College of Pharmacists of British Columbia

Board Meeting
September 16th, 2016
Held at the Delta Hotels Grand Okanagan Resort
1310 Water Street, Kelowna, BC

MINUTES

Members Present:
Anar Dossa, A/Chair (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 *(absent for items 1-3)*
Norman Embree, Public Board Member *(absent for items 1-3)*
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member *(absent for items 1-3)*
George Walton, Public Board Member

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

Invited Guests:
Sandra Jarvis-Selinger, Associate Dean, Academic, Faculty of Pharmaceutical Sciences, UBC

Regrets:
Blake Reynolds, Chair, District 4 Board Member

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1. **WELCOME & CALL TO ORDER**
   A/Chair Dossa called the meeting to order at 9:04am on September 16th, 2016.

2. CONSENT AGENDA

a) Items for further discussion

Item *2.b.viii. Quality Assurance Committee – Mobile App* was removed from the Consent Agenda and placed onto the regular Agenda under item *14. Items Brought Froward from Consent Agenda* for further discussion.

b) Approval of Consent Items (Appendix 1)

It was moved and seconded that the Board:

Approve the Consent Agenda as amended.

CARRIED

3. CONFIRMATION OF AGENDA (Appendix 2)

It was moved and seconded that the Board:

Approve the September 16, 2016 Draft Board Meeting Agenda as amended.

CARRIED

4. 125TH ANNIVERSARY

Board member and Chair of the 125th Anniversary Working Group Ming Chang presented **(Appendix 3)**.

5. DELEGATION OF DEPOT INJECTIONS

A/Director of Legislation and Policy Kellie Kilpatrick presented **(Appendix 4)**.

It was moved and seconded that the Board:

Amend the following motion previously adopted at the November 2014 Board meeting:
'approve the administration of depot injections by pharmacists, as delegated by Dr. Bill MacEwan and as authorized by the College of Physicians and Surgeons for a period of 12 months',

By striking out:
'for a period of 12 months'.

CARRIED

6. EmPhAsIS – UPDATE

Nicole Tsao, co-investigator of the EmPhAsIS Study (Empowering Pharmacists in Asthma Management through Interactive SMS), presented an update to the Board **(Appendix 5)**.

7. FRAMEWORK FOR PATIENT-PRACTITIONER RELATIONSHIP PROGRAM

Registrar Nakagawa presented information as circulated in the briefing package **(Appendix 6)**.

It was moved and seconded that the Board:

Endorse the Framework for a 'Model Patient-Practitioner Relationship Program for BC Health Regulators'.

CARRIED

8. 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'

9. AUDIT AND FINANCE COMMITTEE

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

a) Expenditure Review (Appendix 7)

It was moved and seconded that the Board:

Direct the Registrar to continue the annual conference support budget totaling $24,500.

CARRIED

It was moved and seconded that the Board:

Direct the Registrar to discontinue the annual UBC Continuing Pharmacy Professional Development budget beginning with the 2017/18 fiscal year.

CARRIED

It was moved and seconded that the Board:

Direct the Registrar to discontinue the annual Clinical Skills grants budget beginning with the 2017/18 fiscal year.

CARRIED

b) Fee Changes (Appendix 8)

It was moved and seconded that the Board

Approve the addition of the following fee for implementation by January 1, 2017:

- *Add an application fee for new pharmacy licensure of $525.00*

And the following fee changes for implementation by January 1, 2017:

- *Community and hospital licensing fee from $1331.00 to $2001.00*
- *Full pharmacist – registration fee from $530.00 to $580.00*
- *Full pharmacist – registration renewal fee form $530.00 to $580.00*
- *Non-practicing pharmacist – registration fee from $504.00 to $580.00*
- *Pharmacy technician – registration fee from $353.00 to $386.00*
- *Pharmacy technician- registration renewal fee from $ 353.00to $386.00*
- *Non-practicing pharmacy technician – registration fee from $336.00 to $386.00*

CARRIED

It was moved and seconded that the Board

Directs staff to investigate options around site inspection fees and report back to the Board by the June 2017 Board meeting.

CARRIED

10. LEGISLATION REVIEW COMMITTEE

Board member and Chair of the Legislation Review Committee Jeremy Walden presented.

a) Fee Changes (Appendix 9)

Fee changes presented for filing with the Minister were consistent with the changes presented by the Audit and Finance Committee and approved by the Board in item 9b.

HPA Bylaw Changes:

It was moved and seconded that the Board:

Approve the following resolution:

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

CARRIED

PODSA Bylaw Changes:

It was moved and seconded that the Board:

Approve the proposed draft Pharmacy Operations and Drug Scheduling Act Bylaws Schedule A – Fee Schedule and related forms for public posting, as circulated.

CARRIED

It was moved and seconded that the Board:

Request a shortened public posting period (30 days).

CARRIED

b) Community Pharmacy Standards of Practice (Appendix 10)

It was moved and seconded that the Board:

Approve the following resolution:

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

CARRIED

It was moved and seconded that the Board:

Request a shortened filing period (5 days) so that the amendments come into force by September 23, 2016.

CARRIED

c) Pharmacy Security (Appendix 11)

It was moved and seconded that the Board:

Approve the proposed draft Pharmacy Operations and Drug Scheduling Act bylaws for a second public posting period, as circulated, with the amendment that the registrar be notified of any loss of narcotic and controlled drugs within 24 hours.

CARRIED

It was moved and seconded that the Board:

Request a shortened public posting period (30 days), provided that no significant feedback is received within the first 30 days of the posting period.

DEFEATED

d) Drug Schedules Regulation Amendment – Naloxone (Appendix 12)

The recommended amendments to the Drug Schedules Regulation classify naloxone as unscheduled in order to provide greater accessibility in an effort to be responsive to BC's public health emergency regarding the significant increase in opioid overdoses and deaths.

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 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.

SCHEDULE

1 The Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules by striking out the following:

2 Naloxone and its salts when used for opioid overdose emergencies outside hospital settings.

CARRIED

11. COLLEGE NAME CHANGE

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

It was moved and seconded that the Board:

Approve pursuing an official name change for the College of Pharmacists of British Columbia.

CARRIED

It was moved and seconded that the Board:

Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy of British Columbia.

CARRIED

12. INJECTING INNOVATION INTO BC'S HEALTH FRAMEWORK: THE BC SELECT STANDING COMMITTEE ON HEALTH EXPERIENCE

Aaron Sihota provided a presentation to the Board **(Appendix 14)**.

13. GOVERNANCE COMMITTEE UPDATE

Board member and Chair of the Governance Committee provided a verbal update of the progress of the external organizational review. The review is scheduled to begin the week of September 19, 2016 and will be conducted by Ernst & Young.

14. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

a) Quality Assurance Committee – Mobile App (Appendix 15)

A/Deputy Registrar and Director of Practice Reviews and Quality Assurance Ashifa Keshavji provided an update on the development of a mobile application of the Professional Development and Assessment Program (PDAP) Portal.

ADJOURNMENT

A/Chair Dossa adjourned the meeting at 3:50pm.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.i. Chair's Report

INFORMATION ONLY

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

- June 22 – joint meeting with the College and the BC Pharmacy Association
- July 4 – meeting with Norm Embree regarding the organizational review
- July 8 – phone meeting with Bob Nakagawa and Anar Dossa
- July 10 – phone meeting with Anar Dossa
- July 19 – meeting with Norm Embree regarding the Governance Committee
- July 20 – phone meeting with George Walton regarding the Governance Committee
- July 21 – call with Boyden regarding the search for a new deputy registrar
- July 22 – Governance Committee teleconference meeting
- July 27 – call with Bob Nakagawa and a patient regarding a complaint
- August 2 – call with Bob Nakagawa to prepare for the Board meeting
- August 3 – call with Anar Dossa
- August 10 – call with Anar Doss regarding the September Board meeting agenda
- August 15 – call with Bob Nakagawa and Anar Dossa

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2. Consent Agenda
b) Approval of Consent Items

DECISION REQUIRED

Recommended Board Motion:

Approve the Consent Agenda as amended.

i. Chair's Report
ii. Registrar's Update
    a. Activity Report
    b. Action Items & Business Arising
iii. June 24, 2016 Draft Board Meeting Minutes **[DECISION]**
iv. July 22, 2016 Draft Board Resolution Minutes **[DECISION]**
v. August 3, 2016 Draft Board Teleconference Minutes **[DECISION]**
vi. Committee Updates (Minutes)
vii. Criminal Record Check Process
viii. Quality Assurance Committee – Mobile App **[moved to the regular Agenda under item *14 Items Brought Forward from Consent Agenda* for further discussion]**
ix. Practice Review Committee
x. Certified Pharmacist Prescriber – Update on Stakeholder Engagement
xi. Strategic Plan – Update
xii. Audit and Finance Committee – May Financial Report
xiii. Mifegymiso

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

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

INFORMATION ONLY

As your Registrar, I have been involved in the following activities since the last Board meeting:

- Canadian Pharmacists Association Thought Leadership Summit and Annual General Meetings
- Certified Pharmacist Prescriber consultation meetings with CPSBC, CRNBC, and UBC
- Telepharmacy site visit and discussions with Compliance Officers and Senior Staff
- Participated in the Pharmacy Executive meeting
- PODSA modernization kickoff meeting with the Ministry of Health
- Meeting with Ministry of Social Development and Social Innovation re: prescriptions for the blind
- CPLT planning session
- Deputy Registrar search activities
- Finance discussions re: fees and finances
- Joint Venture discussions
- Complaints and investigations portfolio activities
- NAPRA governance review discussions
- Meeting with Bob Rai re: HIV pilot
- Regular teleconference meetings with the Chair and Vice Chair
- Coffee meeting with Jeff Leger, VP Shoppers Drug Mart
- Board meeting and 125th celebration preparation and discussions

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 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	Sep 2016
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	Sep 2016
Motion: 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.	Jun 2016	Sep 2016
Motion: 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.	Jun 2016	Sep 2016

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.iii. June 24, 2016 Draft Board Meeting Minutes

DECISION REQUIRED

Recommended Board Motion:

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

Appendix	
1	Draft June 24, 2016 Board Meeting Minutes

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

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 ~~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

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.

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

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.

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

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 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

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

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.

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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.

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.

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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 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

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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.

GOVERNANCE COMMITTEE

Background

The Board has established the Governance Committee.

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- 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.
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Meeting procedures

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

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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.

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.
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 subcommittee 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 subcommittee.

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 subcommittee 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)~~; HPA Bylaws.~~, s.19(1)(t).

Mandate

To ensure that the Jurisprudence Examination ~~continues as~~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 ~~assessment~~ 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 ~~3 consecutive terms~~6 consecutive terms.
- 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.
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 subcommittee terms of reference at any time and from time to time.

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.

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.
- 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

The Board will appointment a chair from amongst the committee's members for a term of one year.

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 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.

Policy Governance Portfolio
Committee Terms of Reference

LEGISLATION REVIEW COMMITTEE

Background

The Board has established the Legislation Review Committee.

Authority

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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.
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- Determine if broader external stakeholder consultation is required.
- The ~~Chair~~ chair of the c~~C~~ommittee presents priorities to the Board for approval.
- Approve final draft of proposed legislation/policy prior to presentation to the Board.
- The ~~Chair~~chair, ~~(~~with support from the ~~Deputy Registrar~~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 ~~Three~~ Board members appointed by the Board.
- Must include at least one full pharmacist, one full pharmacy technician, and one public representative.~~:~~
  - ~~One pharmacist~~
  - ~~One pharmacy technician~~
  - ~~One public~~

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.

- 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.

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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

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

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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.

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.

