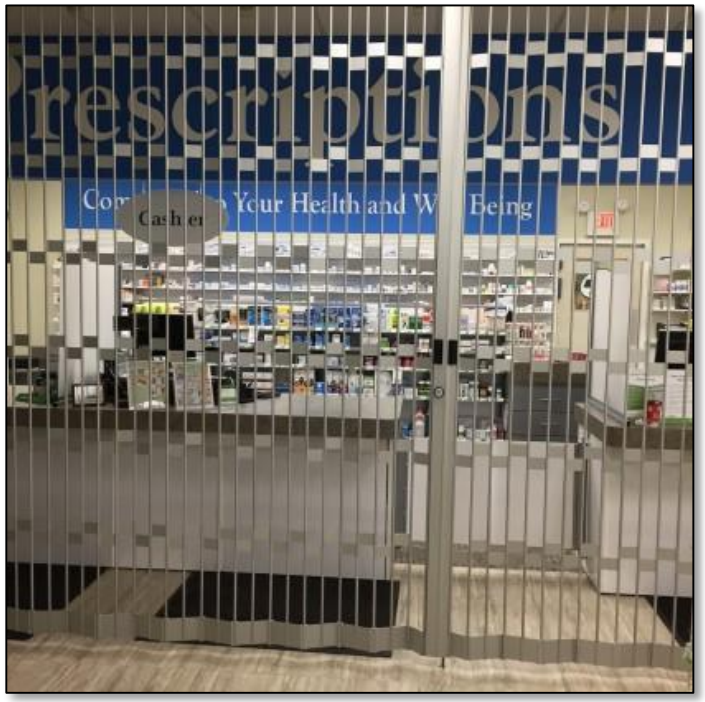
Access control and target hardening

- Cornerstone features of CPTED since its creation
- The use of physical barriers delineates private and public spaces
- Physical barriers compliment multiple features of CPTED: target hardening, access control, and territoriality

Practical Applications of CPTED for Pharmacies

Physical Barriers

- Restricts access and separates spaces
- Additional levels of deterrence for potential offenders
  - *Principle of Least Effort*
  - *Situational Crime Prevention*



Reducing Pharmacy Crime

La Vigne & Wartell (2015)

- Office of Community Oriented Policing Services
- Recommended Security Measures:
  - Increased pharmacy lighting
  - Locking up drugs
  - Installing physical barriers
  - Ensuring front windows are clear

Reducing Pharmacy Crime

Checklist from the National Association of Drug Diversion Investigators

- Alarms
- Physical design and barriers
- Locks
- CCTV
- Restricted access

Physical barriers include steel curtains, interior safe, and low barriers to restrict access

Reducing Crime using Physical Barriers

Improved access control through target hardening features

- Access to private or semi-private spaces by illegitimate users will be limited

Increase territoriality by indicating ownership of the space

Further level of security to make pharmacies a less ideal target

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

7. Legislation Review Committee
a) Workload/Quotas – PODSA s.3(2)

DECISION REQUIRED

Recommended Board Motion:

Approve the following resolution:

***RESOLVED THAT**, in accordance with the authority established in section 21(1) of the Pharmacy Operations and Drug Scheduling Act, and subject to filing with the Minister as required by section 21(4) of the Pharmacy Operations and Drug Scheduling Act, the board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.*

Purpose

That the Board approve the amendments to *Pharmacy Operations and Drug Schedule Act* bylaws to include a minimum standard for pharmacy workload for filing as presented.

Background

The 2014-2017 Strategic Plan sets a goal of developing standards for pharmacy workload.

In recent years, the scope of practice for pharmacists has been expanded to include areas such as adaptations, immunizations and medication reviews. At the same time, some pharmacy managers, owners and directors have implemented quotas, performance targets and similar measures for this expanded scope of practice, in addition to the dispensing of prescriptions.

In 2013, the University of British Columbia's Collaboration for Outcomes Research and Evaluation (CORE) group conducted a province-wide survey on pharmacist working conditions, on behalf of the College of Pharmacists of British Columbia (the College). The survey was

distributed to all College registrants and resulted in 1241 respondents. The survey was designed to examine the impact of expanded scope targets on overall pharmacist and pharmacy technician staffing levels. Respondents reported feeling pressure from pharmacy managers, owners, and directors to meet those targets as well as those related to numbers of prescriptions dispensed. They reported not having enough time or resources to do this. Some respondents stated that pharmacists who did not meet the targets were looked on poorly and were not allowed to advance to management positions.

In January 2015, CBC Marketplace aired an investigative report that focused on pharmacy errors and the relationship with workplace targets and quotas. Journalists reportedly interviewed pharmacists who described a corporate environment where pressure to meet business targets makes errors more likely. This report appeared to reinforce the trend identified in the 2013 survey.

The Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaw section 3 *Responsibilities of Pharmacy Managers, Owners and Directors* was amended to include a minimum standard for pharmacy workload to require pharmacy managers, owners and directors to ensure that staff levels and targets do not compromise patient safety (Appendix 2).

At the February 2015 Board meeting, the Board approved draft changes to the PODSA bylaws regarding standards for pharmacy workload; as per the bylaw making process, the draft amendments were posted for 90 days. The public posting period ended on May 28, 2015.

At the June 2015 Board meeting, an update on the feedback received was provided and at that time the Board was advised that the Ministry of Health requested that the College not submit the amendments for filing as they were facing a backlog of files. The Ministry backlog has since been resolved. In specific, five submissions were received regarding these amendments (Appendix 3).

Discussion

The current bylaws state:
A manager must ensure that registrant and pharmacy assistant staff levels are commensurate with the workload volume and patient care requirements at all times.

The purposed bylaws state that a pharmacy manager must ensure:

(i) registrant and pharmacy assistant staff levels are sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice,
(ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice

The general themes of the feedback received were:

- wording regarding quotas and targets should disallow the imposition of quotas and targets for publicly funded clinical services - specifically med reviews and prescription adaptations
- responsibility for human resources management clearly rests with individual organizations and does not fall under the authority of the provincial pharmacy regulator
- the College has neither the mandate nor the experience to establish benchmarks for pharmacy staffing levels or workload volumes at all the various community pharmacy practice sites in British Columbia

In order to address the issues raised regarding the College's authority to regulate workload standards, the College obtained a legal opinion. The legal opinion supports that there is authority in both the Health Professions Act (HPA) and PODSA for the College to make the proposed amended bylaws. Specifically under PODSA, the Board may make bylaws respecting the requirements for the licensing and operation of a pharmacy including, but not limited to:

- the use and supervision of support persons, including the ratio of pharmacists to support persons
- the responsibilities of managers of pharmacies, owners of pharmacies or directors or corporations that own pharmacies

In the review and analysis of the feedback, the College also reviewed pharmacy standards of other jurisdictions. The Alberta College of Pharmacists and National Association of Pharmacy Regulatory Authorities (NAPRA) have similar standards regarding workloads in the pharmacy.

<u>Alberta College of Pharmacists Standards for the Operation of Licensed Pharmacies</u>

Standard 3.1: A licensee must ensure that a licensed pharmacy has an adequate number of staff to provide professional services: safely, effectively, and in accordance with the laws referred to in Standard 1.1 (note for reference Standard 1.1 lists laws with which licensees must comply with).

Standard 3.2: In assessing the need for staff for the purposes of Standard 3.1, a licensee must exercise professional judgement, including but not limited to having regard for the past and anticipated workloads in the pharmacy.

NAPRA Model Standards of Practice for Canadian Pharmacists

- pharmacists, when managing a pharmacy organize staffing and workflow to enable pharmacists to fulfill standards of practice and to optimize patient care
- pharmacists, when providing patient care recognize and work within the limits of their competence when accepting responsibility for activities as part of collaborative practice
- pharmacists, when providing patient care fulfill their responsibilities to the inter-professional team in accordance with collaborative practice agreements (or similar formal agreements that define team responsibilities)
- pharmacists, when managing a pharmacy organize and support staffing and workflow changes as necessary to enable pharmacists to participate in collaborative care initiatives

As part of the bylaw change process the College also consulted with the Ministry of Health, Professional Regulation and Oversight Branch. They were supportive of the amendments.

The College is confident that the concerns raised during public posting have been addressed. The bylaws are made in accordance with our bylaw making authority under both the HPA and PODSA. Furthermore, a scan of similar standards in other jurisdictions indicated that Alberta as well as NAPRA have similar standards for workload. Lastly, the right-touch regulation was applied and as a result the amendments are not overly prescriptive but address important public safety concerns.

Recommendation

That the Board approve the bylaws for filing as presented.

Appendix	
1	Schedule to Resolution
2	Amendments (track changes mode)
3	Feedback Summary
4	Legal Opinions

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Pharmacy Operations and Drug Scheduling Act* are amended as follows:

1. Section 3(2)(e) is repealed and the following is substituted:

(e) ensure that

(i) registrant and pharmacy assistant staff levels are sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice,

(ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice;

Pharmacy Operations and Drug Scheduling Act - BYLAWS

Table of Contents

FORMS

1. New Pharmacy Application
2. Telepharmacy Services Application
3. Hospital Pharmacy Satellite Application
4. Community Pharmacy Licence Renewal Notice
5. Hospital Pharmacy Licence Renewal Notice
6. Education Site License Renewal Notice

Definitions

1. In these bylaws:

"*Act*" means the *Pharmacy Operations and Drug Scheduling Act*;

"central pharmacy site" means a pharmacy authorized under Part IV to provide telepharmacy services;

"community pharmacy*"* means a pharmacy licensed to sell or dispense drugs to the public;

"*Community Pharmacy Standards of Practice*" means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting community pharmacies;

"controlled drug substance" means a drug which includes a substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);

"controlled prescription program" means a program approved by the board, to prevent prescription forgery and reduce inappropriate prescribing of drugs;

"dispensary" means the area of a community pharmacy that contains Schedule I and II drugs;

"health authority" means

(a) a regional health board designated under the *Health Authorities Act*, or

(b) the Provincial Health Services Authority;

"hospital" has the same meaning as in section 1 of the *Hospital Act*;

"hospital pharmacy" means a pharmacy licensed to operate in or for a hospital;

"hospital pharmacy satellite" means a physically separate area on or outside the hospital premises used for the provision of pharmacy services which is dependent upon support and administrative services from the hospital pharmacy;

"Hospital Pharmacy Standards of Practice" means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting hospital pharmacies;

"incentive" has the same meaning as in Part 1 of Schedule F of the bylaws of the

college under the *Health Professions Act;*

"medication" has the same meaning as "drug";

"outsource prescription processing" means to request another pharmacy to prepare or process a prescription drug order;

"patient's representative" has the same meaning as in section 64 of the bylaws of the college under the *Health Professions Act*;

"pharmacy assistant" has the same meaning as "support person";

"pharmacy education site" means a pharmacy
(a) that has Schedule I, II and III drugs, but no controlled drug substances,
(b) that is licensed solely for the purpose of pharmacy education, and
(c) from which pharmacy services are not provided to any person;

"pharmacy technician" has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

"pharmacy services" has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

"prescription drug" means a drug referred to in a prescription;

"professional products area" means the area of a community pharmacy that contains Schedule III drugs;

"professional service area" means the area of a community pharmacy that contains Schedule II drugs;

"Residential Care Facilities and Homes Standards of Practice" means the standards, limits and conditions for practice established under section 19 (1) (k) of the *Health Professions Act* respecting residential care facilities and homes;

"telepharmacy" means the process by which a central pharmacy site operates one or more telepharmacy remote sites, all of which are connected to the central pharmacy site via computer, video and audio link;

"telepharmacy services" means prescription processing or other pharmacy services, provided by or through telepharmacy;

"telepharmacy remote site" means a pharmacy providing pharmacy services to the public, or in or for a hospital,
(a) without a full pharmacist present,
(b) in a rural or remote community, and
(c) under the supervision and direction of a full at a central pharmacy site.

PART I - All Pharmacies

Application of Part

2. This Part applies to all pharmacies except pharmacy education sites.

Responsibilities of Pharmacy Managers, Owners and Directors

3. (1) A full pharmacist may not act as manager of more than one pharmacy location, unless the pharmacy of which the full pharmacist is manager includes

(a) a telepharmacy remote site,

(b) a hospital pharmacy,

(c) a hospital pharmacy satellite, or

(d) a pharmacy education site.