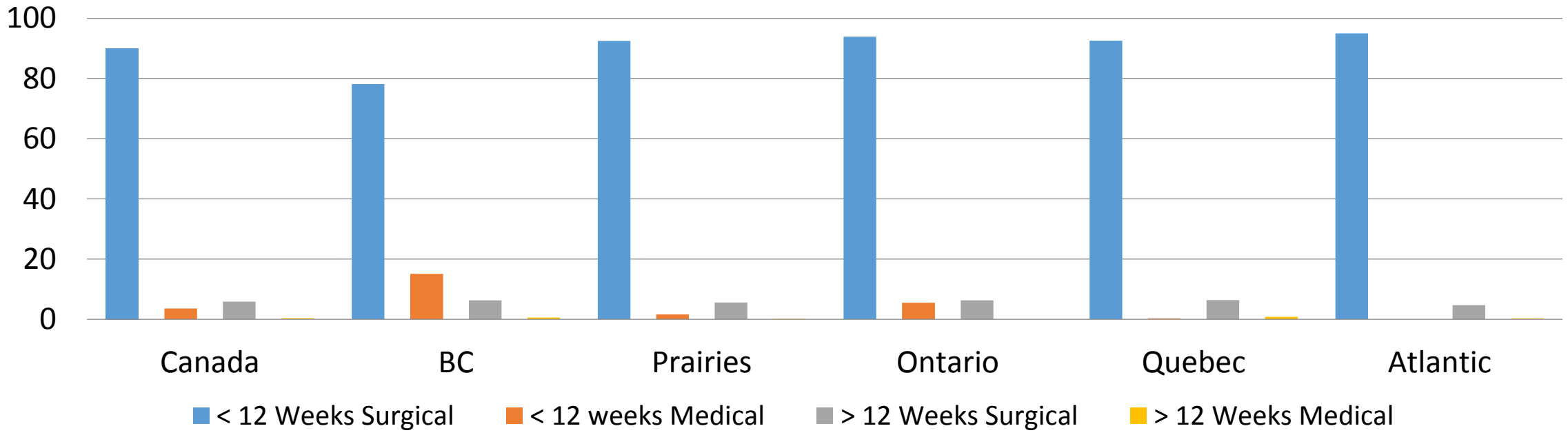
- **Canada: ~ 31% of women by age 45**

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

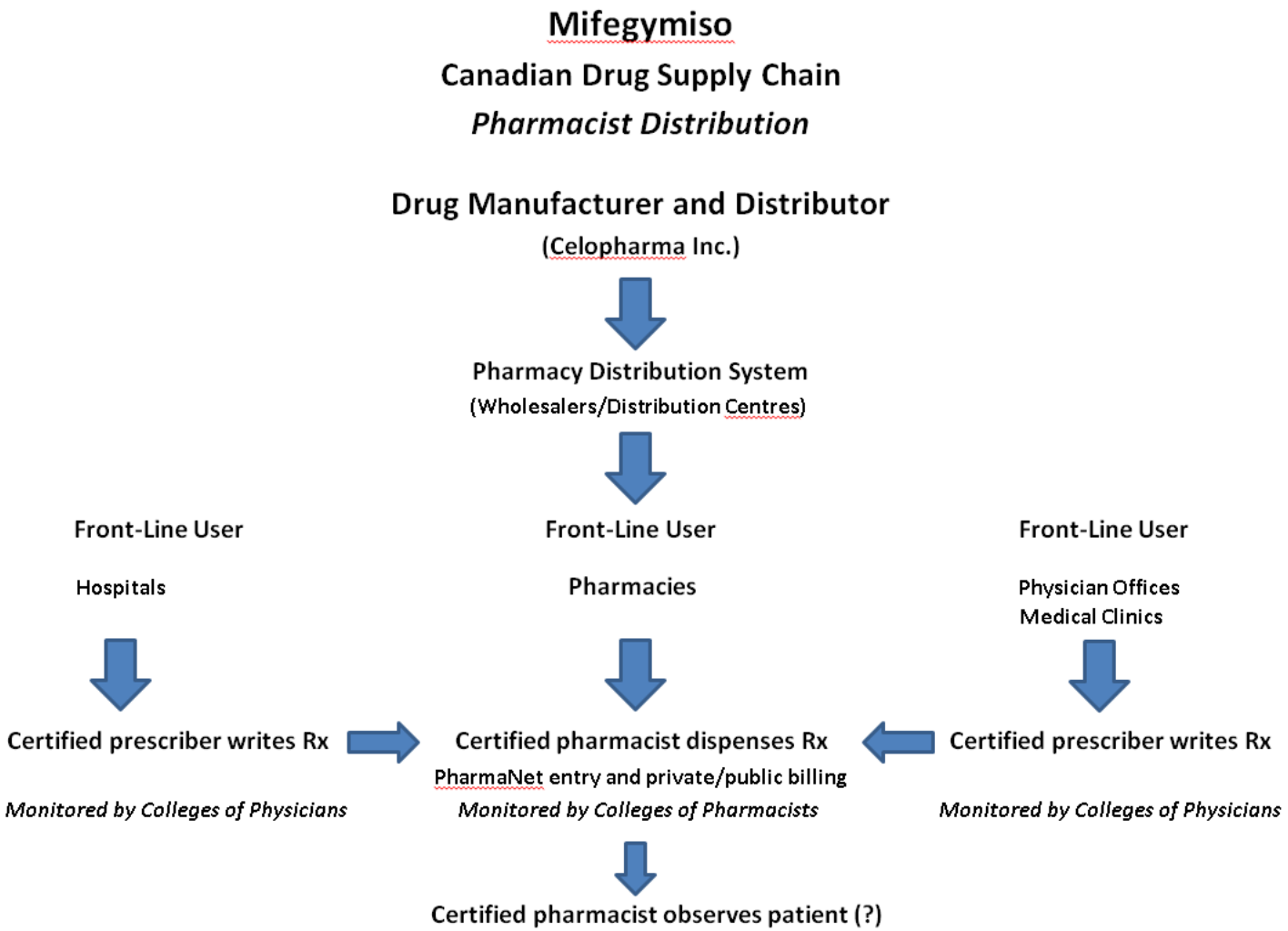
Certified prescriber writes Rx

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

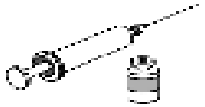
Implant

Vasectomy

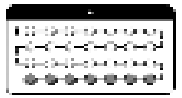
Female Sterilization

IUC

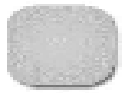
6-12 pregnancies per 100 women in one year



Injectable



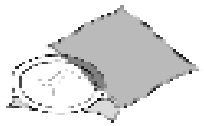
Pills



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

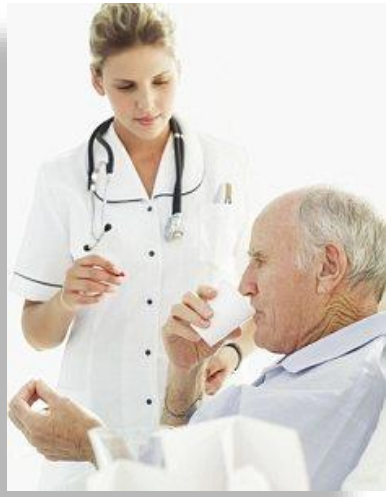
- College permission to permit pilot electronic prescribing
- Seven end-to-end pilots
- Form clinical expert group
- Review bylaws and regulations
- Develop business case for province-wide adoption

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

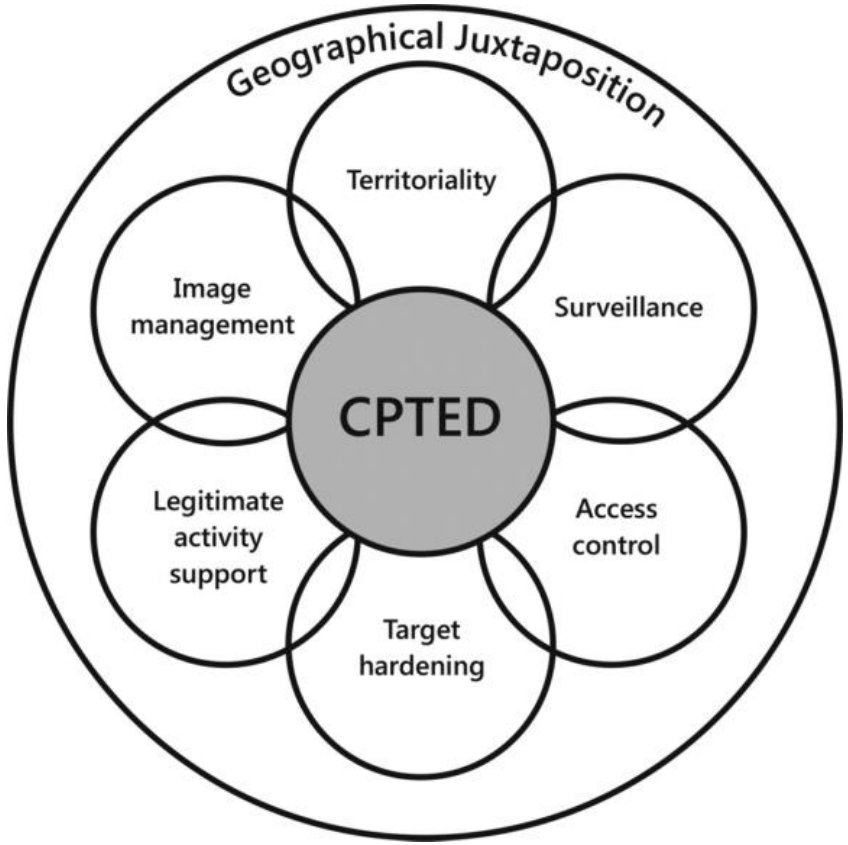
Surveillance

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

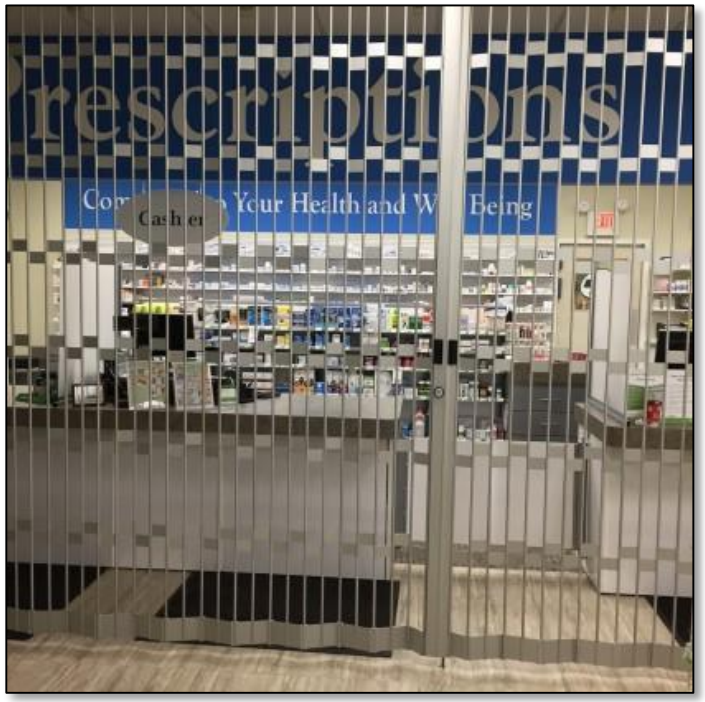
Access control and target hardening

- 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

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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