(2) A manager must do all of the following:

(a) actively participate in the day-to-day management of the pharmacy;

(b) confirm that the staff members who represent themselves as registrants are registrants;

(c) notify the registrar in writing of the appointments and resignations of registrants as they occur;

(d) cooperate with inspectors acting under section 17 of the *Act* or sections 28 or 29 of the *Health Professions Act*;

(e) ensure that

(i) registrant and pharmacy assistant staff levels are ~~commensurate with the~~ sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice,~~;~~

~~(e)~~ (ii) meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice;

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(f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and pharmacy assistants;

(g) establish policies and procedures to specify the duties to be performed by registrants and pharmacy assistants;

(h) establish procedures for

(i) inventory management,

(ii) product selection, and

(iii) proper destruction of unusable drugs and devices;

(i) ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist;

(j) ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present;

(k) ensure there is a written drug recall procedure in place for pharmacy

inventory;

(l) ensure that all steps in the drug recall procedure are documented, if the procedure is initiated;

(m) ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status;

(n) ensure that confidentiality is maintained with respect to all pharmacy and patient records in accordance with all applicable legislation;

(o) make reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;

(p) notify the registrar as soon as possible in the event that he or she will be absent from the pharmacy for more than eight weeks;

(q) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;

(r) ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery;

(s) ensure that appropriate security is in place for the premises generally;

(t) in the event of a pharmacy closure or relocation,

(i) notify the registrar in writing at least thirty days before the effective date of a proposed closure or relocation, unless the registrar determines there are extenuating circumstances,

(ii) provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,

(iii) advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure,

(iv) provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances,

(v) arrange for the safe transfer and continuing availability of the prescription records at another pharmacy, or an off-site storage facility that is bonded and secure, and

(vi) remove all signs and advertisements from the closed pharmacy premises;

(u) ensure sample medications are dispensed in accordance with the requirements in the Drug Schedules Regulation;

(v) advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy;

(w) ensure the pharmacy contains the reference material and equipment approved by the board from time to time;

(x) require all registrants, owners, managers, directors, pharmaceutical representatives, pharmacy assistants and computer software programmers or technicians who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of patient record information;

(y) retain the undertakings referred to in paragraph (x) in the pharmacy for 3 years after employment or any contract for services has ended;

(z) be informed of the emergency preparedness plan in the area of the pharmacy that he or she manages and be aware of his or her responsibilities in conjunction with that plan;

(aa) ensure that no incentive is provided to a patient or patient's representative for the purpose of inducing the patient or patient's representative to

(a) deliver a prescription to a particular registrant or pharmacy for dispensing of a drug or device specified in the prescription, or

(b) obtain any other pharmacy service from a particular registrant or pharmacy.

(3) Subsection (2)(r) does not apply to a hospital pharmacy, hospital pharmacy satellite or a pharmacy education site.

(4) Owners and directors must comply with subsection (2) (d), (e), (j), (n), (o), (r), (s), (t), (v), (w), (x) and (aa).

(5) An owner or director must appoint a manager whenever necessary, and notify the registrar in writing of the appointment and any resignation of a manager.

(6) Owners and directors must ensure that the requirements to obtain a pharmacy licence under the *Act* are met at all times.

(7) For the purpose of subsection (2)(t), a pharmacy closure includes a suspension of the pharmacy licence for a period greater than 30 days, unless otherwise directed by the registrar.

3.1 Subsection (2)(aa) does not prevent a manager or director, or an owner from

(a) providing free or discounted parking to patients or patient's representatives,

(b) providing free or discounted delivery services to patients or patient's representatives, or

(c) accepting payment for a drug or device by a credit or debit card that is linked to an incentive.

3.2 Subsection (2)(aa) does not apply in respect of a Schedule III drug or an

unscheduled drug, unless the drug has been prescribed by a practitioner.

Sale and Disposal of Drugs

4. (1) Schedule I, II, and III drugs and controlled drug substances must only be sold or dispensed from a pharmacy.

(2) A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.

(3) If the manufacturer's expiry date states the month and year but not the date, the expiry date is the last day of the month indicated.

(4) Every registrant practising in a pharmacy is responsible for the protection from loss, theft or unlawful sale or dispensing of all Schedule I, II, and III drugs and controlled drug substances in or from the pharmacy.

(5) A registrant must not sell, dispense, dispose of or transfer a Schedule I drug except

(a) on the prescription or order of a practitioner,

(b) for an inventory transfer to a pharmacy by order of a registrant in accordance with the policy approved by the board,

(c) by return to the manufacturer or wholesaler of the drug, or

(d) by destruction, in accordance with the policy approved by the board.

(6) Drugs included in the controlled prescription program must not be sold or dispensed unless

(a) the registrant has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons of British Columbia, and

(b) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug.

(7) A new prescription from a practitioner is required each time a drug is dispensed, except for

(a) a part-fill,

(b) a prescription authorizing repeats,

(c) a full pharmacist-initiated renewal or adaptation, or

(d) an emergency supply for continuity of care.

(8) Subsection (6) does not apply to prescriptions written for

(a) residents of a facility or home subject to the requirements of the *Residential Care Facilities and Homes Standards of Practice*, or

(b) patients admitted to a hospital.

Drug Procurement/Inventory Management

5. (1) A full pharmacist may authorize the purchase of Schedule I, II, or III drugs or controlled drug substances only from

(a) a wholesaler or manufacturer licensed to operate in Canada, or

(b) another pharmacy in accordance with the policy approved by the board.

(2) A registrant must record a transfer of drugs that occurs for any reason other than for the purpose of dispensing in accordance with a practitioner's prescription.

(3) All drug shipments must be delivered unopened to the pharmacy or a secure storage area.

(4) Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.

(5) A full pharmacist must not purchase Schedule I, II and III drugs and controlled drug substances unless they are for sale or dispensing in or from a pharmacy.

Interchangeable Drugs

6. When acting under section 25.91 of the *Health Professions Act,* a full pharmacist must determine interchangeability of drugs by reference to Health Canada's Declaration of Equivalence, indicated by the identification of a Canadian Reference Product in a Notice of Compliance for a generic drug.

Returned Drugs

7. No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section 11(3) of the *Residential Care Facilities and Homes Standards of Practice* or section 5(2) of the *Hospital Pharmacy Standards of Practice.*

Records

8. (1) All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug substances must be retained for a period of not less than three years from the date

(a) a drug referred to in a prescription was last dispensed, or

(b) an invoice was received for pharmacy stock.

(2) Registrants, pharmacy assistants, managers, directors, and owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or patient record which would permit the identity of the patient or practitioner to be determined.

(3) Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices or documentation until the completion of any audit or investigation currently underway for which the registrant has received notice.

Pharmacy Licences

9. (1) The registrar may issue a licence for any of the following:

(a) a community pharmacy;

(b) a hospital pharmacy;

(c) a pharmacy education site.

(2) An applicant for a pharmacy licence must submit the following to the registrar:

(a) a completed application in Form 1;

(b) a diagram to scale of ½ inch equals 1 foot scale including the measurements, preparation, dispensing, consulting, storage, professional service area, professional products area, entrances and packaging areas of the pharmacy;

(c) the applicable fee set out in Schedule “A”;

(d) for a community pharmacy, proof in a form satisfactory to the registrar that the municipality in which the pharmacy is located has issued a business licence for the pharmacy to the pharmacy’s owner or manager.

(3) The registrar may renew a pharmacy licence upon receipt of the following:

(a) a completed notice in Form 4, 5 or 6, as applicable, signed by the manager;

(b) the applicable fee set out in Schedule “A”.

(4) A pharmacy’s manager must submit to the registrar, in writing, any proposed pharmacy design changes or structural renovations together with a new pharmacy diagram for approval before the commencement of construction or other related activities.

(5) If a pharmacy will be closed temporarily for up to 14 consecutive days, the pharmacy’s manager must

(a) obtain the approval of the registrar,

(b) notify patients and the public of the closure at least 30 days prior to the start of the closure, and

(c) make arrangements for emergency access to the pharmacy’s hard copy patient records.

(6) A pharmacy located in a hospital which dispenses drugs to staff, out-patients or the public and which is not owned or operated by a health authority, must be licenced as a community pharmacy.

(7) Subsections (4) to (6) do not apply to a pharmacy education site.

PART II – Community Pharmacies

Community Pharmacy Manager – Quality Management

10. A community pharmacy's manager must develop, document and implement an ongoing quality management program that

(a) maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a community pharmacy,

(b) monitors staff performance, equipment, facilities and adherence to the *Community Pharmacy Standards of Practice*, and

(c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.

Community Pharmacy Premises

11. (1) In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy's manager must ensure that

(a) the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage, and

(b) a sign reading "Medication Information" is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.

(2) The dispensary area of a community pharmacy must

(a) be at least 160 square feet,

(b) be inaccessible to the public by means of gates or doors across all entrances,

(c) include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters,

(d) contain adequate shelf and storage space,

(e) contain a double stainless steel sink with hot and cold running water, and

(f) contain an adequate stock of drugs to provide full dispensing services.

(3) In all new and renovated community pharmacies, an appropriate area must be provided for patient consultation that

(a) ensures privacy and is conducive to confidential communication, and

(b) includes, but is not limited to, one of the following:

(i) a private consultation room;

(ii) a semiprivate area with suitable barriers.

(4) All new and renovated community pharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.

Operation Without a Full Pharmacist

12. (1) Except as provided in subsection (2), a community pharmacy must not be open to the public unless a full pharmacist is present.

(2) A community pharmacy that does not have a telepharmacy remote site licence may operate without a full pharmacist present if all the following requirements are met:

(a) the registrar is notified of the hours during which a full pharmacist is not present;

(b) a security system prevents the public, pharmacy assistants and other non-pharmacy staff from accessing the dispensary, the professional service area and the professional products area;

(c) a pharmacy technician is present and ensures that the pharmacy is not open to the public;

(d) Schedule I, II, and III drugs and controlled drug substances in a secure storage area are inaccessible to pharmacy assistants, other non-pharmacy staff and the public;

(e) dispensed prescriptions waiting for pickup may be kept outside the dispensary if they are inaccessible, secure and invisible to the public and the requirements of section 12 of the *Community Pharmacy Standards of Practice* have been met;

(f) the hours when a full pharmacist is on duty are posted.

(3) If the requirements of subsection (2) are met, the following activities may be performed at a community pharmacy by anyone who is not a registrant:

(a) requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order a certain prescription may be placed in the dispensary area by dropping them through a slot in the barrier;

(b) orders from drug wholesalers, containing Schedule I, II and III drugs, may be received but must be kept secure and remain unopened.

Outsource Prescription Processing

13. (1) A community pharmacy may outsource prescription processing if

(a) all locations involved in the outsourcing are community pharmacies,

(b) all prescriptions dispensed are labeled and include an identifiable code that provides a complete audit trail for the dispensed drug, and

(c) a notice is posted informing patients that the preparation of their prescription may be outsourced to another pharmacy.

(2) The manager of an outsourcing community pharmacy must ensure that all applicable standards of practice are met in processing prescriptions at all locations involved in the outsourcing.

(3) In this section, "community pharmacy" includes a hospital pharmacy.

PART III – Hospital Pharmacies

Hospital Pharmacy Manager – Quality Management

14. (1) A hospital pharmacy's manager must develop, document and implement an ongoing quality management program that

(a) maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a hospital pharmacy,

(b) monitors staff performance, equipment, facilities and adherence to the *Hospital Pharmacy Standards of Practice*,

(c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies,

(d) documents periodic audits of the drug distribution process,

(e) includes a process to review patient-oriented recommendations,

(f) includes a process that reviews a full pharmacist's documentation notes in the hospital's medical records,

(g) includes a process to evaluate drug use, and

(h) regularly updates policies and procedures for drug use control and patient-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.

(2) If sample drugs are used within a hospital, the hospital pharmacy's manager must ensure that the pharmacy oversees the procurement, storage and distribution of all sample drugs.

After Hours Service

15. (1) If continuous pharmacy services are not provided in a hospital, the hospital pharmacy's manager must ensure that urgently needed drugs and patient-oriented pharmacy services are available at all times by

(a) providing a cabinet which must

(i) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only authorized persons may obtain access,

(ii) be stocked with a minimum supply of drugs most commonly

required for urgent use,

(iii) not contain controlled drug substances unless they are provided by an automated dispensing system,

(iv) contain drugs that are packaged to ensure integrity of the drug and labeled with the drug name, strength, quantity, expiry date and lot number, and

(v) include a log in which drug withdrawals are documented, and

(b) arranging for a full pharmacist to be available for consultation on an on-call basis.

(2) When a hospital pharmacy or hospital pharmacy satellite is closed, the premises must be equipped with a security system that will detect unauthorized entry.

PART IV – Telepharmacy

Telepharmacy Services

16. (1) The registrar may authorize a community pharmacy or hospital pharmacy to provide telepharmacy services, upon receipt of a completed application in Form 2 and if satisfied that the requirements of this section will be met.

(2) Telepharmacy services may only be provided in or through pharmacies authorized under this Part to provide telepharmacy services.

(3) A telepharmacy remote site must be under the direct supervision of a full pharmacist at the central pharmacy site.

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

(5) The *Community Pharmacy Standards of Practice* apply to a telepharmacy remote site, unless it is located in, or providing pharmacy services for, a hospital in which case the *Hospital Pharmacy Standards of Practice* apply.

(6) Full pharmacists at a central pharmacy site must comply with section 12 of the *Community Pharmacy Standards of Practice* by using video and audio links.

(7) A sign must be posted at the dispensary counter of a telepharmacy remote site advising patients and staff when the site is operating in telepharmacy mode.