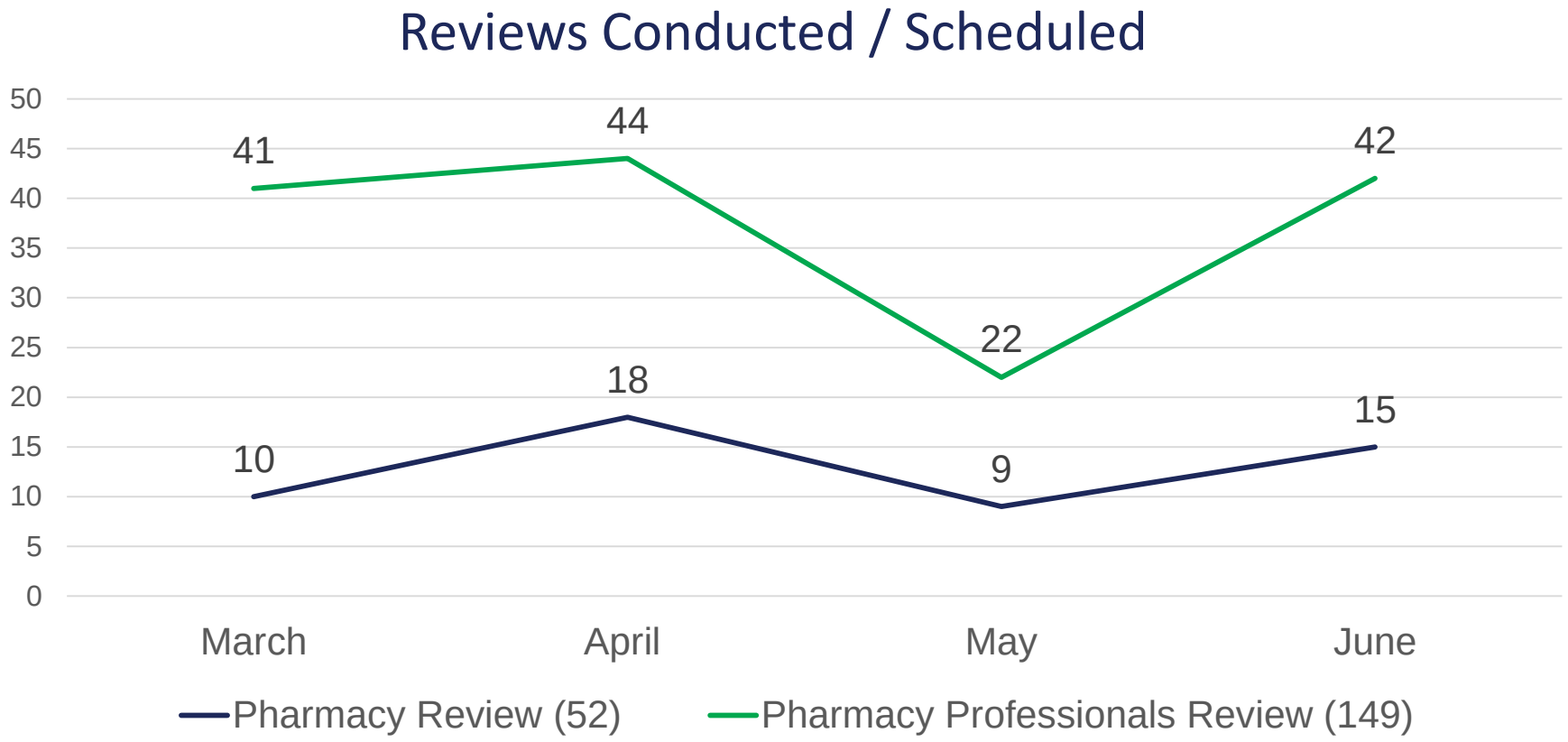
8. Practice Review Committee

Presented By:

Michael Ortynsky

Chair, Practice Review Committee

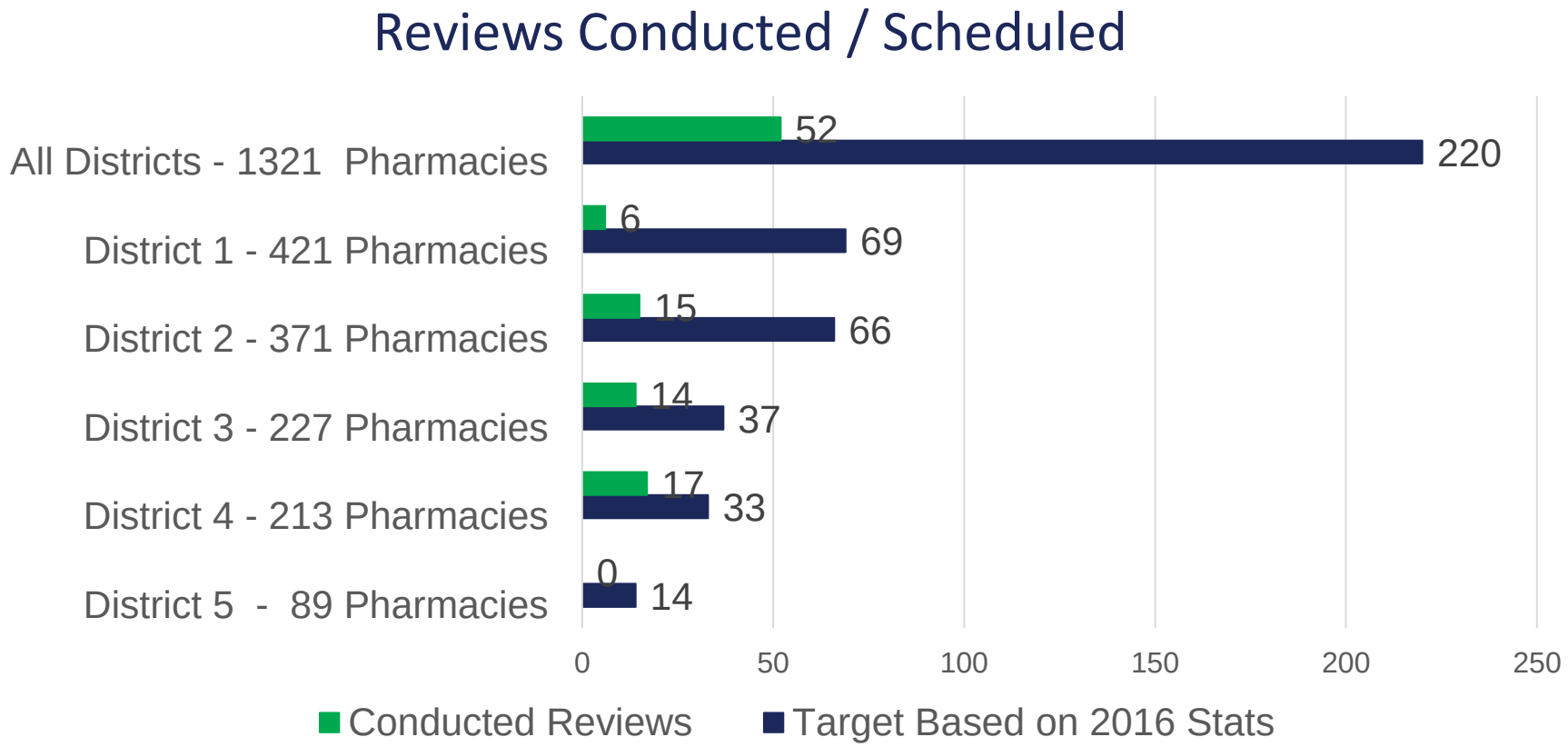
Phase 1: 2016-17 Fiscal Year Statistics



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

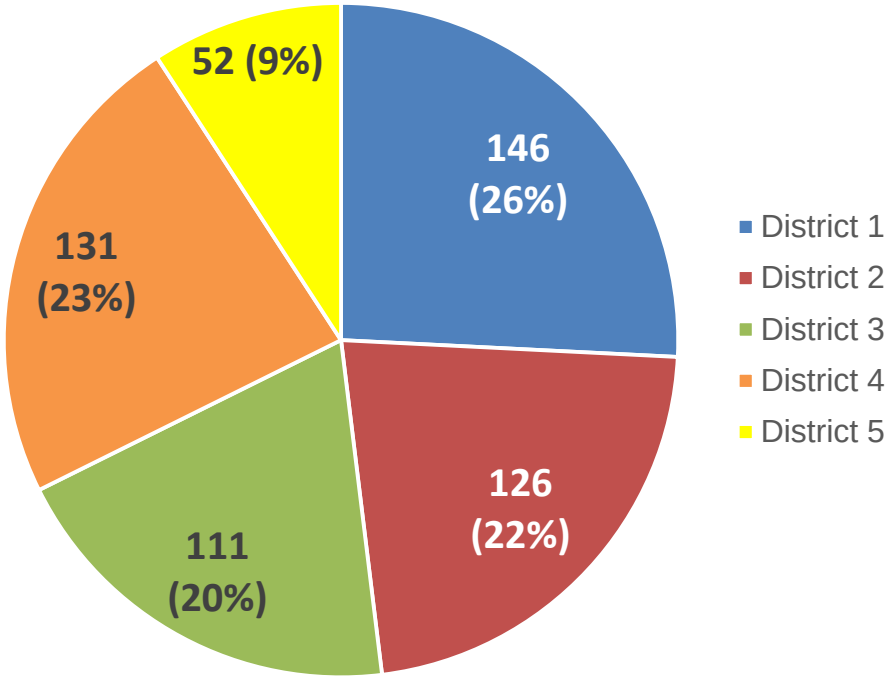
College of Pharmacists of British Columbia