(8) A telepharmacy remote site must not remain open and prescriptions must not be dispensed if

(a) an interruption in data, video or audio link occurs,

(b) a pharmacy technician is not on duty at the telepharmacy remote site, or

(c) a full pharmacist is not on duty at the central pharmacy site.

(9) Prescriptions dispensed at a telepharmacy remote site must be distinguishable from a prescription dispensed at the central pharmacy site and include a unique label and a unique identifier for the prescription.

(10) The manager of a central pharmacy site must

(a) inspect and audit each affiliated telepharmacy remote site at least 3 times each year,

(b) make a written record of all inspections and audits, and

(c) provide a copy of a record described in paragraph (b) to the college on request.

(11) There must be a policy and procedure manual which describes the specific telepharmacy operations that are in place to ensure the safe and effective distribution of pharmacy products and delivery of pharmaceutical care.

PART V – Pharmacy Education Sites

Pharmacy Education Site Manager

17. (1) A pharmacy education site's manager must ensure that only registrants and instructors are present in the pharmacy education site.

(2) A pharmacy education site's manager must comply with section 3(2)(a), (d), (h), (p), (s) and (t)(ii) and (iii).

PART VI – PharmaNet

Application of Part

18. This Part applies to every pharmacy that connects to PharmaNet.

Definitions

19. In this Part:

"database" means those portions of the provincial computerized pharmacy network and database referred to in section 13 of the *Act*;

"in-pharmacy computer system" means the computer hardware and software utilized to support pharmacy services in a pharmacy;

"patient keyword" means an optional confidential pass code selected by the patient which limits access to the patient's PharmaNet record until the pass code is provided to the registrant;

"PharmaNet patient record" means the patient record described in section 11(2) of the *Community Pharmacy Standards of Practice* and in the PharmaNet Professional and Software Compliance Standards as the "patient profile";

"PharmaNet Professional and Software Compliance Standards" means the document provided by the Ministry of Health Services specifying the requirements of an in-pharmacy computer system to connect to PharmaNet;

"terminal" means any electronic device connected to a computer system, which allows input or display of information contained within that computer system.

Operation of PharmaNet

20. A pharmacy must connect to PharmaNet and be equipped with the following:

(a) an in-pharmacy computer system which meets the requirements set out in the current PharmaNet Professional and Software Compliance Standards;

(b) a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which

(i) is only accessible to registrants and pharmacy assistants,

(ii) is under the direct supervision of a registrant, and

(iii) does not allow information to be visible to the public, unless intended to display information to a specific patient;

(c) the computer software upgrades necessary to comply with changes to the PharmaNet Professional and Software Compliance Standards.

Data Collection, Transmission of and Access to PharmaNet Data

21. (1) A registrant must enter the prescription information and transmit it to PharmaNet at the time of dispensing and keep the PharmaNet patient record current.

(2) A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only

(a) to dispense a drug,

(b) to provide patient consultation, or

(c) to evaluate a patient's drug usage.

(3) A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only for the purposes of claims adjudication and payment by an insurer.

(4) A registrant must revise information in the PharmaNet database pertaining to corrected billings for prescriptions billed to the patient or a payment agency other than PharmaCare and record the reason for the revision within 90 days of the original entry on PharmaNet.

(5) A registrant must reverse information in the PharmaNet database, for any drug that is not released to the patient or the patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.

(6) If a registrant is unable to comply with the deadlines in subsections (4) or (5), he or she must provide the information required to make the correction to the college as soon as possible thereafter.

(7) At the request of the patient, a registrant must establish, delete or change the patient keyword.

(8) Where a patient or patient's representative requests an alteration to be made to the PharmaNet information, the registrant must

(a) correct the information, or

(b) if the registrant refuses to alter the information, he or she must inform the person requesting the change of his or her right to request correction under the *Personal Information Protection Act*.

Confidentiality

22. A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service, including but not limited to

(a) establishing a patient record,

(b) updating a patient's clinical information,

(c) providing a printout of an in-pharmacy or requesting a PharmaNet patient record,

(d) establishing, deleting, or changing a patient keyword,

(e) viewing a patient record,

(f) answering questions regarding the existence and content of a patient record,

(g) correcting information, and

(h) disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use.

Section of Bylaw	Feedback	NAPRA and Other College's	Legal Opinion
PODSA 3(2)(e)(ii)	I recently attended a BCPhA boot camp where I asked a senior BCPhA official if the Association would be willing to issue a policy statement denouncing quotas/metrics/targets etc, particularly in light of the recent CBC Marketplace report on quotas/targets/metrics etc, which would likely raise governmental awareness about these corporate practices and motivate the Ministry of Health to audit pharmacies more aggressively, particularly the chains mentioned in the CBC piece. The response I received was as follows…"There is NO evidence that quotas exist, that they are harmful to patient care if they did exist and ANY LAW ATTEMPTING TO REGULATE THEM WOULD BE UNENFORCEABLE…..Our corporate members would NEVER agree to such a policy statement [limiting quotas]." The point of me raising this conversation is to (i) illustrate the mentality of corporate stakeholders regarding this issue and (ii) to (sadly) express my agreement with the statement by the BCPhA official. That is to say, as the bylaw is currently written, enforcement will be entirely dependent on "whistleblowing" which involves a lot of risk for the whistleblower, as history shows that corporations will likely retaliate against any registrant that dares to speak up (I have witnessed cases where pharmacy owners have terminated individuals for personal views unrelated to their performance then refused to offer an official reason for termination and simply challenged the terminated employee to prove that their termination was unlawful—which involves hiring a lawyer and spending a considerable and often prohibitive amount of money. The corporate stakeholders will undoubtedly exploit this imbalance of power (money, threat of industry blacklisting) to continue to coerce registrants into meeting quotas DESPITE this bylaw. Given this, the law must include some way to meaningfully deter corporate stakeholders from exploiting the power imbalance with registrants. Otherwise, registrants, very unfortunately, will likely continue to participate in unseemly quota practices because from their perspective, it boils down to a choice between feeding their families and paying their mortgages or affirming their ethics in the unemployment line. And, in effect, the CPBC will not be addressing the root of this problem, but instead, will be contributing to its perpetuation by enabling an environment in which these practices can continue.	Alberta Standards for the Operation of Licensed Pharmacies Standard 3: A licensee must ensure that the licensed pharmacy has a) an adequate number of properly trained staff who are identifiable to the public and b) policies and procedures to ensure that restricted activities are only performed by, or under the lawful supervision of an authorized regulated health professional. 3.1: A licensee must ensure that a licensed pharmacy has an adequate number of staff to provide professional services; a) safely, b) effectively, and c) in accordance with the laws referred to in Standard 1.1. 3.2: In assessing the need for staff for the purposes of Standard 3.1, a licensee must exercise professional judgement, including but not limited to having regard for the past and anticipated workloads in the pharmacy. NAPRA Model Standards of Practice- expertise in medications and medication use -standard 48: organize staffing and workflow to enable pharmacists to fulfill standards of practice and to optimize patient care NAPRA Model Standards of Practice - collaboration - standard 8: recognize and work within the limits of their competence when accepting responsibility for activities as part of collaborative practice NAPRA Model Standards of Practice- collaboration - standard 9: fulfill their responsibilities to the inter-professional team in accordance with collaborative practice agreements (or similar formal agreements that define team responsbilities) NAPRA Model Standards of Practice- collaboration - standard 12: organize and support staffing and workflow changes as necessary to enable pharmacists to participate in collaborative care initiatives	College has authority
PODSA 3(2)(e)(ii)	Proposed wording does not add much to the current version. Pharmacy managers are already responsible for ensuring that regulations are upheld in the operation of a pharmacy. Suggests that wording regarding quotas and targets should disallow the imposition of quotas and targets for publicly funded clinical services - specifically med reviews and prescription adaptations. Targets for flu shots may be justified, but not for medication reviews or prescription adaptations.		College has authority
PODSA 3(2)(e)(i)	Firstly, we want to be very clear that we support standards of pharmacy practice that support the best patient care. We welcome any fact-based review of current community pharmacy practice that may arise from concerns that pharmacists are in any way compromised in delivering the highest standards of care to their patients. With respect, we do not believe the College's workplace study provides such evidence. It provided a highly subjective snapshot of what some staff pharmacists viewed to be the pressures of their workplace. It understandably provided no evidence that the performance standards in community pharmacy in BC are extraordinary when compared to other industries or, more importantly, that patients were put in harm's way as a result of their employer's expectations. We also have considerable concerns that workplace standards are not the purview of the College. While the College has a clear mandate to protect the public interest, its duties do not extend to managing workplace issues. We question the College's authority to regulate this area. The proposed provisions add nothing to the duty to ensure quality patient care. This obligation is an overriding, fundamental obligation. Therefore any business practice which can be demonstrated, on the basis of reliable evidence, to undermine that fundamental duty is simply not permissible. There is simply no need for the College to single out specific business practices or tools. In doing so, while remaining silent on others, the College is acting beyond its authority and sowing the conditions for strife in the workplaces of pharmacies in this province. The BCPhA would welcome a thorough analysis of these issues and opposes the imposition of these ambiguous, redundant and overbroad provisions. Accordingly, we would urge the College to abandon these amendments.		College has authority
PODSA 3(2)(e)(i)	The delivery of patient care at community pharmacy locations in British Columbia is provided through a diverse network of pharmacies that are as unique as the populations and geographic locations they serve. Practice is no longer limited to traditional dispensing activities, but has also expanded to include: comprehensive medication therapy management and monitoring; disease state management; health promotion and prevention; and administration of vaccines, to name a few. As a result, community pharmacy has become a convenient destination for people to go to when they need immediate access to primary health care services. Ease of access, however, while beneficial to patients, is not without its unintended consequences, specifically the inability to accurately predict human resources requirements at any given time. As a result of this ambiguity, we would assert that no community pharmacy manager could meet this requirement "at all times". Furthermore, while we support the oversight of the CPBC in ensuring that pharmacy managers work to meet patient care requirements in their pharmacies, it is our position that CPBC has neither the mandate nor the experience to establish benchmarks for pharmacy staffing levels or workload volumes at all the various community pharmacy practice sites in British Columbia.		College has authority
PODSA 3(2)(e)(ii)	Goal-setting is a common human resources principle embraced by all contemporary organizations. During the course of 30 years of research with 17 million employees, the Gallup organization found that knowing what was expected of them at work was critical to keeping employees engaged at work1. Making progress toward and achieving goals fosters both satisfaction and self-confidence. Goals also promote planning and, along with plans, interaction between managers and direct reports and among teams to align plans, monitor milestones, and make course corrections when needed. Supporting pharmacists to fully embrace their role and professional responsibilities is an ongoing exercise in change management. Goal-setting is one way of engaging pharmacists to embrace these opportunities to use their knowledge and skills for the benefit of the public (in accordance with the CPBC Code of Ethics), and to create business success. The responsibility for human resources management clearly rests with individual organizations and does not fall under the authority of the provincial pharmacy regulator. As per the CPBC website, we support the role of the CPBC "to protect public health by licensing and regulating pharmacists and pharmacy technicians and the places where they practice. We are responsible for making sure every pharmacist and pharmacy technician in B.C. is fully qualified and able to provide the public with competent care." Sections 3(2)(e)(i) and (ii) would now propose that the CPBC have purview over the business practices of pharmacy (workplace scheduling and human resources management). From our perspective, this would be beyond the delegated authority assigned to the CPBC through either the Health Professions Act or the Pharmacy Operations and Drug Scheduling Act. We do not support the inclusion of these sections within the PODSA Bylaws.		College has authority

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

7. Legislation Review Committee
b) HPA Fee Schedule

DECISION REQUIRED

Recommended Board Motion:

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.*

Purpose
To approve amendments to the *Health Professions Act* (HPA) – Bylaws Schedule D to add a fee of $341.25 for the Structured Practical Training (SPT) Program for Pharmacy Technicians.

Background
The Board may make bylaws as per Section 19(1) (p) of the HPA to establish fees payable to the College by registrants. These fees must be consistent with the duties and objectives of the College.

Section 19(6.2) of the HPA excludes the establishment of fees (amongst other bylaw making authorities) from the 3 months notification period. Accordingly, once approved by the Board, the bylaws will be sent to the Ministry of Health for filing.

Discussion
Formally, the SPT was administered by the University of British Columbia; as of 2014, it is now administered by the College. Adding the SPT fee to the HPA-Bylaws Fee Schedule is essentially formalizing current day practice as registrants have already been paying this fee.

Recommendation

That the Board approve the HPA - Bylaws Schedule D for filing as presented.

Appendix	
1	Schedule to the Resolution
2	Amended Schedule D

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by adding the following fee item to Schedule D.