125 years

Phase 1: Registrant Feedback Report, Demographics

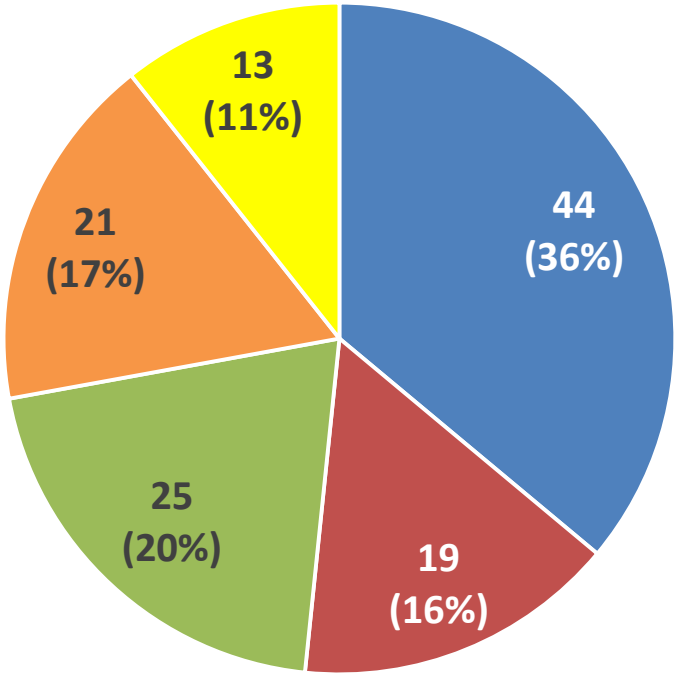
Registrants Reviewed

n=566



Survey Participants

n=122

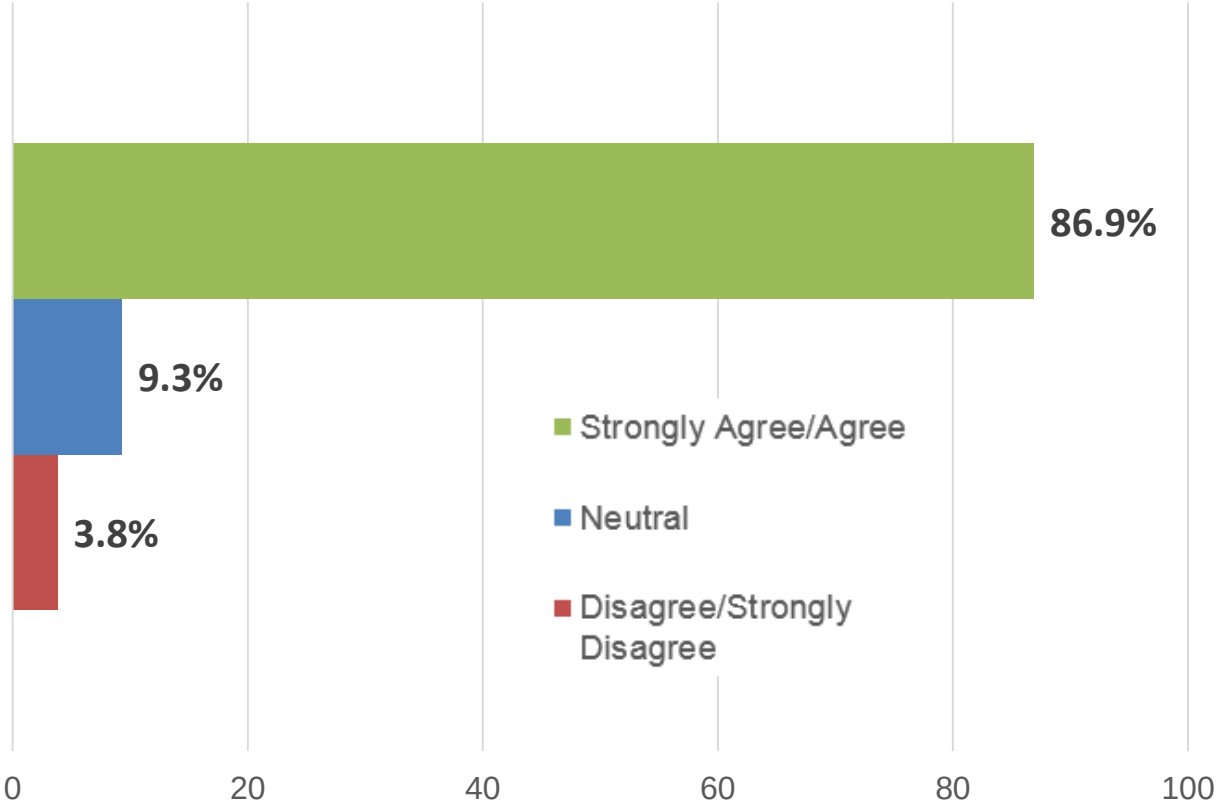


College of Pharmacists of British Columbia

125 years

Scheduling

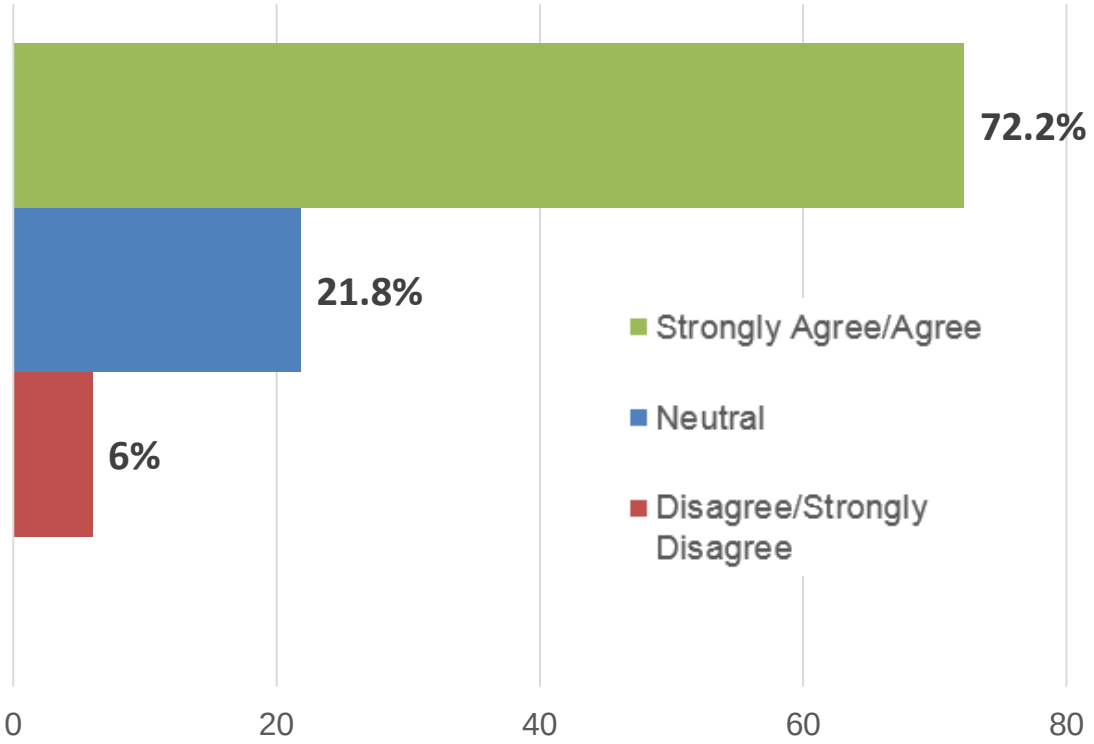
- Staff was helpful when I had questions or concerns
- I had adequate time to prepare



College of Pharmacists of British Columbia
125 years

Pharmacy Pre-Review

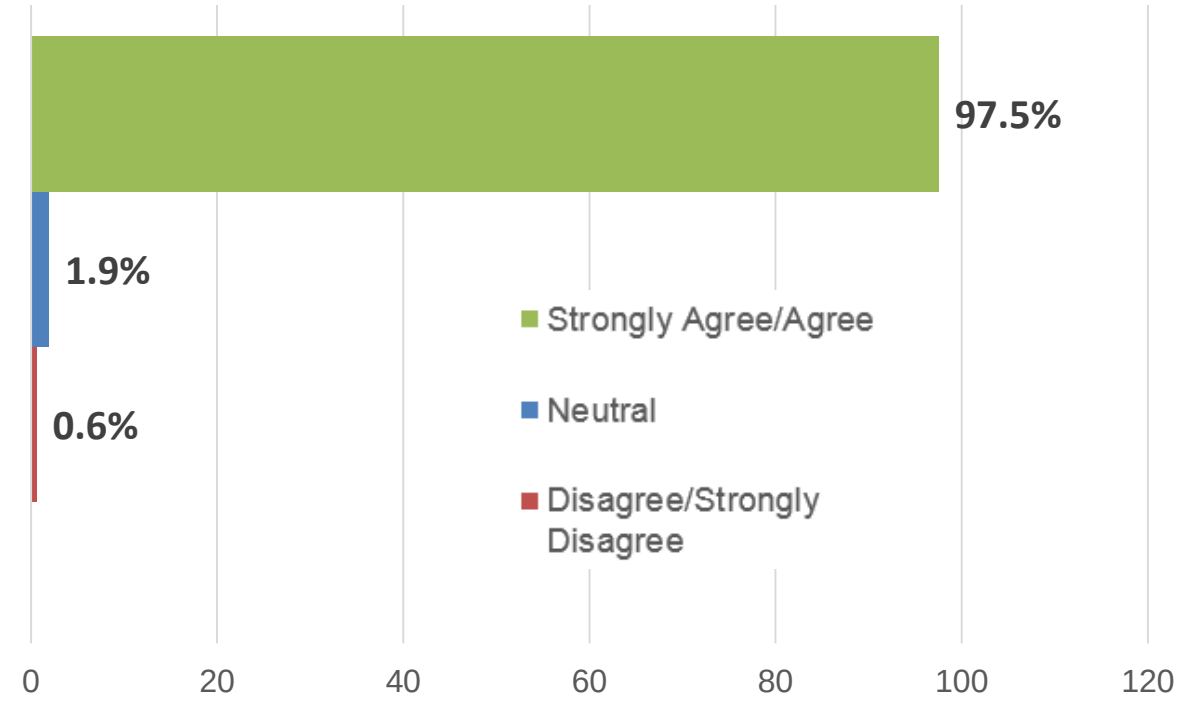
- Was user friendly
- Took an appropriate amount of time
- I received support from staff
- I had clear expectations of the Pharmacy Review after completing the Pre-Review



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
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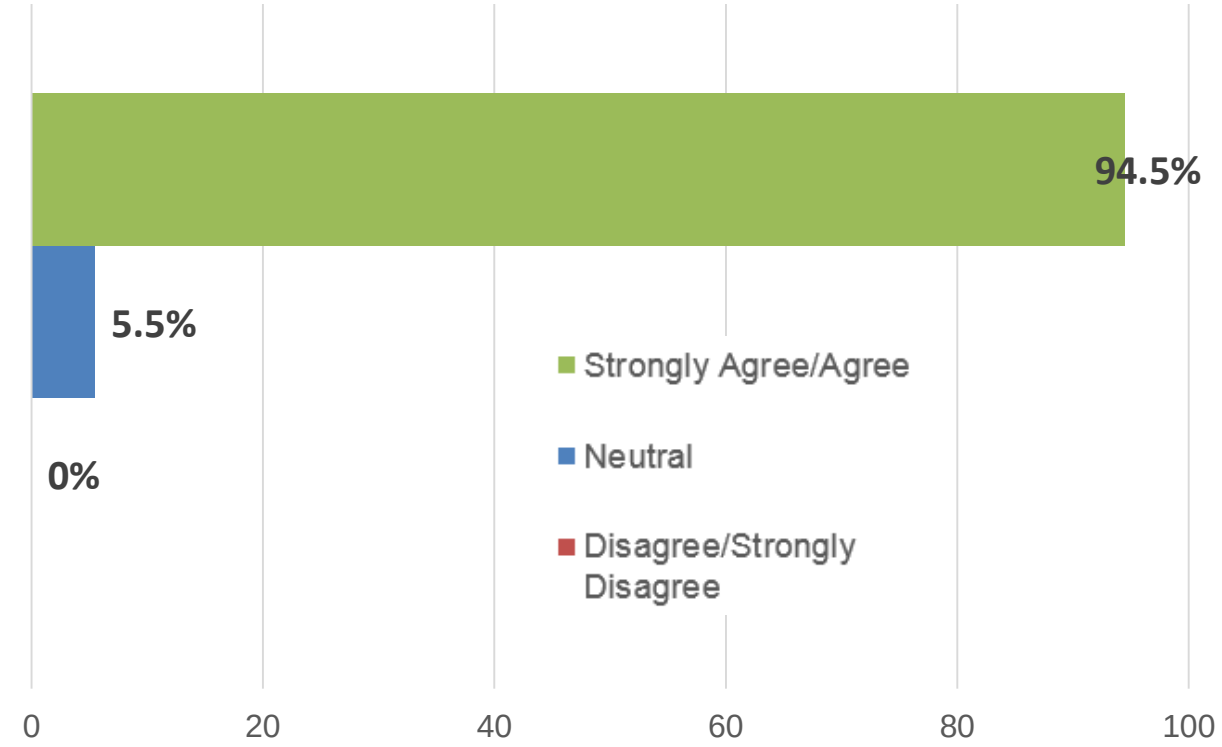
Pharmacy Review Results

- 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



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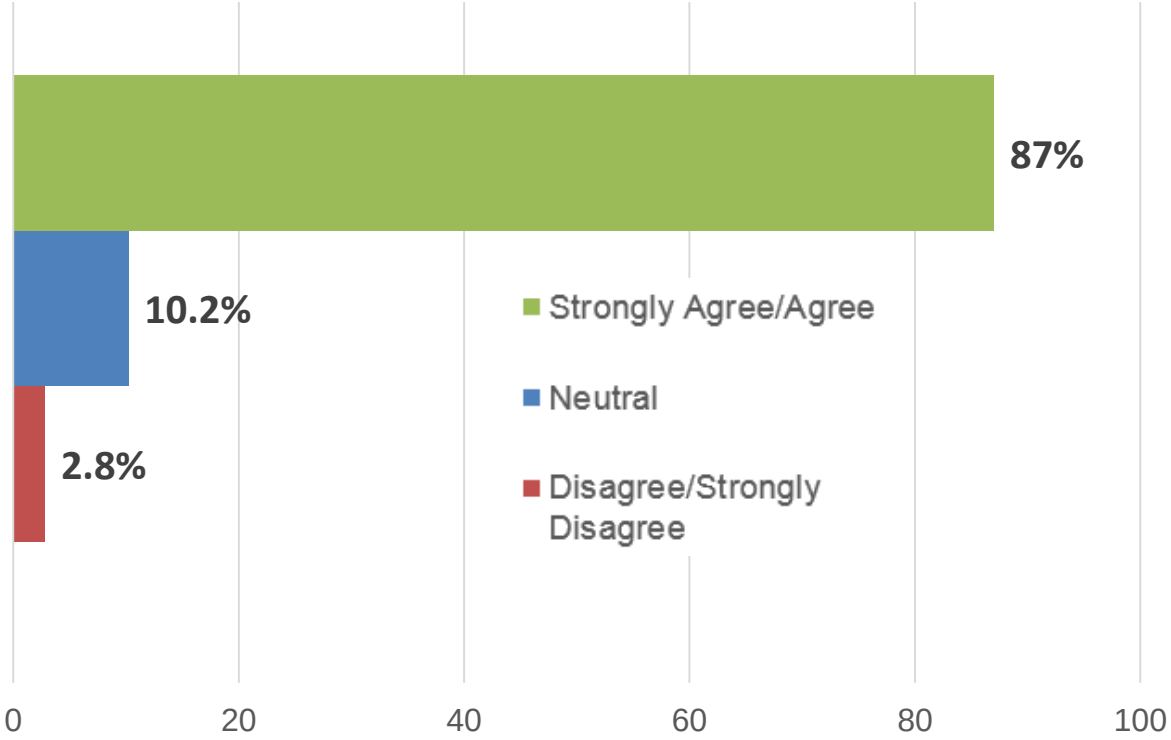
Pharmacy Review Communications / Tools