Structured Practical Training Program	Valid for 6 months from application date.	$341.25

College of Pharmacists of B.C.
FEE SCHEDULE
HPA Bylaw "Schedule D"

REGISTRATION FEES

Pharmacist		
Application for Pre-registration	Valid for up to three years.	$ 315.00
Application for Re-instatement	Valid for up to three years.	$ 315.00
Full Pharmacist - registration	For a term of one year.	$ 530.00
Full Pharmacist - registration renewal	For a term of one year.	$ 530.00
Non-practising Pharmacist - registration	For a term of one year.	$ 504.00
Limited Pharmacist	For a term of one year. Maximum three one-year terms.	$ 530.00
Temporary Pharmacist	Valid for up to 90 days; during an emergency situation only.	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		$ 100.00
Student Pharmacist		
New Student Pharmacist (UBC)	Valid for one year.	$ 0.00
New Student Pharmacist (Non UBC)	Valid for one year.	$ 0.00
Registration Renewal (UBC)	Valid for one year.	$ 0.00
Application for Re-instatement (UBC)	For re-instatement after 90 days of registration expiry; valid for one year.	$ 0.00
Pharmacy Technician		
Application for Pre-registration - Schedule C program graduates	Valid for up to three years.	$ 210.00
Application for Pre-registration - (As per HPA Bylaws 47(4))	Expires December 31, 2015	$ 210.00
Application for Re-instatement	Valid for up to three years.	$ 210.00
Pharmacy Technician - registration	For a term of one year.	$ 353.00
Pharmacy Technician - registration renewal	For a term of one year.	$ 353.00
Non-practising Pharmacy Technician - registration	For a term of one year.	$ 336.00
Temporary Pharmacy Technician	Valid for up to 90 days; during an emergency situation only.	$ 0.00
Late registration renewal fee (≤90 days from renewal date).		$ 100.00
Structured Practical Training Program	Valid for 6 months from application date.	$ 341.25

CERTIFICATION FOR INJECTION DRUG ADMINISTRATION

Application for certification		$ 100.00

ADMINISTRATION FEES

Replacement of registration certificate		$ 100.00
Certificate of standing		$ 100.00
Processing of non-sufficient funds (NSF) cheque		$ 100.00
Criminal Record Check (CRC)	See Criminal Record Check Fee Regulation BCReg238/2002 as amended	-
Jurisprudence Examination (JE)		$ 190.00
Pharmacy Practice Manual (available free on website)		$ 250.00

NOTES:

1) Fees are non-refundable.

2) All fees except Criminal Record Check are subject to GST.

3) Annual registration renewal notices are sent at least thirty (30) days prior to expiry date.

4) Completion of registration forms may be required for items with $0.00 fee amounts.

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

7. Legislation Review Committee
c) *Health Professions Act* Standards of Practice: "6 Standards" Amendment Updates

INFORMATION ONLY

Purpose
To provide an update on the status of the *Health Professions Act* (HPA) bylaws Schedule F Standards of Practice Part 1- Community Pharmacy.

Background
Strategic Goal 4: Standards of practice are current and are being met in order to ensure safe and effective pharmacy care.

The 2014-2017 Strategic Plan set a goal of reviewing the existing standards of practice to ensure that they are current and being met. The focus of the review was on six priority areas:

- Narcotic reconciliation
- Patient identification verification
- Identity of pharmacy staff
- Pharmacist review of patient profile on PharmaNet prior to dispensing
- Pharmacist/patient consultation (counselling)
- Documentation management within the pharmacy

Review of three areas (narcotic reconciliation, patient identification verification and identity of pharmacy staff) resulted in a new professional practice policy (PPP 73 – Validate Identification and College Registration Status for New Pharmacy Hires) and amendments to two existing PPP's (PPP 54 - Identifying Patients for PharmaNet Purpose and PPP 65 - Narcotic Counts and Reconciliations). They were approved by the Board in June 2014 and February 2015 accordingly.

Review of pharmacist review of patient profile on PharmaNet prior to dispensing and pharmacist/patient consultation resulted in amendments to the existing HPA bylaws Schedule F Standards of Practice Part 1- Community Pharmacy (CPSOP's). The CPSOP's were approved for public posting by the Board at the February 2015 Board meeting. They were posted for a 90 day public posting period which ended on May 28, 2015. Many comments/feedback were received and reviewed.

Lastly, the priority area of documentation management within the pharmacy requires more work and remains outstanding.

Next Steps

The College planned to present the final CPSOP's for the Board's approval to file with the Ministry of Health at the June 2016 Board meeting however due to the developments related to the Medical Assistance in Dying and version control, the amendments are expected to be brought forward at the September 2016 Board meeting.

College of Pharmacists of British Columbia

125 years

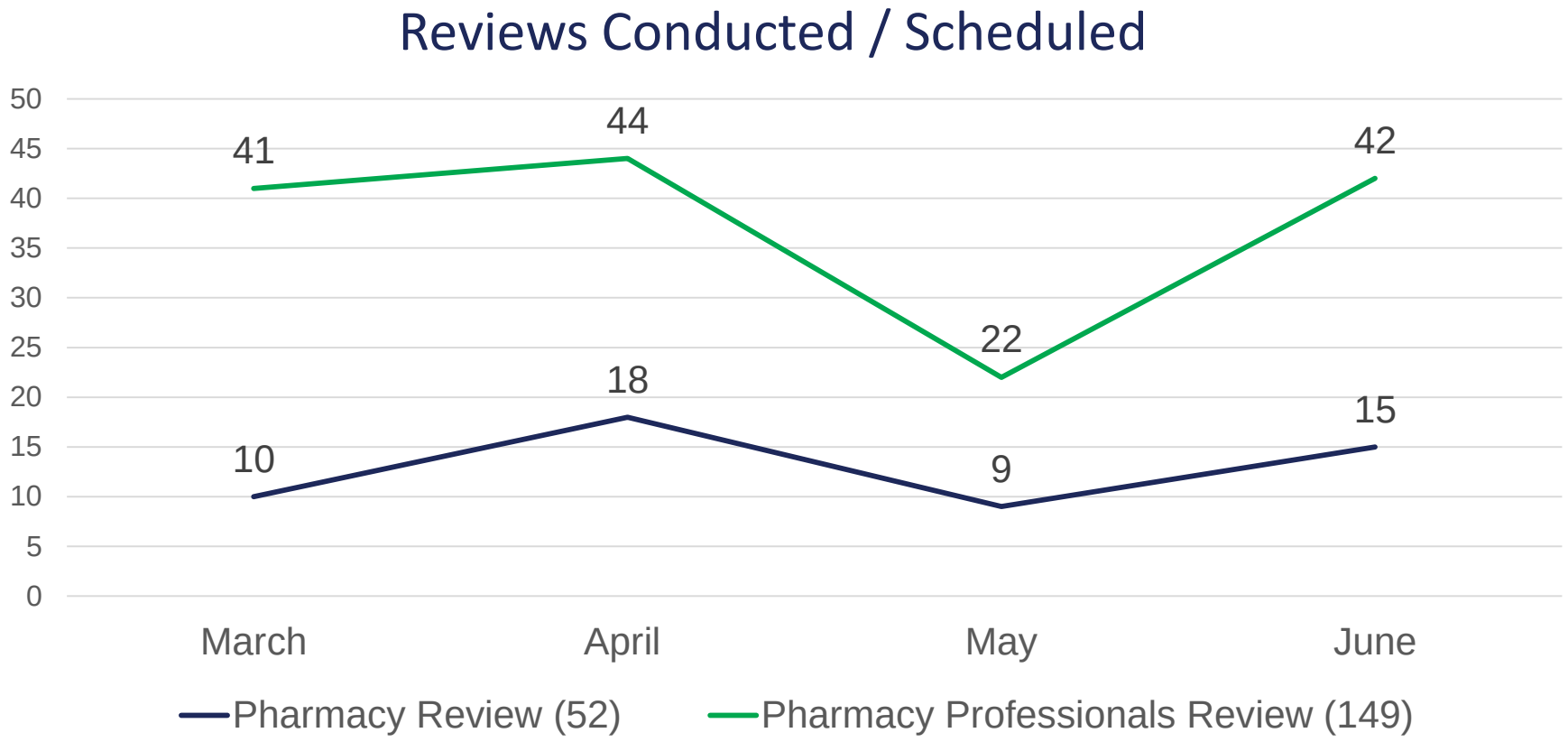
8. Practice Review Committee

Presented By:

Michael Ortynsky

Chair, Practice Review Committee

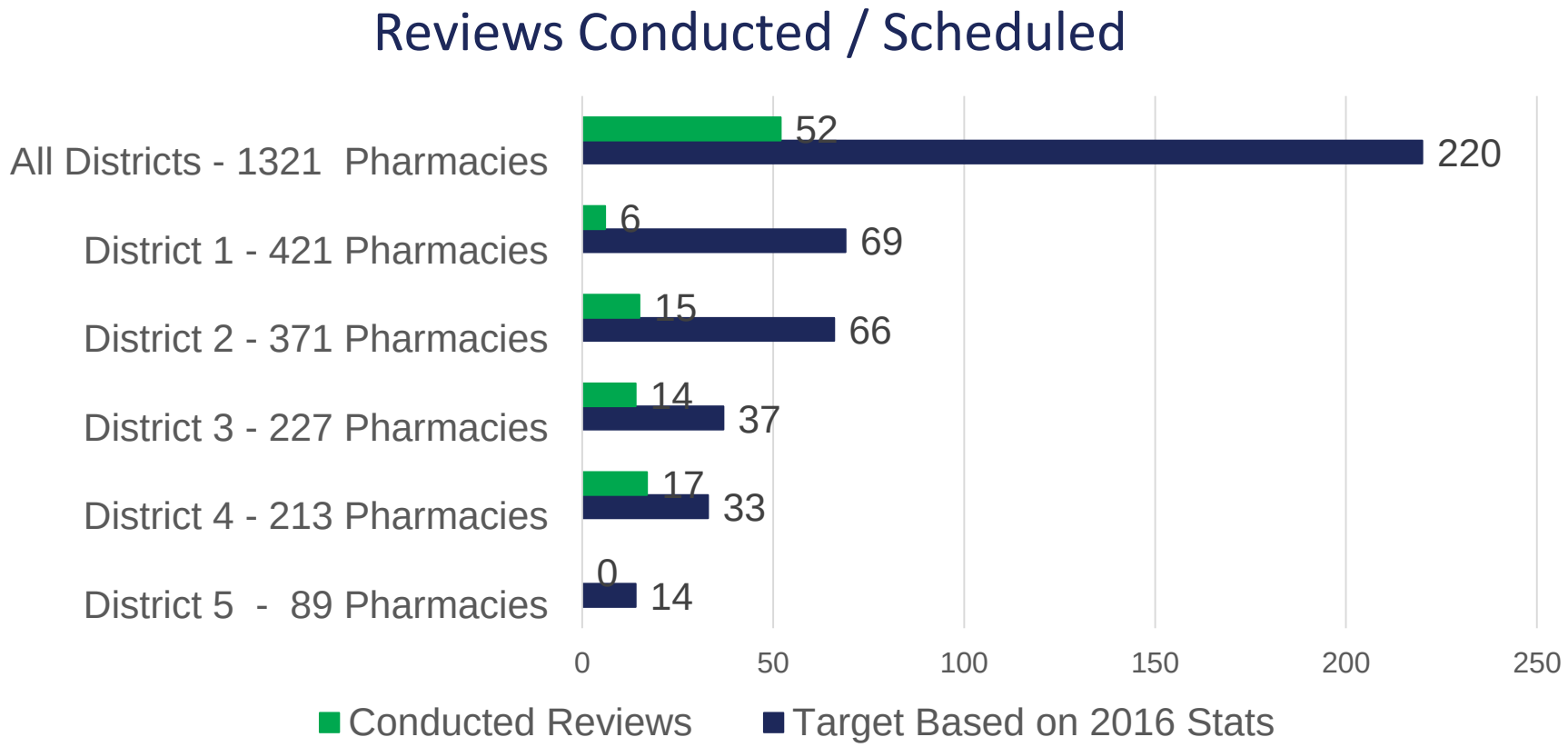
Phase 1: 2016-17 Fiscal Year Statistics



140 Pharmacists
9 Pharmacy Technicians

College of Pharmacists of British Columbia
125 years

Phase 1: 2016-17 Fiscal Year Statistics



College of Pharmacists of British Columbia

125 years

Phase 1: Registrant Feedback Report

Summary

- The report highlights the results of the voluntary feedback survey from registrants who completed their reviews between February 2015 and February 2016 :
- 786 reviews were conducted:
  - 220 Pharmacy Reviews
  - 566 Pharmacy Professionals Reviews
    - 518 pharmacists
    - 48 pharmacy technicians
- The feedback survey results were mostly positive; many registrants found the reviews helpful and said that they had a positive impact on their practice