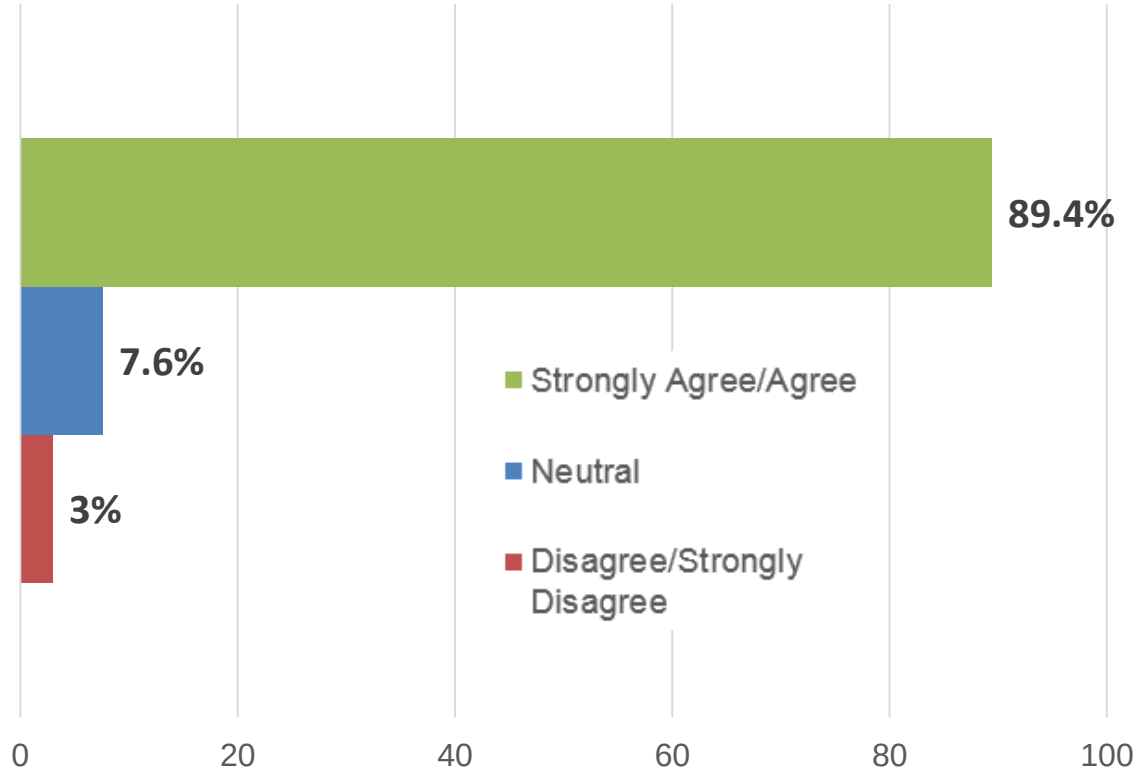
- I received clear instructions on how to access the PRP webpage and it has clear information
- I received clear instructions on how to complete the Pre-Review
- the Pre-Review How-to-Guide and Tutorial were helpful



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

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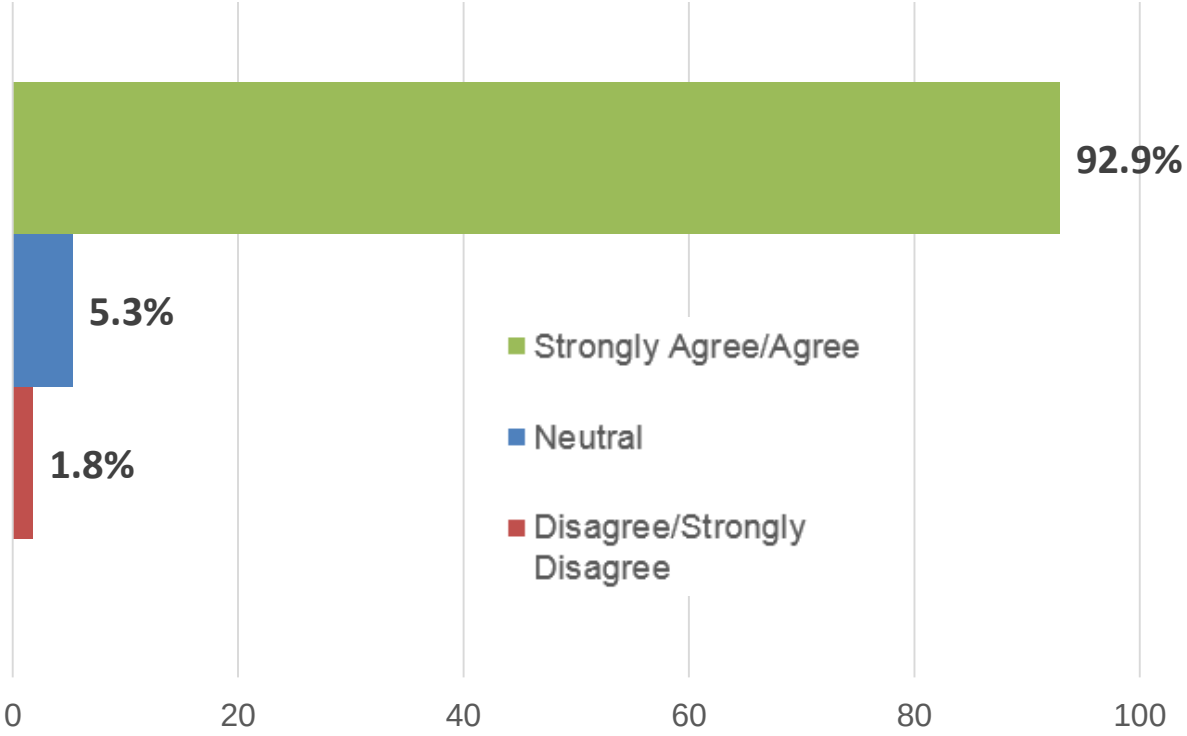
Pharmacy Professionals Review Results

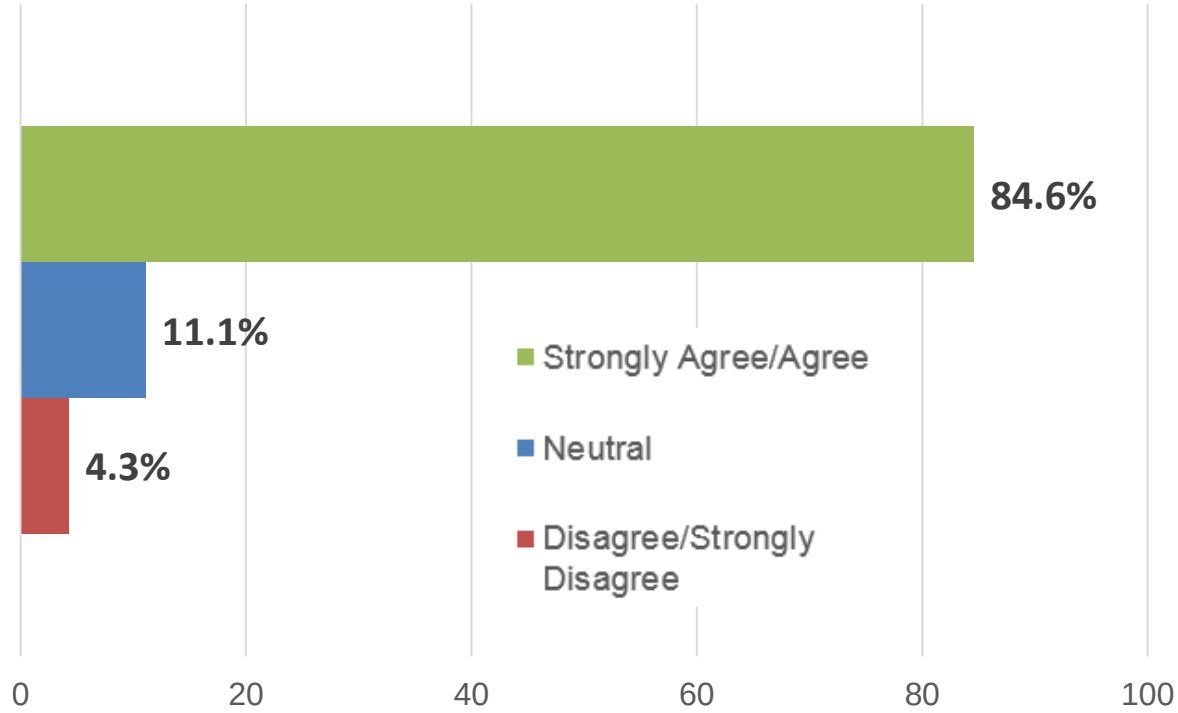
- Accurately reflected the review
- I had clear understanding of how to complete my action item(s)
- I had sufficient time to complete my action item(s)
- Focus areas are relevant to my practice



College of Pharmacists of British Columbia
125 years

Pharmacy Professionals Review Communications / Tools

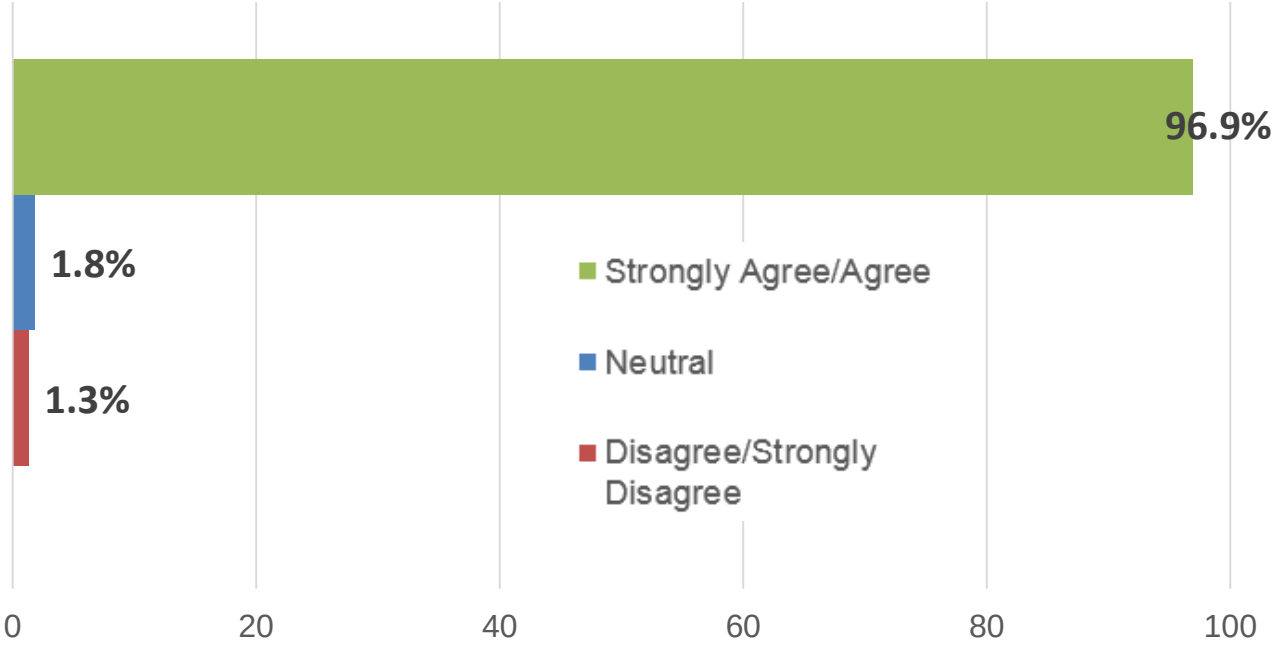
- I received clear instructions on how to access the PRP webpage
- Webpage has clear information
- After reviewing the online form, I understood what to expect