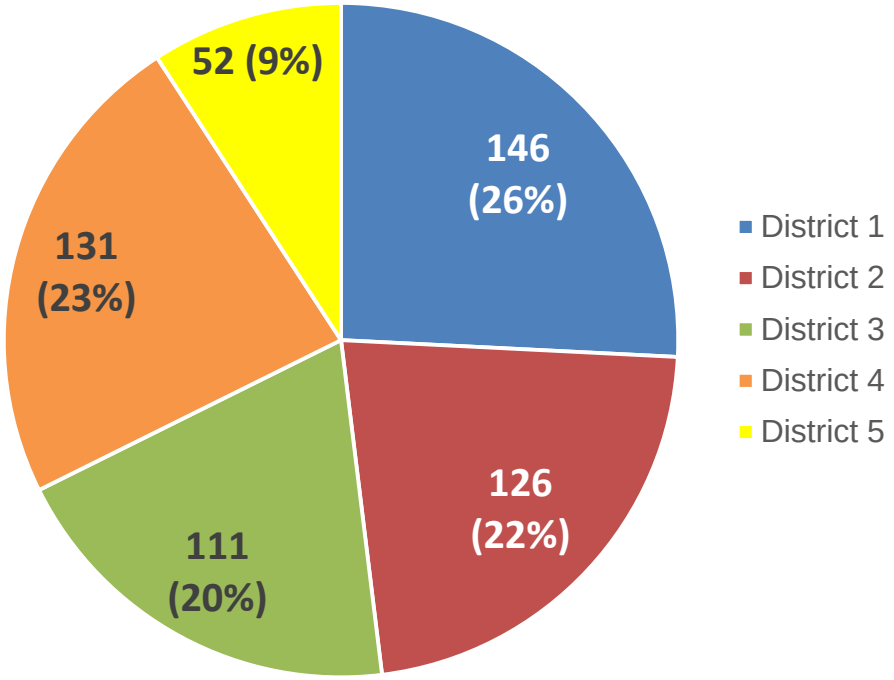
College of Pharmacists of British Columbia

125 years

Phase 1: Registrant Feedback Report, Demographics

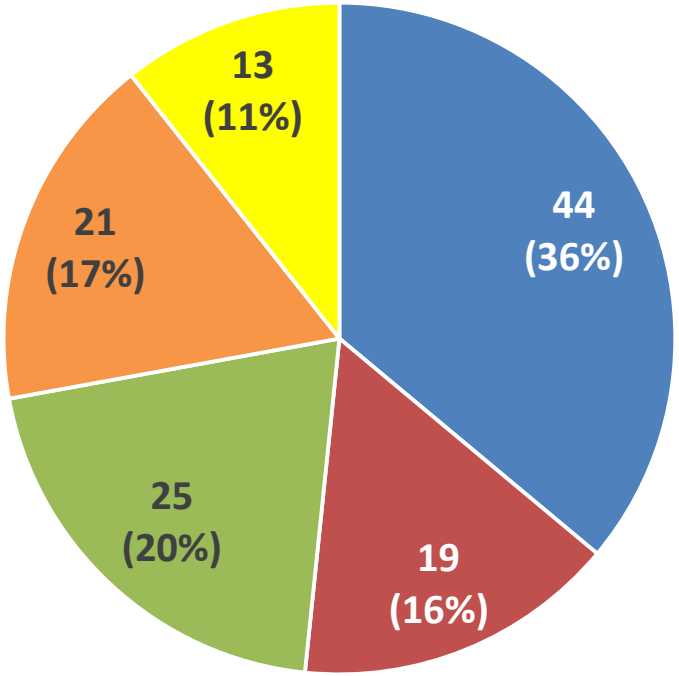
Registrants Reviewed

n=566



Survey Participants

n=122

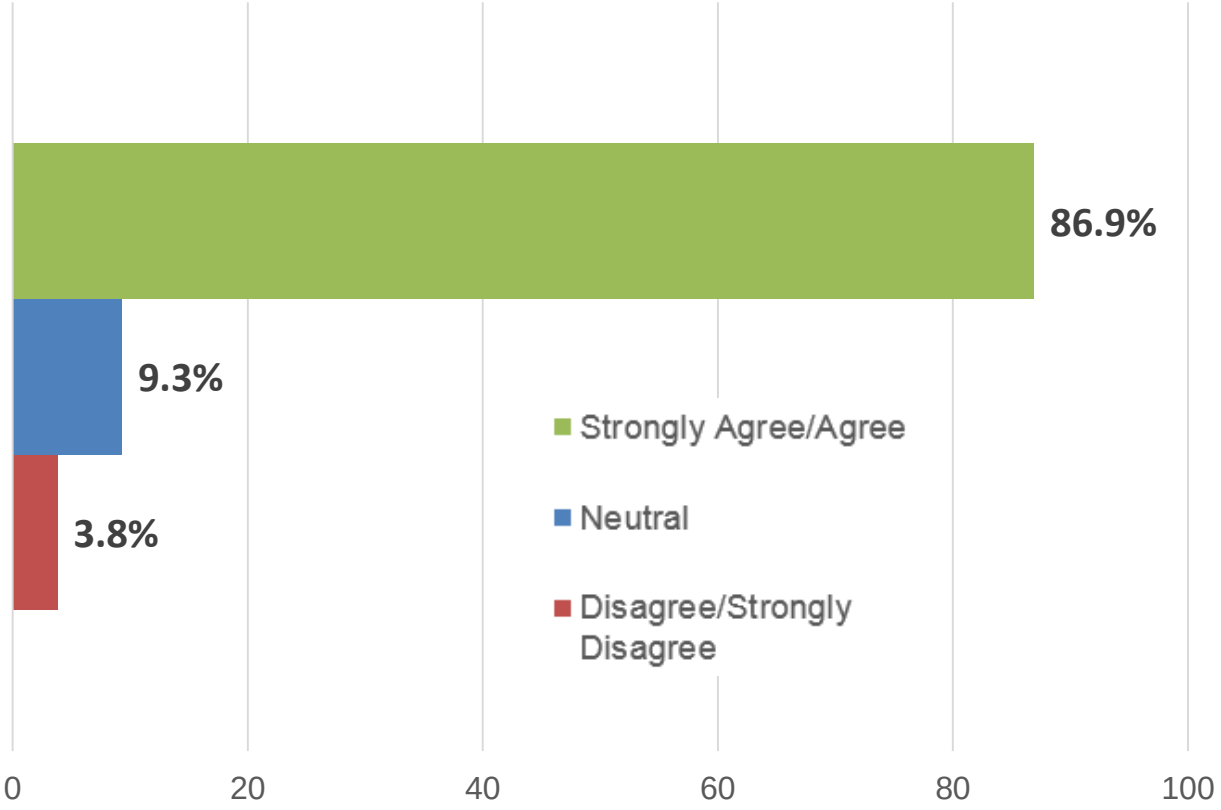


College of Pharmacists of British Columbia

125 years

Scheduling

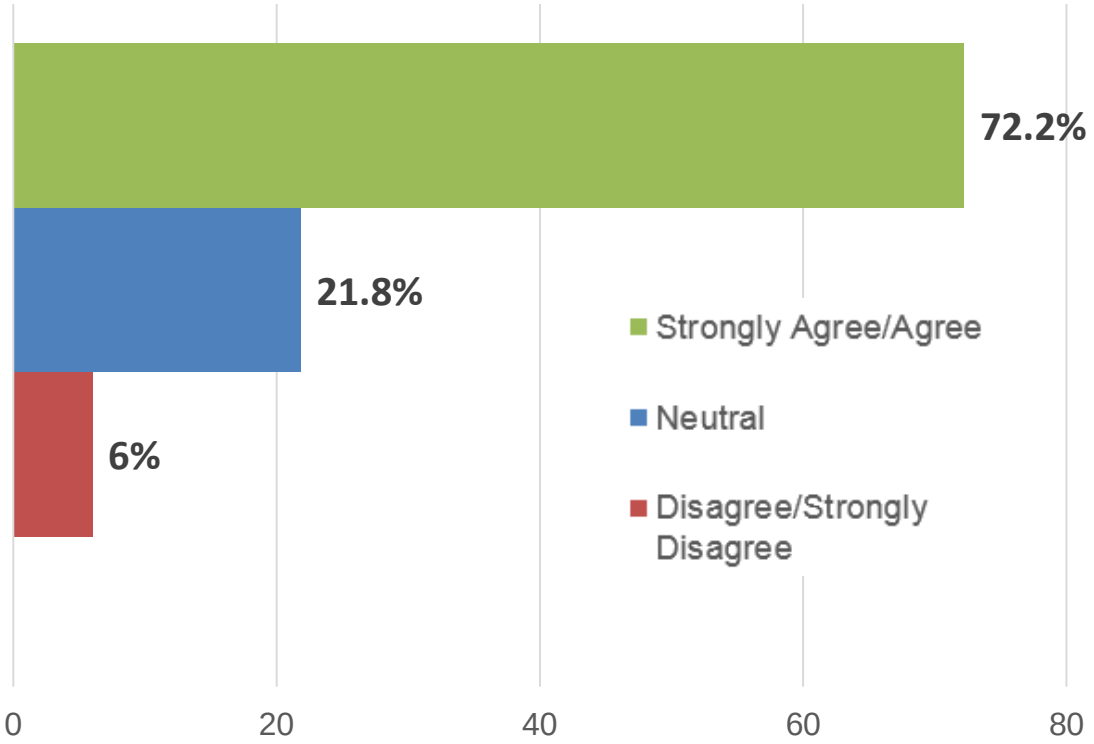
- Staff was helpful when I had questions or concerns
- I had adequate time to prepare



College of Pharmacists of British Columbia
125 years

Pharmacy Pre-Review

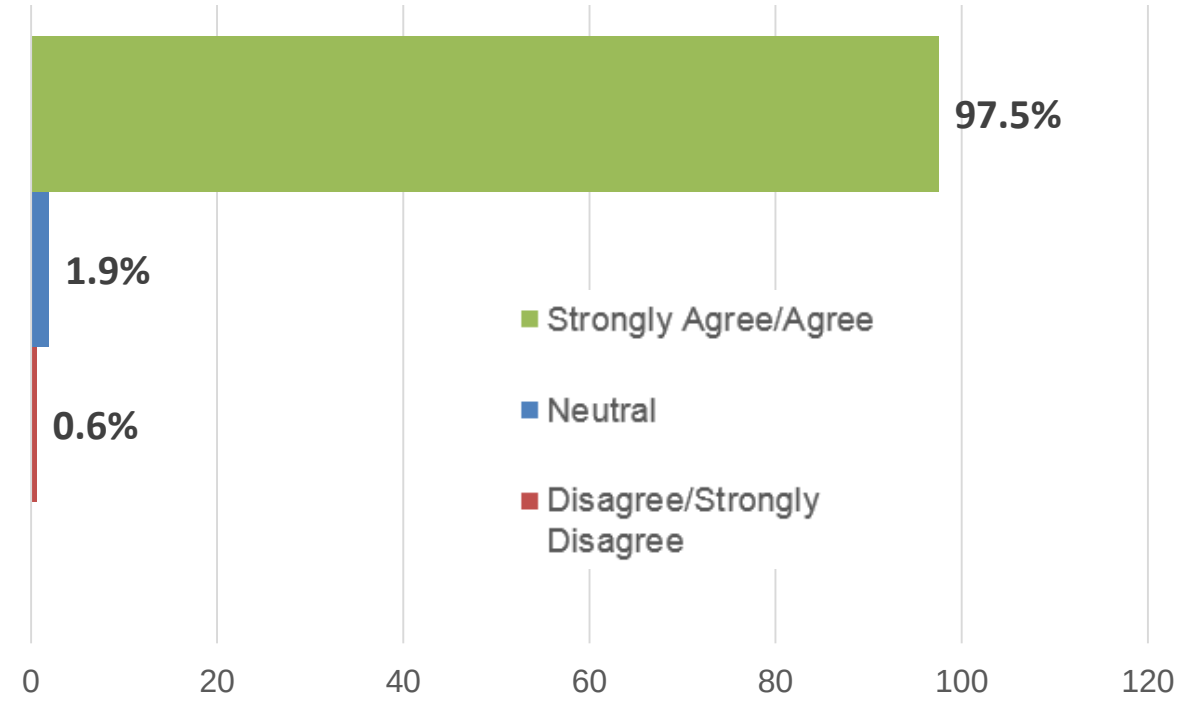
- Was user friendly
- Took an appropriate amount of time
- I received support from staff
- I had clear expectations of the Pharmacy Review after completing the Pre-Review



College of Pharmacists of British Columbia
125 years

Pharmacy Review

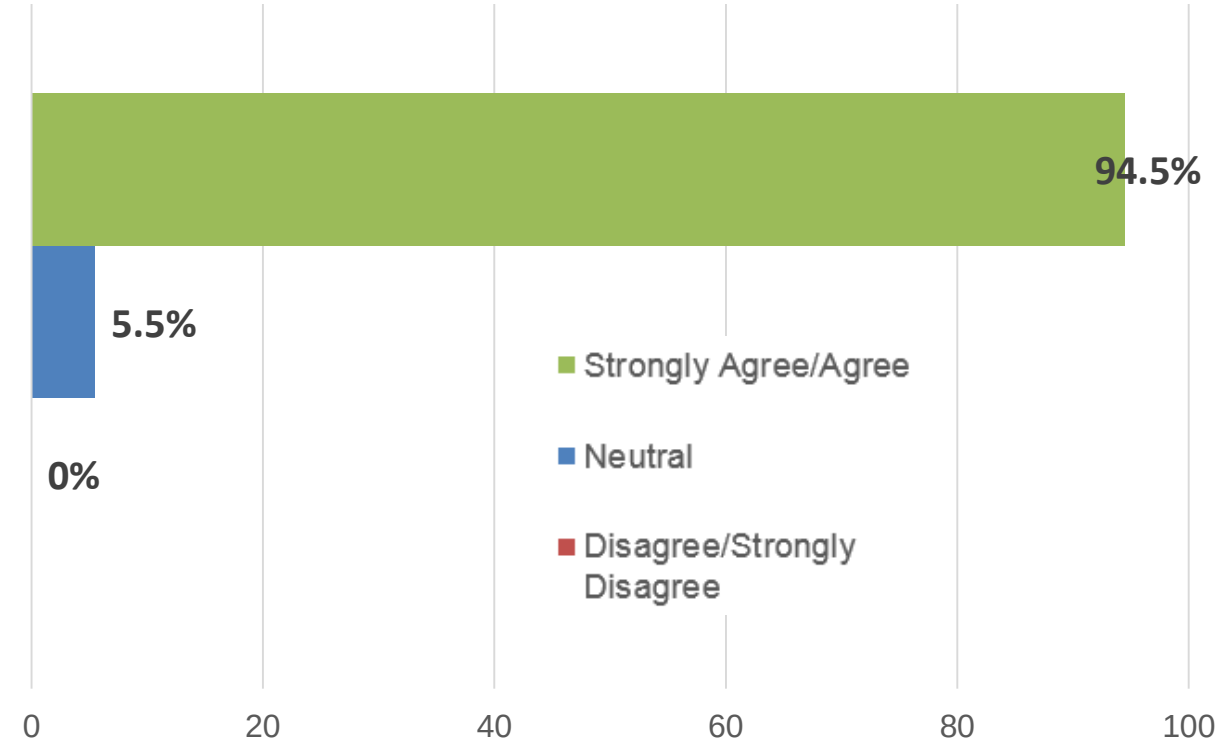
- Duration was sufficient
- Was conducted fairly
- Manner was least disruptive



College of Pharmacists of British Columbia
125 years

Pharmacy Review Results

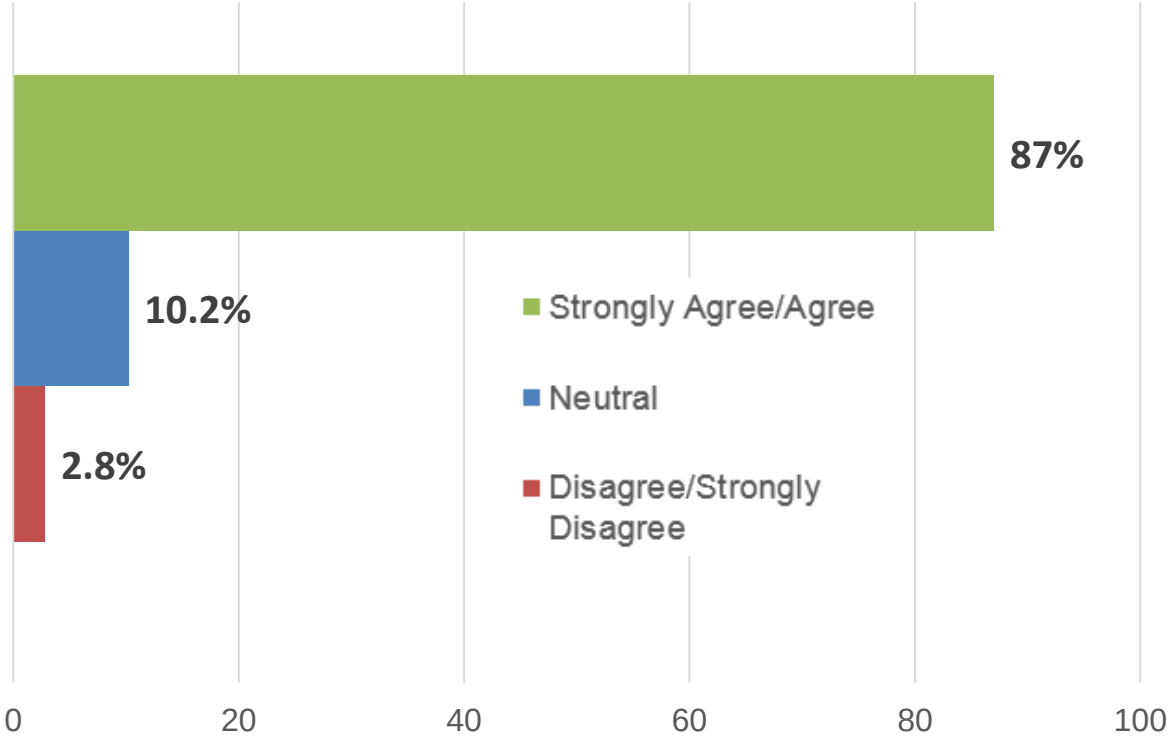
- Accurately reflected the review
- I had clear understanding of how to complete my action item(s)
- I had sufficient time to complete my action item(s)
- The 10 categories are relevant to patient safety



College of Pharmacists of British Columbia
125 years

Pharmacy Review Communications / Tools

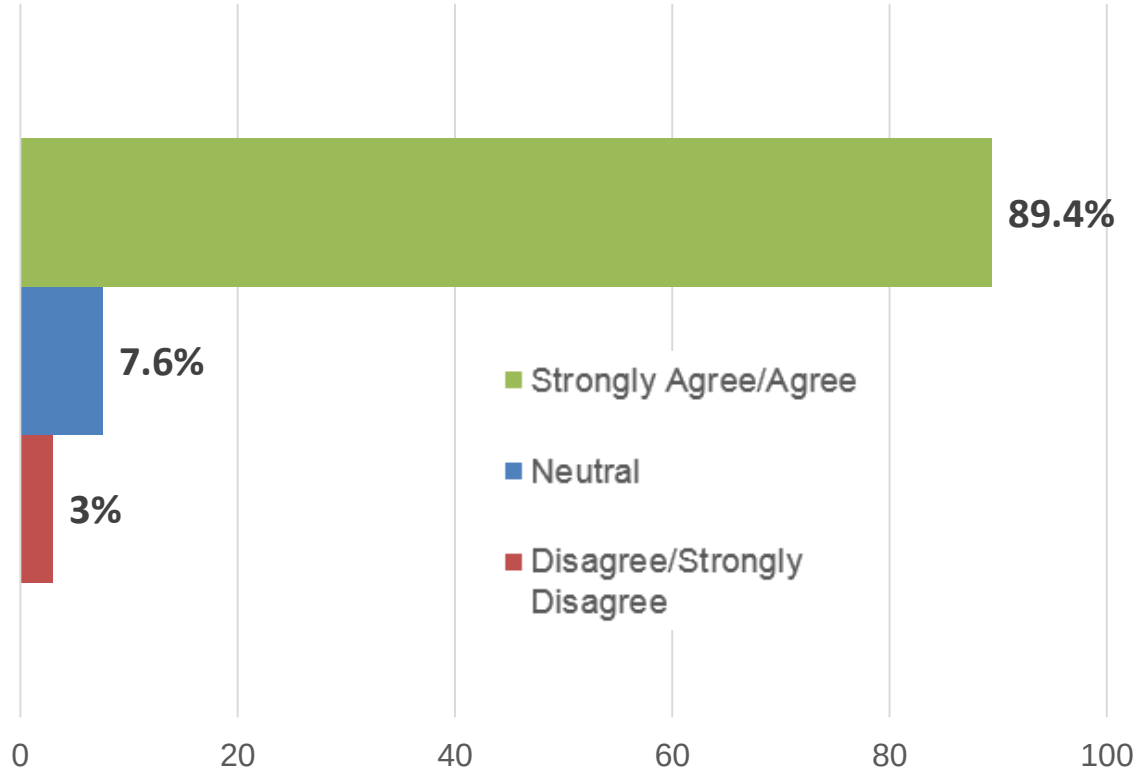
- I received clear instructions on how to access the PRP webpage and it has clear information
- I received clear instructions on how to complete the Pre-Review
- the Pre-Review How-to-Guide and Tutorial were helpful



College of Pharmacists of British Columbia
125 years

Pharmacy Professionals Review

- Reflects College standards for the 4 focus areas
- Was conducted fairly
- Manner that was least disruptive

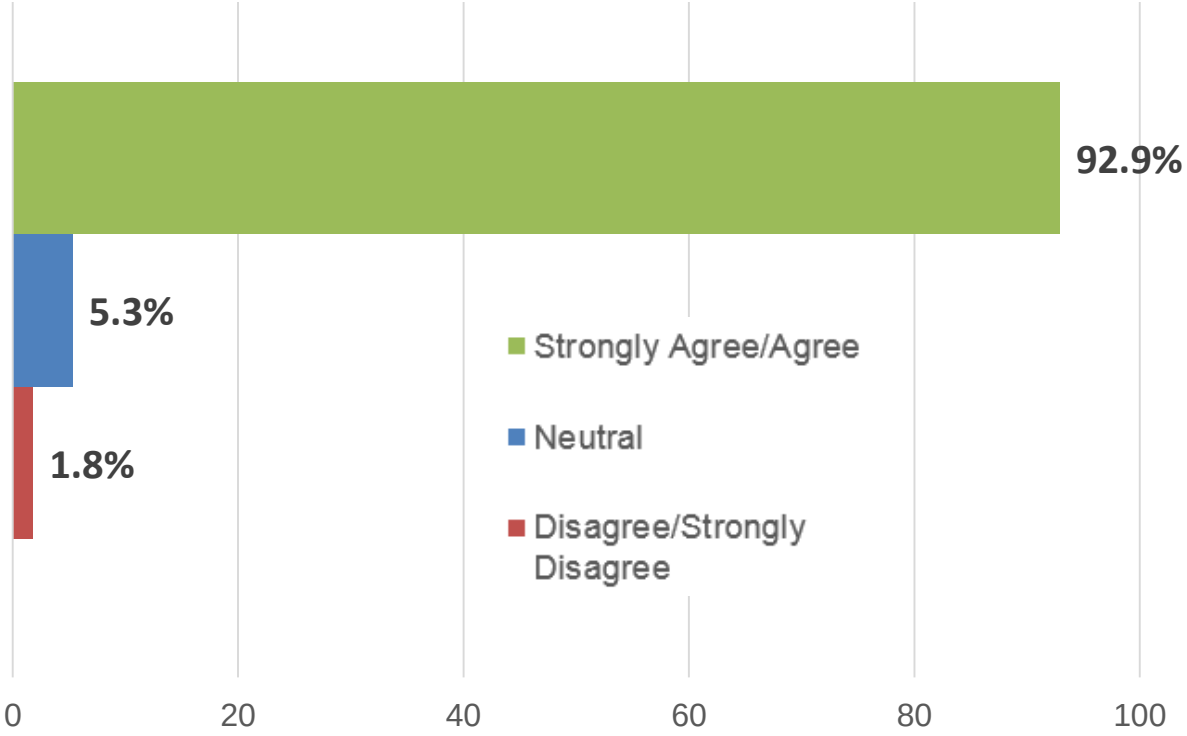


College of Pharmacists of British Columbia

125 years

Pharmacy Professionals Review Results

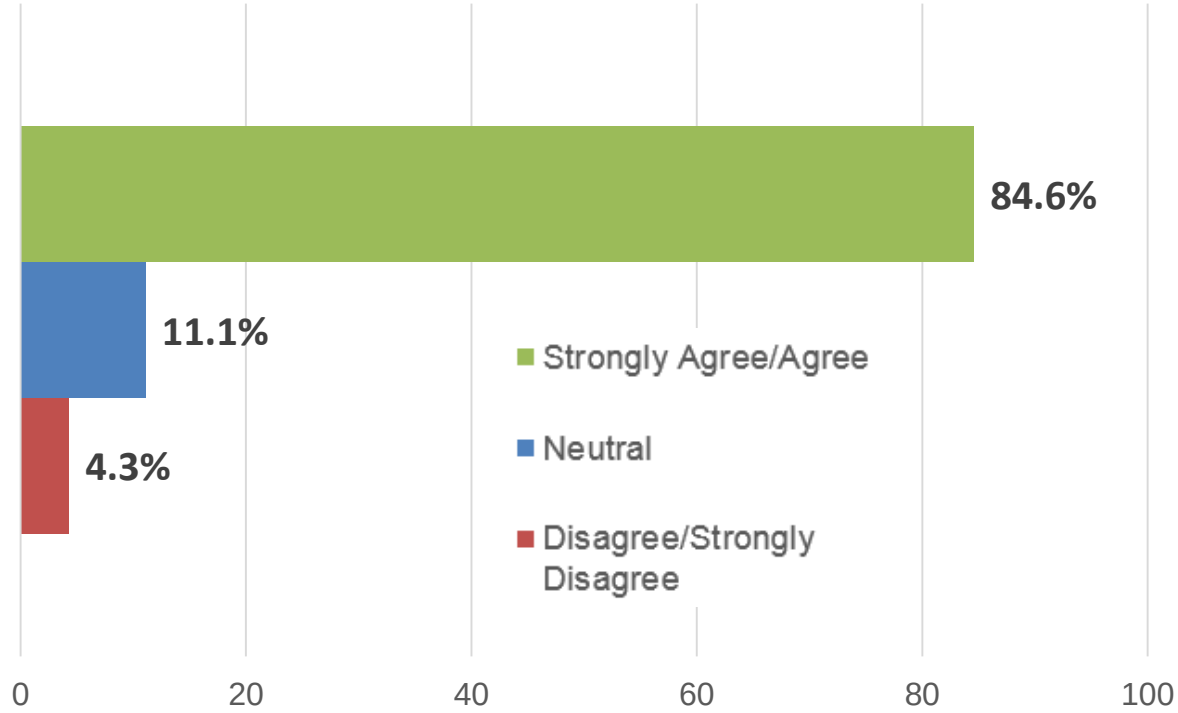
- Accurately reflected the review
- I had clear understanding of how to complete my action item(s)
- I had sufficient time to complete my action item(s)
- Focus areas are relevant to my practice