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

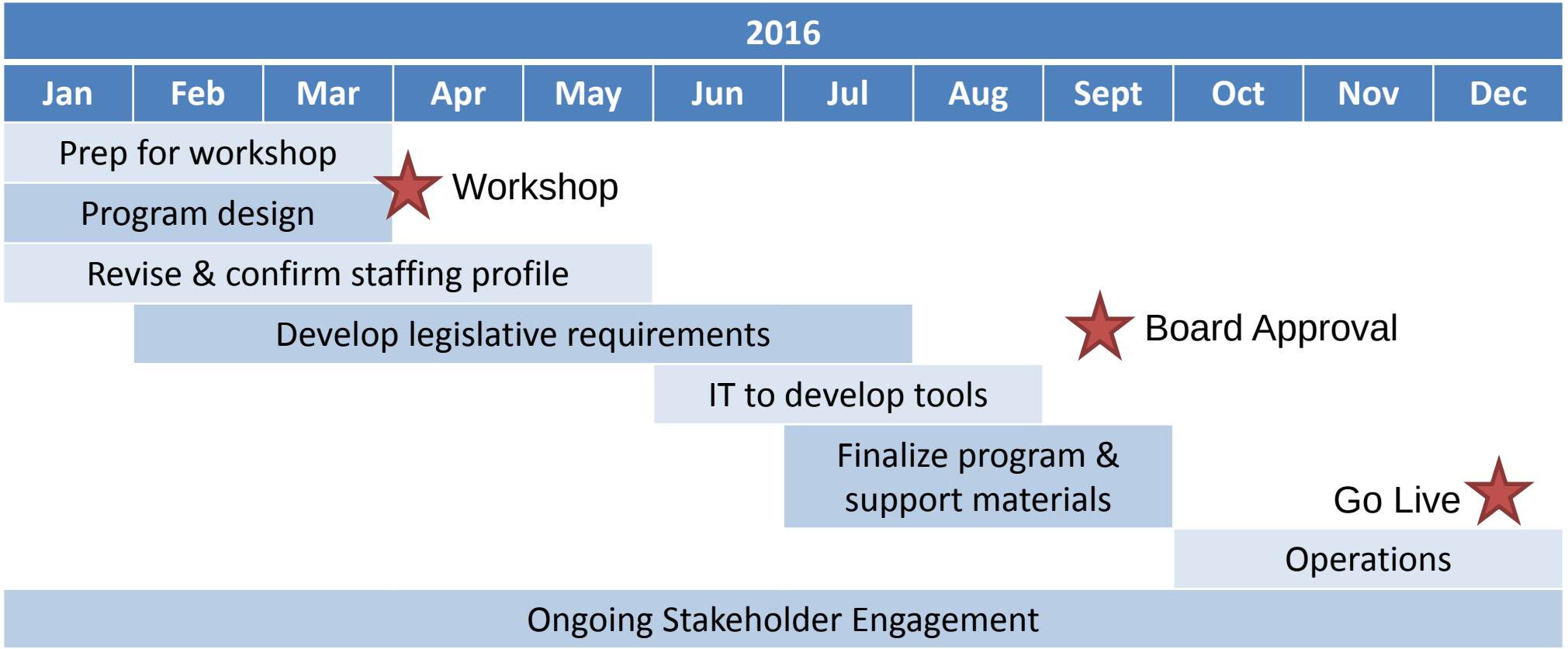
Human Resources Stream

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.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.iv. July 22, 2016 Draft Board Resolution Minutes

DECISION REQUIRED

Recommended Board Motion:

Approve the Draft July 22, 2016 Board Resolution Minutes as circulated.

Appendix	
1	Draft July 22, 2016 Board Resolution Minutes

College of Pharmacists of British Columbia

Board Resolution
Sent via email July 22nd, 2016
By Registrar Bob Nakagawa

MINUTES

The following resolutions of the Board of the College of Pharmacists of British Columbia are valid and binding as per section 13(12) of the *Health Professions Act*-Bylaws, and have 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

RESOLVED THAT, in accordance with the authority established in section 19(1)(k) of the Health Professions Act, and subject to the 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 July 29, 2016.

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.

RESOLVED THAT, *in accordance with the authority established in section 19(1)(k) 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.*

Certified a true copy

Registrar	July 28, 2016 Date
Blake Reynolds	July 24, 2016 Date
Anar Dossa	July 26, 2016 Date
Mona Kwong	July 25, 2016 Date
Ming Chang	July 25, 2016 Date
Tara Oxford	July 22, 2016 Date
Frank Lucarelli	July 24, 2016 Date

Sorell Wellon	July 22, 2016 Date
Arden Barry	July 25, 2016 Date
Norman Embree	July 26, 2016 Date
Kris Gustavson	July 27, 2016 Date
Jeremy Walden	July 25, 2016 Date
George Walton	July 25, 2016 Date

College of Pharmacists of British Columbia

Board Decision
July 22, 2016

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)(k) 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 July 29, 2016.

Purpose

To seek Board approval for filing with the Minister of Health, the proposed amendments to the *Health Professions Act* (HPA) - Bylaws listed below:

- HPA Bylaws, Schedule F, Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying - Standards, Limits and Conditions (hereinafter referred to as Part 5).

Background

The Board approved the filing of the newly developed Part 5 on June 3, 2016 via an extraordinary Board teleconference meeting. The amendments were subsequently filed with the Ministry of Health and came into force on June 6, 2016. The development of Part 5 was to address the Supreme Court of Canada (SCC) ruling on the decriminalization of Medical Assistance in Dying (MAID) – formerly known as physician-assisted dying. The SCC ruling took effect on June 6, 2016, albeit in a context of no federal and/or provincial legal framework.

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. The intention is to have any additional requirements for MAID as well as exceptions from the usual set of standards of practice (Parts 1-3 of Schedule F) reflected in Part 5.

On June 17, 2016, federal legislation regarding MAID was enacted.[1] Small amendments were required for Part 5 to ensure alignment with the Federal enactments.

A shortened filing period is required to ensure the proposed amendments are filed before or at the same time as the College of Registered Nurses of BC (CRNBC) establish their standards of practice for Nurse Practitioners (NPs) to ensure continuity of patient care.

The Ministry of Health has committed to a shortened filing period in an effort to enable NPs to participate as prescribers and administers for MAID and to ensure clarity for registrants as this is a legal health service in Canada.

Legislative Authority

The College is invoking Section 13(12) of the HPA-Bylaws to expedite Board approval. It states:
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.

Discussion

The majority of provisions contained in the existing Part 5 align with the recently passed Federal enactments. There are a small number of amendments for Part 5; the significant amendments include the following:

- adding NPs within the same capacity as medical practitioners;
- compelling pharmacists to follow up with the prescriber practitioner within 48 hours of drug administration to confirm that the medication administration record outlines what drugs were consumed and to ensure appropriate return of any unused drugs for disposal; and
- authorizing a pharmacist to delegate preparation duties to a technician (insofar it is within their scope of practice); however, dispensing is limited to pharmacists only.

The Federal enactments state anyone is exempt from criminal liability if they do anything that is intended to help a practitioner provide MAID that is authorized under section 241.2 of the Act. Therefore, pharmacy technicians may participate in MAID within their scope of practice. For clarity, Part 5 limits the dispensing activity to a full pharmacist.

The proposed amendments for Part 5 were sent to the Ministry of Health's Working Group on MAID (members include representatives from each of the health authorities, the College of Physicians and Surgeons of BC, the CRNBC, the Ministry of Health and the Ministry of Justice), and the BC Pharmacy Association. The majority of feedback was supportive of the amendments.

[1] An *Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* received royal assent on June 17, 2016.

Recommendation

The Legislative Review Committee recommends that the Board unanimously approve Part 5 of Schedule F to the HPA Bylaws for filing to the Minister of Health, as circulated, by signing the attached resolution.

Appendix	
1	Resolution
2	Part 5 – clean copy

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.

RESOLVED THAT, *in accordance with the authority established in section 19(1)(k) 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.*

Certified a true copy

_____	_____
Registrar	Date
_____	_____
Blake Reynolds	Date
_____	_____
Anar Dossa	Date
_____	_____
Mona Kwong	Date
_____	_____
Ming Chang	Date
_____	_____
Tara Oxford	Date
_____	_____
Frank Lucarelli	Date

_____	_____
Sorell Wellon	Date
_____	_____
Arden Barry	Date
_____	_____
Norman Embree	Date
_____	_____
Kris Gustavson	Date
_____	_____
Jeremy Walden	Date
_____	_____
George Walton	Date

Schedule of Amendments

Part 5 of Schedule F of the HPA Bylaw is amended to conform with the federal medical assistance in dying amendments to the *Criminal Code* (S.C. 2016, c.3) ("Act") and to provide more direction for pharmacists as follows:

Current Provision	Proposed Amendment	Rationale
Standards		
1. The physician and the full pharmacist must work in a collaborative team based approach throughout the process.	1. The full pharmacist must work in a collaborative team based approach <u>with the medical practitioner or nurse practitioner</u> throughout the process.	Specifies persons with whom pharmacist must work and adds nurse practitioner in conformity with Act.
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	2. The full pharmacist must discuss and confirm with the <u>attending medical practitioner or nurse practitioner</u>: (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.	Specifies that it is the attending practitioner and adds nurse practitioner in conformity with Act.
5. The full pharmacist must document on the prescription: (a) The date and time the drugs were dispensed;	5. The full pharmacist must document on the prescription:	Replaces "physician" with "medical practitioner or nurse

(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.	(a) The date and time the drugs were dispensed; (b) The name and signature of the <u>medical practitioner or nurse practitioner</u> to whom the drugs were dispensed; and (c) If the <u>medical practitioner or nurse practitioner to whom the drugs were dispensed</u> is not known to the pharmacist, that the pharmacist confirmed the <u>prescribing medical practitioner's or nurse practitioner's</u> identity by means of photo identification.	practitioner" in conformity with Act.
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.	6. The full pharmacist must contact the <u>prescribing medical practitioner or nurse practitioner</u> within 48 hours of the scheduled date and time of drug administration to <u>confirm that the medical administration record documents what drugs were consumed and to</u> ensure appropriate return of any unused medications for disposal.	Replaces "physician" with "medical practitioner or nurse practitioner" in conformity with Act. Adds obligation for pharmacist to confirm documentation of consumed drugs.
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	7. The following Standards of Practice do not apply to medical assistance in dying: (a) Sections 6(5) (c) and (e), 6(6), <u>10 (1) and (2)</u>, 11(4)(f) and (g), and 12 of the Health Professions Act	Additional sections excluded to provide clearer direction to pharmacists.

Act Bylaws, Schedule F, Part 1; and (b) Section 13(5) of the Health Professions Bylaws, Schedule F, Part 2.	Bylaws, Schedule F, Part 1; (b) Sections 13(5) and (8) of the Health Professions Bylaws, Schedule F, Part 2; and (c) Sections 8 and 9 of the Health Professions Act Bylaws, Schedule F, Part 3.	
Limits		
2. A full pharmacist cannot delegate any aspect of the dispensing of drugs for the purposes of medical assistance in dying.	2. A full pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purposes of medical assistance in dying that is within a pharmacy technician's scope of practice.	Authorizes pharmacy technician's participation in conformity with Act.
3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the physician.	3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the prescribing medical practitioner or nurse practitioner.	Replaces "physician" with "medical practitioner or nurse practitioner" in conformity with Act.
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.	4. A full pharmacist must not dispense a drug to a prescribing medical practitioner or nurse practitioner for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.	Replaces "physician" with "medical practitioner or nurse practitioner" in conformity with Act.
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:	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) Assess whether a person satisfies the criteria for medical	Deletes lapsed provisions to reflect enactment of Act.

(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.	assistance in dying set out in section 241.2 of the Criminal Code; or (b) Adapt a prescription for medical assistance in dying.	

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

STANDARDS

1. The full pharmacist must work in a collaborative team based approach with the medical practitioner or nurse practitioner throughout the process.

2. The full pharmacist must discuss and confirm with the prescribing medical practitioner or nurse practitioner:
   (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 required by 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 medical practitioner or nurse practitioner to whom the drugs were dispensed; and
   (c) If the medical practitioner or nurse practitioner to whom the drugs were dispensed is not known to the pharmacist, that the pharmacist confirmed the prescribing medical practitioner's or nurse practitioner's identity by means of photo identification.

6. The full pharmacist must contact the prescribing medical practitioner or nurse practitioner within 48 hours of the scheduled date and time of drug administration to confirm that the medical administration record documents what drugs were consumed and to ensure appropriate return of any 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), 10 (1) and (2), 11(4)(f) and (g), and 12 of the Health Professions Act Bylaws, Schedule F, Part 1;
   (b) Sections 13(5) and (8) of the Health Professions Bylaws, Schedule F, Part 2; and
   (c) Sections 8 and 9 of the Health Professions Act Bylaws, Schedule F, Part 3.