College of Pharmacists of British Columbia
125 years

Pharmacy Professionals Review Communications / Tools

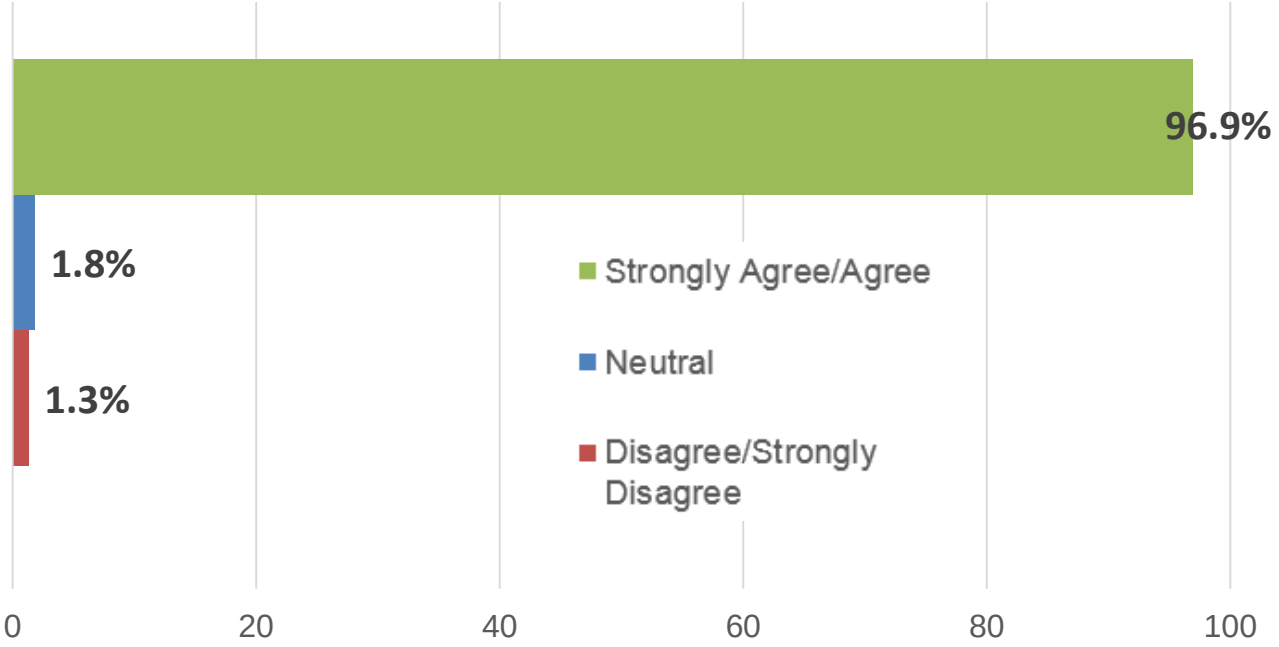
- I received clear instructions on how to access the PRP webpage
- Webpage has clear information
- After reviewing the online form, I understood what to expect



College of Pharmacists of British Columbia
125 years

Compliance Officers

- Knowledgeable in current bylaws
- Polite and professional
- Able to answer my questions during and/or after the review
- Provided adequate support to complete my action item(s)
- I was comfortable asking questions or seeking clarification from my Compliance Officer



College of Pharmacists of British Columbia
125 years

Impact of Practice Reviews

- Most pharmacy managers mentioned that they made minor & major changes to their work processes and procedures, workflow, documentation, and record keeping

- Most pharmacy professionals said the reviews had a positive impact on their practice and that they are now more aware of and familiar with the College standards and legislation

Conclusion

- Results were mostly positive; many registrants found the practice reviews to be helpful and felt that they had a positive impact on their practice

- A few registrants identified dissatisfaction with some of the legislative requirements being too onerous or outdated (has been communicated to Legislation Department)

Program Improvement Based on Feedback

Areas for Improvement	Action
Pharmacy Pre-Review tool and IT support	Increased availability for IT support, launched improved PRP application in April 2016
Communications and resources regarding the Pharmacy Professionals Review	To enhance correspondence and develop resources similar to those for Pharmacy Review including CE to support preparation and remediation
Pharmacy Professionals Review focus areas for pharmacy technicians	Adding focus area Product Distribution and removing PharmaNet Profile Check

Improvements to the Survey for Next Fiscal Year

- Questions regarding the new Action Item Follow Up portal for registrants to submit their completed action items
- Registrants to rate the impact of the Pharmacy Review on their practice
- Registrants to rate the impact of the Pharmacy Professionals Review by each focus area on their practice

Phase 1: Registrant Feedback Report

College of Pharmacists of British Columbia

125 years

Phase 2: Hospital Practice

Business Stream

Update	Next Steps

• May 2016 Practice Review Committee Meeting
  ○ Presented feedback from the March 2016 Workshop with stakeholders
  ○ Approved draft Professional Practice Policies
  ○ Provided an overview of the Practice Review Forms
	• August 2016 Practice Review Committee Meeting
	  ○ Approve Practice Review Forms
	  ○ Prepare for launch of Phase 2 Hospital Practice

Phase 2: Hospital Practice

Communications Stream

Update	Next Steps
• In the process of developing registrant and public facing resources including: ○ Process Overview ○ Registrant Tutorials ○ Brochures/signage	• Finalize development of registrant and public facing resources including: ○ Process Overview ○ Registrant Tutorials ○ Brochures/signage

Policy and Legislation Stream

Update	Next Steps
• Draft Professional Practice Policies approved by the Practice Review Committee	• Once approved by the Board, incorporate the Professional Practice Policies in Practice Review Forms

Phase 2: Hospital Practice

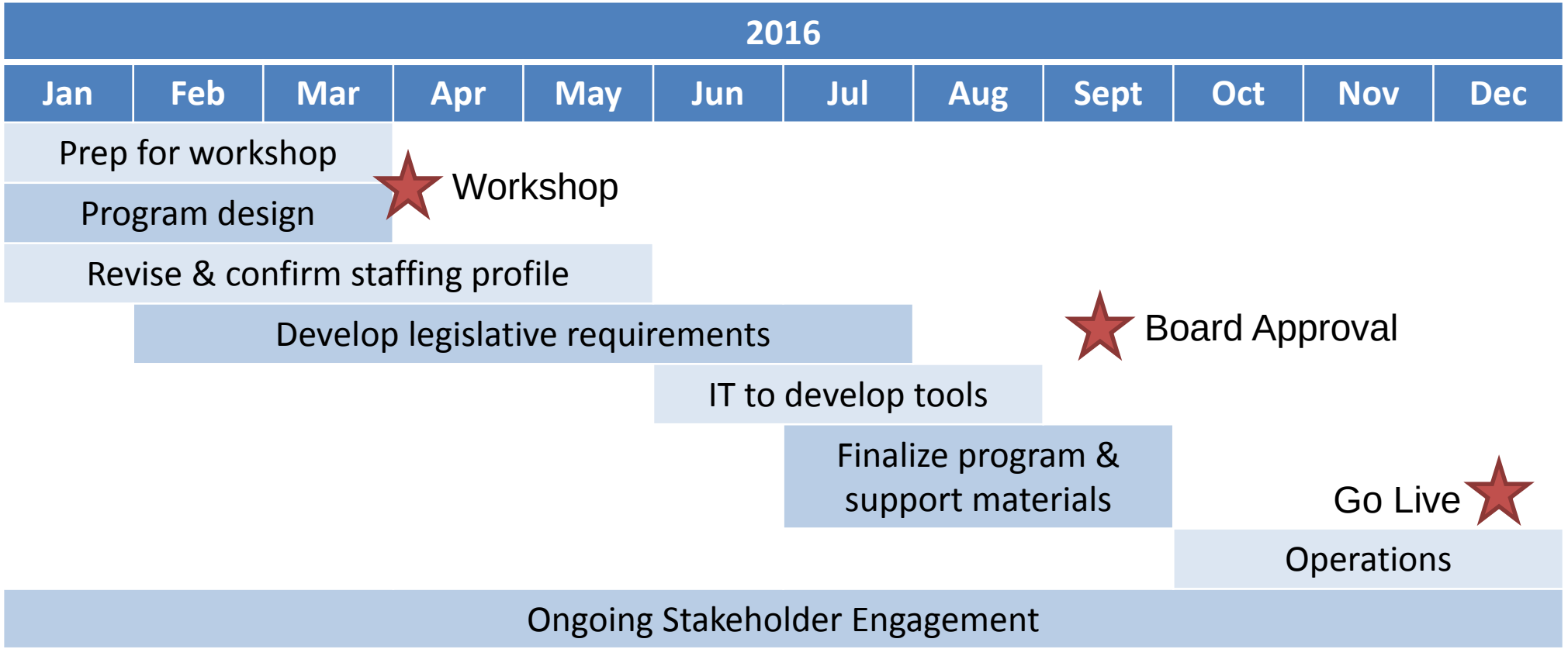
Human Resources Stream

Update	Next Steps
• 2 Compliance Officers trained to conduct practice reviews • Posted position for Hospital Practice Advisor	• Hire/train Hospital Practice Advisor

IT Stream

Update	Next Steps
• Preliminary assessment of Phase 1 Community Practice application to identify modifications needed for Phase 2 Hospital Practice	• Modify Phase 1 Community Practice application for Phase 2 Hospital Practice

Phase 2: Development Timeline



College of Pharmacists of British Columbia

125 years

Phase 2: Hospital Practice

Financial Statements

College of Pharmacists of British Columbia

February 29, 2016

Contents

Grant Thornton

Independent Auditor's Report

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To the Board of Directors of
College of Pharmacists of British Columbia

We have audited the accompanying financial statements of the College of Pharmacists of British Columbia (the "College"), which comprise the statement of financial position as at February 29, 2016 and the statement of changes in net assets, statement of revenue and expenditures, and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the College's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Pharmacists of British Columbia as at February 29, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Vancouver, Canada
● , 2016

Chartered Professional Accountants

College of Pharmacists of British Columbia
Statement of Financial Position

February 29	2016	2015
Assets		
Current		
Cash and cash equivalents	**$ 742,510**	$ 1,313,722
Investments (Note 3)	**8,115,391**	9,697,454
Receivables (Note 4)	**110,773**	292,485
Prepaids and deposits	**219,773**	165,427
	9,188,447	11,469,088
Investment in College Place joint venture (Note 5)	**1,549,610**	1,596,161
Development costs (Note 6)	**164,370**	98,996
Property and equipment (Note 7)	**871,591**	737,323
	$ 11,774,018	$ 13,901,568
Liabilities		
Current		
Payables and accruals (Note 8)	**$ 908,175**	$ 1,280,914
Current portion of capital lease obligations (Note 9)	**24,516**	20,266
Deferred revenue (Note 10)	**3,033,049**	2,921,009
Deferred contributions (Note 11)	**191,185**	366,685
	4,156,925	4,588,874
Capital lease obligations (Note 9)	**56,334**	80,850
	4,213,259	4,669,724
Net assets		
Invested in property and equipment	**790,741**	636,207
Restricted building fund	**300,000**	140,589
Other risks reserve	**500,000**	500,000
Joint venture reserve	**200,000**	200,000
Unrestricted net assets	**5,770,018**	7,755,048
	7,560,759	9,231,844
	$ 11,774,018	$ 13,901,568

Commitments (Note 14)
Contingencies (Note 15)

On behalf of the Board

_____ Director _____ Director

See accompanying notes to the financial statements.

College of Pharmacists of British Columbia
Statement of Changes in Net Assets
Year ended February 29, 2016

	Invested in Property and Equipment	Restricted Building Fund	Other Risks Reserve	Joint Venture Reserve	Unrestricted	**2016 Total**	2015 Total
Balance, beginning of year	$ 636,207	$ 140,589	$ 500,000	$ 200,000	$ 7,755,048	**$ 9,231,844**	$ 9,577,269
Deficiency of revenue over expenditures	(225,040)	-	-	-	(1,446,045)	**(1,671,085)**	(345,425)
Investment in property and equipment	379,574	(128,885)	-	-	(250,689)	**-**	-
Transfers	-	288,296	-	-	(288,296)	**-**	-
Balance, end of year	$ 790,741	$ 300,000	$ 500,000	$ 200,000	$ 5,770,018	**$ 7,560,759**	$ 9,231,844

See accompanying notes to the financial statements.