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

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Appendix 2 - HPA_Bylaws_Part 5 v2016.final Posted 2016-07-22

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

LIMITS

1. Only a full pharmacist may dispense drugs for the purposes of medical assistance in dying.

2. A full pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purposes of medical assistance in dying that is within a pharmacy technician's scope of practice.

3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the prescribing medical practitioner or nurse practitioner.

4. A full pharmacist must not dispense a drug to a prescribing medical practitioner or nurse practitioner 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 whom 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) Assess whether a person satisfies the criteria for medical assistance in dying set out in section 241.2 of the Criminal Code; or
   (b) 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.

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College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.v. August 3, 2016 Draft Board Teleconference Minutes

DECISION REQUIRED

Recommended Board Motion:

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

Appendix	
1	Draft August 3, 2016 Board Teleconference Minutes

College of Pharmacists of British Columbia

Board Teleconference
August 3, 2016
8:00am

MINUTES

Members Present:
Blake Reynolds, Chair & District 4 Board Member
Anar Dossa, Vice-Chair & District 6 Board Member
Ming Chang, District 2 Board Member
Frank Lucarelli, District 5 Board Member
Arden Barry, District 7 Board Member
District 8 Board Member (*vacant*)
Norman Embree, Public Board Member
Kris Gustavson, Public Board Member
Jeremy Walden, Public Board Member
George Walton, Public Board Member

Regrets:
Mona Kwong, District 1 Board Member
Tara Oxford, District 3 Board Member

Staff:
Bob Nakagawa, Registrar
Ashifa Keshavji, A/Deputy Registrar and Director of Practice Reviews and Quality Assurance
Kitty Chiu, Executive Operations Manager
Lori Tanaka, Board & Legislation Coordinator

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1. **WELCOME & CALL TO ORDER**

   Chair Reynolds called the meeting to order at 8:03am.

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

2. CONFIRMATION OF AGENDA

It was moved and seconded that the Board:

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

CARRIED

3. GOVERNANCE COMMITTEE – ORGANIZATIONAL REVIEW (Appendix 1)

It was moved and seconded that the Board:

Authorize the Governance Committee to enter into a contract with Ernst and Young to conduct Phase 1 of the proposed organizational review with a cost of up to $75,000.00 plus applicable taxes and out of pocket travel expenses (not to exceed $6500).

CARRIED

ADJOURNMENT

Chair Reynolds adjourned the meeting at 8:16am.

Appendix	
1	August 3, 2016 Board Briefing Note (without appendices) Governance Committee – Organizational Review

College of Pharmacists of British Columbia

BOARD MEETING
August 3, 2016

3. Governance Committee – Organizational Review

DECISION REQUIRED

Recommended Board Motion:

That the Board authorize the Governance Committee to enter into a contract with Ernst and Young to conduct Phase 1 of the proposed organizational review with a cost of up to $75,000.00 plus applicable taxes and out of pocket travel expenses (not to exceed $6,500).

Purpose

To update the Board on the Governance Committee's response to the Board action item from their June 24th, 2016 meeting motion: 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."*

Process

Based on the Board motion, the Governance Committee chair contacted two firms and requested that they submit proposals for conducting a complete organizational review. The following proposals were submitted:

- Odgers Berndtson (Appendix 1)
- Ernst & Young (Appendix 2)

Discussion

The Governance Committee met on July 22nd, 2016 and discussed the two proposals (Appendix 1 and 2) that were received as a result of the search that was conducted by the committee Chair, including:

- Scope of work/project requirements
- Approach
- Deliverables
- Timelines
- Budget/cost
- References

Part of the discussion also included consideration of the process by which the proposals were obtained. There is a Board Policy (Appendix 3) in place regarding contractor services (specifically subsection 3.6.6 with respect to employing a tendering process). Based on the outcome of the discussions, the Governance Committee agreed to make the following recommendation to the Board:

> *"That the Board authorize the Governance Committee to enter into a contract with Ernst and Young to conduct Phase 1 of the proposed organizational review with a cost of up to $75,000.00 plus applicable taxes and out of pocket travel expenses (not to exceed $6,500)."*

Next Steps

Based on the Board's approval, the Governance Committee Chair and Staff Resource will negotiate a contract with Ernst and Young to conduct Phase 1 of a complete organizational review. It is anticipated that the Governance Committee will be working closely with Ernst and Young to set up the expectations, process, reportables and timelines for completion of the review and will be providing an update to the Board at their September meeting.

Appendix	
1	Odgers Berndtson Proposal
2	Ernst & Young LLP Proposal
3	Board Policy - 3.6 Contractor Services

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.vi. Committee Updates (Minutes)

INFORMATION ONLY

Committees who have met and approved previous meeting minutes have submitted them to the Board for information purposes.

The following committees do not have a submission:

- Discipline Committee
- Drug Administration Committee,
- Governance Committee,
- Jurisprudence Examination Committee, and
- Registration Committee.

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

Appendix	
1	Audit and Finance Committee Meeting Minutes
2	Inquiry Committee Meeting Summary
3	Legislation Review Committee Meeting Minutes
4	Practice Review Committee Meeting Minutes
5	Quality Assurance Committee Meeting Minutes

College of Pharmacists of British Columbia

Audit and Finance Committee Meeting
June 6th, 2016
Held at the College of Pharmacists of British Columbia
200-1765 West 8th Avenue, Vancouver, BC

MINUTES

Members Present:
George Walton, Chair
Norman Embree
Blake Reynolds
Anar Dossa *(via teleconference)*

Staff:
Mary O'Callaghan, Chief Operating Officer
Jesse Hogan, Accountant
Evangeline Ilumin, Accountant

Invited Guests:
Dennis Hulme, Sierra Systems
Donna Diskos, Grant Thornton LLP

Regrets:
Bob Nakagawa, Registrar

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1. **WELCOME & CALL TO ORDER**
   Chair Walton called the meeting to order at 9:30am.

2. **REVIEW AND APPROVAL OF THE MARCH 23, 2016 MEETING MINUTES**

   It was moved and seconded that the Audit and Finance Committee:
   Approves the March 23, 2016 Audit and Finance Committee Meeting minutes as presented.

   CARRIED

3. **REPORT ON THE IT REVIEW PERFORMED BY SIERRA SYSTEMS**
   Dennis Hulme of Sierra Systems gave the Committee an update on the results of the Sierra Systems review of the CPBC Information Technology department. The Committee would like to receive a Staff Plan re addressing / implementing the Review for the next meeting.

4. APRIL 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 $648,207 is quite satisfactory as 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 year-end bills.

Short Term Investments are still substantial at $7,295,351.

Payables and Accruals are $764,765.

Revenue and Expenses:

Revenues – 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 due to timing.

Board and Registrar – Timing.

Grants – We have had discussions concerning renewing ADAPT funding and the Physical Assessment course grant.

Registration & Licensure – This variance is primarily due to scheduling of committee meetings.

Quality Assurance – The budget includes funding for the expansion of e-library services.

Practice Review (Inspections) – Consulting services have been greatly reduced.

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.

Public Engagement – Timing – e.g. 125th Anniversary.

Finance and Administration – Timing of IT activities, primarily support after the recent iMIS upgrade.

Salaries and Benefits – Timing.

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

It was moved and seconded that the Audit and Finance Committee:
Approves the April 2016 financial reports as presented.

CARRIED

5. 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 moved and seconded that the Audit and Finance Committee:
> Recommends approval of the Reserves Policy and removal of current item 3.1.9 from the Board Financial Planning and Budgeting Policy (section 3.1) and replace with "See Reserves Policy – Appendix B".
>
> **CARRIED**

6. REVIEW EXPENDITURES

The Committee agreed that basing the Principles upon the Duties and Objects of the College (according to HPA) was useful. Discussed the "one-time" expenditures (and other optional expenditures) in the current approved budget. Some of the "one-time" expenditures (such as I.T., consulting for programs, etc.) will be needed for another year or two.

Some expenditures such as e-library, CPPD, Conference Support and the 125th Anniversary will either not be needed in future or may not fit the Duties and Objects of the College.

This will be discussed at the Board meeting and used for establishing an expenditure base line prior to reviewing fees at the July 26 AFC meeting.

Note – forecasted revenues have not been met due to the lower uptake of Pharmacy Technicians and the discontinuation of the SPT program at UBC. These two areas have reduced projected revenues by over $1 million.

7. AUDIT RESULTS FOR 2015/16 – PRESENTATION BY GRANT THORNTON

Donna Diskos presented the results of the audit and the audited financial statements. There were no internal control issues found. There were some adjustments made based upon further information from the contractor (re development costs) and finalization of the Joint Venture investment (based upon the JV auditors' results).

The Committee had a brief discussion with Donna without staff present and thanked staff upon their return to the meeting.

8. EXPENDITURE REVIEW CONTINUED

Discussion around information to be included in the Board package.

ADJOURNMENT

The meeting adjourned at 2:45pm. Next meeting is scheduled for July 26th at 12:00pm.

College of Pharmacists of British Columbia

Report to the Board for Inquiry Committee

Reporting Period: March 1, 2016 – July 31, 2016

Membership:

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

Chair: John Hope
Vice-Chair: Dorothy Barkley

Staff Resource: Valerie Tsui

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 (to date):

- Number of in-person meetings: 6
- Number of teleconferences: 18

College of Pharmacists of British Columbia

- Total number of files disposed: 70
    - Number of new files disposed: 42
    - Number of reconsiderations: 28
- Number of calls/tips received: 491
- Number of official complaints received: 57

Below is a comparison from 2014 and 2015 for the months of March to July.

March to July	**2016**	**2015**	**2014**
Number of in-person meetings	6	10	5
Number of teleconferences	18	17	6
Total number of files disposed	70	61	46
Number of new files disposed	42	41	40
Number of reconsiderations	28	20	6
Number of calls/tips received	491	318	254
Number of official complaints received	57	49	31

College of Pharmacists of British Columbia

Legislation Review Committee Teleconference
May 31, 2016
10:00am

MINUTES

Members Present:
Mona Kwong, District 1 Board Member
Sorell Wellon, District 8 Board Member
Jeremy Walden, Public Board Member
Anar Dossa, Vice-Chair & District 6 Board Member

Regrets:
Blake Reynolds, Chair & District 4 Board Member

Staff:
Kellie Kilpatrick, A/Director of Policy & Legislation
Anu Sharma, Senior Policy & Legislation Analyst
Ranique Sekhon, Policy & Legislation Analyst

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1. WELCOME & CALL TO ORDER

2. CONFIRMATION OF AGENDA

By consensus, the LRC approved the May 31, 2016 Teleconference Meeting Agenda as circulated.

3. MEDICAL ASSISTANCE IN DYING (MAID)

As a result of the on-going work to implement the new provisions for MAID in BC, the CPBC as well as CPSBC and CRNBC have been working together to develop Standards, Limits and Conditions for registrants.

This work has required amendments to the Health Professions Act (HPA) Bylaws, Schedule A – Code of Ethics

HPA – Bylaws, Schedule F – Standards of Practice (Parts 1-3)

HPA – Bylaws, Schedule F – New Standards, Limits and Conditions, Part 5

College of Pharmacists of British Columbia

These amendments lay out the requirements for pharmacists as well as limits the involvement of pharmacy technicians, at least until the federal legislation is passed and is in force.

By consensus, LRC approved the amendments and directed they be forwarded to the Board for approval. (Extraordinary Board teleconference scheduled for June 3)

4. AMENDMENTS TO THE BC DRUG SCHEDULES REGULATION

As a result of the implementation of MAID provisions, amendments are needed to the BC DSR – the addition of several drugs to Schedule 1 to allow Nurse Practitioners to prescribe from the list as per their regulation.

Drugs are – dextroamphetamine; diphenoxylate; methylphenidate; phenobarbital; secobarbital; tramadol.

By consensus, LRC approved the changes and directed the same be forwarded to the Board.

MEETING WAS ADJOURNED AT 10:30 A.M.