College of Pharmacists of British Columbia
Statement of Revenue and Expenditures

Year ended February 29	2016	2015
Revenue		
Pharmacy fees	**$ 1,796,222**	$ 1,806,563
Pharmacists fees	**3,292,165**	3,543,174
Technician fees	**467,800**	361,008
Other	**1,478,439**	1,544,017
Grants	**310,250**	383,500
Investment income	**217,052**	235,467
College Place joint venture income	**198,149**	199,393
Total revenue	**7,760,077**	8,073,122
Expenditures		
Board and registrar's office	**579,912**	556,047
Finance and administration	**1,703,130**	1,285,839
Grant distribution	**549,950**	763,710
Hospital pharmacy and practice	**471,482**	98,071
Inspections	**137,701**	208,206
Legislation, discipline and investigations	**568,012**	574,556
Public accountability and engagement	**331,049**	330,106
Quality assurance	**254,971**	166,770
Registration and licensing	**210,710**	291,707
Salaries and benefits	**4,373,445**	3,904,788
Total expenditures	**9,180,362**	8,179,800
Deficiency of revenue over expenditures	**(1,420,285)**	(106,678)
Amortization	**250,800**	238,747
Deficiency of revenue over expenditures	**$ (1,671,085)**	$ (345,425)

See accompanying notes to the financial statements.

College of Pharmacists of British Columbia
Statement of Cash Flows

Year ended February 29	2016	2015
Cash derived from (used in)		
Operating		
Deficiency of revenue over expenditures	**$ (1,671,085)**	$ (345,425)
Amortization of property and equipment	**225,040**	181,005
Amortization of development costs	**25,760**	57,742
Share of net income of College Place joint venture	**(198,149)**	(199,393)
	(1,618,434)	(306,071)
Change in non-cash working capital items		
Receivables	**181,712**	(63,559)
Prepaids and deposits	**(54,346)**	(87,452)
Payables and accruals	**(372,739)**	420,255
Deferred revenue	**112,040**	(70,715)
Deferred contributions	**(175,500)**	(250,000)
	(1,927,267)	(357,542)
Financing		
Capital lease repayments	**(20,266)**	(16,838)
Investing		
Purchase of property and equipment	**(359,308)**	(411,895)
Increase in development costs	**(91,134)**	(81,278)
Decrease in investments	**1,582,063**	483,832
Investment in College Place joint venture	**244,700**	249,017
	1,376,321	239,676
Net decrease in cash and cash equivalents	**(571,212)**	(134,704)
Cash and cash equivalents, beginning of year	**1,313,722**	1,448,426
Cash and cash equivalents, end of year	**$ 742,510**	$ 1,313,722

College of Pharmacists of British Columbia
Notes to the Financial Statements
February 29, 2016

1. Nature of operations

The College of Pharmacists of British Columbia (the "College") is a regulatory body for pharmacists, pharmacy technicians and pharmacies of British Columbia to set and enforce professional standards for the professions. The College is designated under the Health Professions Act. For income tax purposes, the College is treated as a not-for-profit organization.

2. Summary of significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations. The following are significant accounting policies applied by the College:

Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted revenues are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Licence and registration fees are recognized as revenue in the year to which the fee relates.

Investment in joint venture

The College accounts for its joint venture using the equity method.

Cash and cash equivalents

Cash and cash equivalents consist of cash on hand, balances with banks, and short-term deposits with original maturities of three months or less.

Development costs

Program and implementation costs for the Pharmacy Technician Bridging program, SkilSure Solution enterprise software, Pharmacy Online Renewal software, Robbery Prevention Form program and the College's website, have been deferred and are amortized on a straight-line basis over five years. Should the conditions for deferral cease to exist, the costs will be charged as a period expense.

College of Pharmacists of British Columbia
Notes to the Financial Statements
February 29, 2016

2. Summary of significant accounting policies (continued)

Property and equipment

Property and equipment of the College are recorded at cost and amortized over their estimated useful lives using the following rates:

Leasehold improvements	Straight-line method over 10 years
Furniture and fixtures	Straight-line over 10 years
Office equipment	Straight-line over 5 years
Computer	Straight-line over 3 years
Software	Straight-line over 2 years

Capital leases

Leases which transfer substantially all the benefits and inherent risk related to the ownership of the property leased to the College are capitalized by recording as assets and liabilities the present value of the payments required under the leases.

Restricted building fund

A portion of dues assessed to pharmacists is restricted for office space renovation and upgrades.

Net assets held in reserves

Net assets held in reserves are internally restricted to provide a funding source for future capital financial obligations where the timing of the obligations cannot be precisely predicted, and to provide funding to address financial risks for which the timing and probability of a given event is uncertain. All reserves are approved by the College Board and are disclosed on the statement of financial position as equity.

The other risks reserve was established to assist in funding any unexpected expenses arising from College operations or obligations.

The Joint Venture reserve was established to assist in funding any large capital expenditures required to maintain the upkeep of the building jointly owned by the College of Pharmacists of British Columbia and the College of Dental Surgeons of British Columbia.

Financial instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all of its financial assets and financial liabilities at amortized cost, except for investments, which are measured at fair value. Changes in fair value are recognized in the statement of revenue and expenditures.

Financial assets measured at amortized cost include cash and cash equivalents and receivables.

Financial liabilities measured at amortized cost include payables and accruals and capital lease obligations.

Financial instruments measured at fair value include investments. Fair values are based on quoted market values where available from active markets; otherwise, fair values are estimated using a variety of valuation techniques and models. Purchase and sales of investments are recorded on the trade date.

College of Pharmacists of British Columbia
Notes to the Financial Statements
February 29, 2016

2. Summary of significant accounting policies (continued)

Employee future benefits

The College and its employees make contributions to the Municipal Pension Plan which is a multi-employer joint trusteed plan. This plan is a defined benefit plans, providing pension on retirement based on the member's age at retirement, length of service and highest earnings averaged over five years. As the assets and liabilities of the plan are not segregated by institution, the plan is accounted for as a defined contribution plan and any College contributions to the plan are expensed as incurred.

3. Investments

Investments consist of guaranteed investment certificates ("GICs") and mutual funds with interest rates from 2.00% to 3.25% (2015 - 1.10% to 3.85%).

4. Receivables

	2016	2015
PharmaNet receivables	**$ 105,945**	$ 228,523
Other receivables	**4,828**	63,962
	$ 110,773	$ 292,485

5. Joint venture

The College entered into an agreement dated March 3, 1989 to purchase 30% interest in a joint venture set up to acquire and develop a property. The College occupies space in the building and pays rent to the joint venture.

The assets, liabilities, revenues and expenses of the joint venture at February 29, 2016 and for the year then ended are as follows:

	100% Joint Venture	30% College
Balance sheet		
Assets		
Current assets	**$ 323,634**	**$ 97,090**
Property and equipment and other assets	**5,301,900**	**1,590,570**
	$ 5,625,534	**$ 1,687,660**
Liabilities and equity		
Total liabilities	**$ 238,251**	**$ 138,050**
Total equity	**5,387,283**	**1,549,610**
	$ 5,625,534	**$ 1,687,660**
Statement of operations		
Revenues	**$ 1,417,464**	**$ 425,239**
Expenses	**769,455**	**227,090**
Excess of revenue over expenditures	**$ 648,009**	**$ 198,149**

College of Pharmacists of British Columbia
Notes to the Financial Statements
February 29, 2016

5. Joint venture (continued)

The College's lease expires on August 31, 2018 and annual base rent payments are as follows:

2017	$ 243,300
2018	248,042
2019	125,207
	$ 616,549

6. Development costs

	Cost	Accumulated Amortization	**Net Book Value**	2015 Net Book Value
SkilSure Solution	$ 41,302	$ 24,282	**$ 17,020**	$ 25,281
Pharmacy Technician Bridging program	234,432	234,432	**-**	-
Pharmacy Online Renewal	62,185	12,437	**49,748**	53,465
Robbery Prevention Form	10,800	4,320	**6,480**	8,640
Mobile apps	35,000	-	**35,000**	-
Website	61,927	5,805	**56,122**	11,610
	$ 445,646	$ 281,276	**$ 164,370**	$ 98,996

7. Property and equipment

	Cost	Accumulated Amortization	**Net Book Value**	2015 Net Book Value
Leasehold improvements	$ 894,722	$ 540,828	**$ 353,894**	$ 280,369
Furniture and fixtures	340,377	230,048	**110,329**	104,303
Office equipment	290,719	120,150	**170,569**	225,214
Computer	274,927	107,809	**167,118**	67,154
Software	291,392	221,711	**69,681**	60,283
	$ 2,092,137	$ 1,220,546	**$ 871,591**	$ 737,323

At February 29, 2016, assets under capital lease with a cost of $127,727 (2015 - $127,727) and accumulated amortization of $63,864 (2015 - $38,318) are included in office equipment.

8. Payables and accruals

Payables and accruals include GST payable amounting to $35,497 as at February 29, 2016 (2015 - $29,986).

College of Pharmacists of British Columbia
Notes to the Financial Statements
February 29, 2016

9. Capital lease obligations

The College is committed to pay annual leases for office equipment under lease agreements. The leases will expire in fiscal 2019. Minimum annual lease commitments are as follows:

2017	$	38,361
2018		38,361
2019		30,780
		107,502
Less interest		(26,652)
		80,850
Less current portion		24,516
	$	56,334

10. Deferred revenue

Deferred revenue represents the subsequent year's pharmacy licences and registration fees received prior to the year end.

11. Deferred contributions

Deferred contributions represent the unamortized amount of grants received for future operating activities and programs. The amortization of deferred contributions is recorded as revenue in the statement of revenue and expenditures.

	2016	2015
Balance, beginning of year	**$ 366,685**	$ 616,685
Less amounts amortized to revenue	**(175,500)**	(250,000)
Balance, end of year	**$ 191,185**	$ 366,685

College of Pharmacists of British Columbia
Notes to the Financial Statements
February 29, 2016

12. Pension plan

The College and its employees contribute to the Municipal Pension Plan, a jointly trusteed pension plan. The board of trustees for this plan represent plan members and employers and are responsible for the management of the pension plan including investment of the assets and administration of benefits. The pension plan is a multi-employer defined benefit pension plan. Basic pension benefits provided are based on a formula. As at December 31, 2014, the Municipal Pension Plan has approximately 185,000 active members.

The most recent actuarial valuation for the Municipal Pension Plan as at December 31, 2012 indicated a $1,370 million funding deficit for basic pension benefits. The next valuation was as at December 31, 2015 with results available in 2016. Defined contribution plan accounting is applied to the plan as the plan exposes the participating entities to actuarial risks associated with the current and former employees of other entities, with the result that there is no consistent and reliable basis for allocating the obligation, plan assets and cost to individual entities participating in the plan. The College paid $239,291 for employer contributions to the plans in fiscal 2016 (2015 - $Nil).

13. Financial instruments

The carrying amounts of financial assets measured at amortized cost are $853,283 as at February 29, 2016 (2015 - $1,606,207).

The carrying amounts of financial assets measured at fair value are $8,115,391 as at February 29, 2016 (2015 - $9,697,454).

The carrying amounts of financial liabilities measured at amortized cost are $989,025 as at February 29, 2016 (2015 - $1,382,030).

Market risk

Market risk is the potential for financial loss to the College from changes in the values of its financial instruments due to changes in interest rates, equity prices, currency exchange and other price risks. The investments of the College are not subject to significant market risk as substantially all of it are in GICs and denominated in Canadian dollars.

Credit risk

The College is exposed to the risk that a counterparty defaults or becomes insolvent. The only financial instrument that potentially subjects the College to concentrations of credit risk is its receivables.

The maximum exposure to credit risk in terms of receivables is $110,773 as of February 29, 2016 (2015 - $292,485). Management believes that the College does not have a significant credit risk on their receivables.

College of Pharmacists of British Columbia
Notes to the Financial Statements
February 29, 2016

13. Financial instruments (continued)

Liquidity risk

Liquidity risk is the risk that the College cannot meet a demand for cash or fund its obligations as they come due. Maximum exposure to liquidity risk is $989,025 as at February 29, 2016 (2015 - $1,382,030). Except for the obligation under capital lease balance of $80,850, which will be paid until 2019 (Note 9), the College's liabilities are due to be paid in full before February 28, 2017.

14. Commitments

The College is committed to a contract for IT maintenance services for five years, at a rate of $15,000 per month, starting on July 6, 2015.

15. Contingencies

There are claims pending in which the College is involved arising in the ordinary course of business. It is considered that the potential claims against the College resulting from such litigation would not materially affect the financial statements of the College. Any difference between the liability accrued by the College related to the claims and the amounts ultimately settled will be recorded in the period in which the claim is resolved.