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

- Registrants are committed first and foremost to protecting and promoting the health and well-being* of their patients.
- Registrants practice only within the scope of their education, training and competence.
- Registrants are aware of the limitations of their knowledge and expertise and refer as necessary and appropriate.
- Registrants are knowledgeable of, and adhere to, national and provincial legislation, standards of practice and policies relevant to the practice of pharmacy.
- Registrants maintain appropriate resources to facilitate their efforts to deliver services according to the standards of practice.
- Registrants dispense, distribute, recommend and advertise drugs and health-related products that are approved by Health Canada.
- 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;
    - ~~that they do not, at any time, express their conscientious objection directly to the patient~~
    - they do not discuss their personal beliefs or ask patients to disclose or justify their own beliefs;

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

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- 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 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

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

- 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.

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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.

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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.

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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

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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,

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(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.

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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;

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(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.

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(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

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(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

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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,

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(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

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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

(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

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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,

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(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.

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(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.

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(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.

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***Health Professions Act* – BYLAWS**

SCHEDULE F

PART 2 – Hospital Pharmacy Standards of Practice

Table of Contents

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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.

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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:

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(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.

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(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

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(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

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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

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(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

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(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.

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(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

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(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.

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Health Professions Act – BYLAWS

SCHEDULE F

PART 3 – Residential Care Facilities and Homes Standards of Practice

Table of Contents

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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*.

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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.

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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,

   (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.

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(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

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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.

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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

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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,

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(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,

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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,

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(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.

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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 **prepare** the drugs in accordance with the Standards of Practice as defined in the *Health Professions Act* Bylaws (Part 1 Community Pharmacy; Part 2 Hospital Pharmacy; Part 3 Residential Pharmacy) and the NAPRA Standards on Pharmacy Compounding (October 2006) as per Professional Practice Policy 64 adopted by the Board of the College of Pharmacists of BC.

4. 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.

5. 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) ,

6. 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

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(a) dose and route of administration;¶
(b) allergy status; and¶
(c) risk factors.¶
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(c) if the physician is not known to the pharmacist, that the pharmacist confirmed the physician's identity by means of photo identification.

7. 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.

8. 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.

9. 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 whom the pharmacist knows or has reason to believe has made the pharmacist 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:

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(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.

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Deleted: an Act to amend the Criminal Code to make related amendments to other Acts,

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Historically, medical assistance in dying has been prohibited in Canada by the Criminal Code. However, on February 6, 2015, in *Carter v. Canada (Attorney General)*, the Supreme Court of Canada (SCC) found that an absolute prohibition on medical assistance in dying violated an individual's right to life, liberty and security of person under the Canadian Charter of Rights and Freedoms. In doing so, the SCC struck down the provisions in the Criminal Code that prohibit medical assistance in dying (sections 241(b) and 14) but only insofar as they prohibit medical assistance in dying for a competent adult person who (1) clearly consents to the termination of life; and (2) 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 circumstances of his or her condition. ¶
At this time there is no federal and/or provincial legislation that addresses medical assistance in dying. In the interim, the College acknowledges that it is in the public interest and in the interest of registrants to establish standards, limits and conditions to guide pharmacists who are dispensing of drugs for the purposes of medical assistance in dying. ¶
Registrants are expected to be aware of and comply with their legal, ethical and professional obligations and are encouraged to seek the guidance of legal counsel during the period of no federal and/or provincial legislation.¶

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College of Pharmacists of British Columbia

Legislation Review Committee Teleconference
June 8, 2016
9:00am

MINUTES

Members Present:
Mona Kwong, District 1 Board Member
Sorell Wellon, District 8 Board Member
Jeremy Walden, Public Board Member

Regrets:
Anar Dossa, Vice-Chair & District 6 Board Member
Blake Reynolds, Chair & District 4 Board Member

Staff:
Kellie Kilpatrick, A/Director of Policy & Legislation
Anu Sharma, Senior Policy & Legislation Analyst
Ranique Sekhon, Policy & Legislation Analyst

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1. WELCOME & CALL TO ORDER

2. CONFIRMATION OF AGENDA (APPENDIX 1)

By consensus, the LRC approved the June 8, 2016 Teleconference Meeting Agenda as circulated.

3. AMENDMENT TO PODSA BYLAWS – WORKLOAD STANDARD/QUOTAS

The LRC reviewed the drafted amendments to s. 3 (2) of the bylaws. This amendment originated as part of the "6 standards" and was included in the public posting process in the spring of 2015. Considerable feedback was received from registrants and was subsequently analyzed.

The LRC reviewed that feedback and discussed the application of "right touch" to the amendment. There was some discussion on whether or not there needed to be a whistleblower clause included for those pharmacy managers who experienced non-compliance to this bylaw.

Staff advised that this amendment had been discussed with the Ministry of Health; no issues were identified. Given the time delay from the period of public posting to the anticipated Board meeting date, staff also contacted the BCPhA and Neighborhood Pharmacy Association to advise that the amendment would be brought to the Board. No issues were raised.

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;

(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

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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

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June 17 2016

BY EMAIL

Anu Sharma,
College of Pharmacists of BC
200-1765 West 8th Avenue
Vancouver, BC V6J 5C6

Dear Ms. Sharma:

RE: Proposed PODSA Bylaw Amendments - Workloads and Quotas

You have asked for our legal opinion as to whether the College has the authority under s. 21(1) of the *Pharmacy Operations and Drug Scheduling Act* (PODSA) to enact a bylaw imposing a positive obligation on pharmacy managers to ensure that workload volumes and any quotas or targets required by employers do not compromise registrants' responsibilities under the College's bylaws, standards or Code of Ethics.

In our opinion, the most compelling interpretation of ss. 21(1) of PODSA is that it authorizes the College to enact the proposed amendments. Further, as the BC Court of Appeal recently held in *BC College of Pharmacists Sobeys West*, a high level of judicial deference applies when a court is reviewing the College's interpretation of its home statute's bylaw-making provisions. amendments.

Background

The College posted proposed amendments to section 3(2)(e) of its PODSA bylaw in February 2015. The impetus for these amendments arose from the expanding scope of practice for pharmacists in areas such as adaptations, immunizations and medication reviews, as well as a trend in some pharmacies for managers, owners and directors to impose quotas, performance targets and similar measures on such activities. The concern was that pressure to meet these demands could compromise registrants' obligations regarding practice standards and patient safety under the College's bylaws, standards and Code of Ethics. A survey of pharmacists conducted by UBC in 2013 and a January CBC Marketplace investigative report provided some

evidence that pharmacists were experiencing such pressures and that they were a factor in increased pharmacy errors. I assume that these materials have been provided to the Board.

During the public comment period, the College received feedback from some organizations that it did not have the authority to make bylaws governing workload. The College obtained a legal opinion later in February 2015 that it had the authority to make the proposed amendments.

The proposed amendments are to s. 3(2)(e) of the PODSA Bylaw. That section currently states:

> (e) 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 proposed amendment is:

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

Discussion

Section 21(1) of PODSA authorizes the College to make bylaws on the following matters:

> **21** (1) The board may make bylaws respecting the following:
>
> (a) the collection, retention, maintenance, correction, protection, use and disclosure of prescription information and patient records including information and records intended for the purpose of prescribed information management technology under the *Pharmaceutical Services Act*;
>
> (b) the provision for information to comply with section 27 (2) of the *Freedom of Information and Protection of Privacy Act*;
>
> (c) the criteria that characterize devices, facilities, care centres and wholesalers;
>
> (d) the requirements for the licensing and operation of a pharmacy, including, but not limited to,
>
> (i) the use and supervision of support persons, including the ratio of pharmacists to support persons,
>
> (ii) the physical requirements for premises,
>
> (iii) the maintenance and disposal of records, including patient records and records concerning drug inventory, purchases and transfers,

(iv) the equipment and things to be used in the operation of a pharmacy, and

(v) the name, signage and other forms of public identification of the pharmacy;

(e) the requirements for the dispensing, sale, storage or disposal of a drug or device listed or included by reference in the drug schedules;

(f) the requirements for a therapeutic interchange program;

(g) the responsibilities of managers of pharmacies, owners of pharmacies or directors of corporations that own pharmacies;

(h) [Repealed 2006-23-36.]

(i) the standards of advertising;

(j) the establishment of a registry for the wholesalers of limited access drugs, including the information that a wholesaler must provide for registration and the manner and form of the registration procedure;

(k) the establishment of a protocol described in section 25.93 (4) of the *Health Professions Act*.

(Emphasis added.)

Basic principles of statutory interpretation provide that the words of a legislative text must be read in their entire context, including the literal context, which refers to the grammatical and ordinary sense of the words, and the legal context, in order to ensure consistency with the scheme and objects of the statute, any related legislation and the Constitution.

Read in its grammatical and ordinary sense, the phrase "licensing and operation of a pharmacy" in s. 21(1)(d) includes all aspects of operating the pharmacy. Staffing, management of workload volumes, and ensuring compliance with the College's bylaws, standards and Code of Ethics (all of which require avoidance of errors and promotion of patient care) are inherent in pharmacy operation.

An argument could be made that the list of items that follows in s. 21 (1)(d)(i) to (v) implicitly narrows the meaning of the phrase to the listed items thereby excluding anything not listed (the "implied exclusion rule"). However, the fact that the subsection expressly states that the power is to make bylaws on the requirements for licensing and operation of a pharmacy "including but not limited to" the listed items makes that narrower interpretation implausible. Courts have interpreted "including but not limited to" as expanding, not limiting the scope of a statutory power and have said that the implied exclusion rule does not apply when that phrase is used (for example, see *Newmarket (Town) v Halton Recycling Ltd* [2006] OJ No. 3918, at para 85).

As was recognized in *Sobeys West*, PODSA is part of a regulatory regime that includes the *Health Professions Act* (HPA), and must be interpreted consistently with the objects of that statute. The HPA requires colleges to regulate to serve and protect the public and in all ways act in the public interest (HPA s. 16(1)). Section 19(1)(k) of the HPA expressly authorizes the College to "establish standards,

limits or conditions for the practice of the designated health profession by registrants". Section 25.9 adds to the general list of objectives for health colleges, certain objectives particular to the College:

> **25.9** In addition to the objects set out in section 16 (2), the college has the following objects:
>
> (a) subject to the *Food and Drugs Act* (Canada), to establish the terms and conditions of sale for drugs and devices;
>
> (b) to ensure that the public is protected from the unauthorized or inappropriate sale of drugs and devices;
>
> (c) to superintend the operation of pharmacies;
>
> (d) to establish, maintain and promote standards for pharmacies, including for the ownership and operation of pharmacies.

These provisions of the HPA strongly support an interpretation of the scope of the bylaw-making authority conferred by s. 21(1) of PODSA as including the power to make the proposed bylaw amendments.

Further, as noted in the legal opinion you obtained in February 2015, s. 8 of the *Interpretation Act* requires that statutes be construed liberally so as to best achieve their aims.

Should someone seek to challenge the proposed amendments by way of judicial review, the law is clear that the court will defer to the College's interpretation of the meaning of s. 21(1) of PODSA and also to its determination that these measures are in the public interest. The Supreme Court of Canada has established that, except in a narrow range of circumstances that do not apply here, the court must uphold a regulatory body's legal interpretation of its home statute as long as it is reasonable: *Alberta (Information and Privacy Commissioner) v. Alberta Teachers' Association* 2011 SCC 61. *Sobeys West* establishes that a court reviewing a bylaw made by the College must defer to the College's determination of what measures it should take to protect the public interest, as long as it acted in good faith and there is some evidence of the underlying concern that gave rise to the measures. I am not aware of any basis upon which to challenge the College's intentions in making the proposed amendments. The deferential standard of review requires the court to uphold the bylaw as long as it falls within a range of reasonable outcomes defensible on the facts and the law, even if the court considers that some other measure would be better.

In summary, we have very strong legal arguments that the proposed amendments are authorized by s. 21(1) of PODSA. Based on the information I have, there is no evidence that the College is making the amendments for any reason other than the public interest, and the Board

had evidence before it that increased workload volume and employer quotas or targets are a factor in pharmacy errors. If the proposed amendments are judicially reviewed, the court must apply the deferential reasonableness standard of review to both the interpretation of s. 21(1) and to the College's determination that the proposed amendments are to protect the public. Applying that standard it is very unlikely that such a court challenge would succeed

I trust that this opinion addresses your concerns. If you have any further questions or comments, please do not hesitate to contact me.

Yours very truly,

LOVETT WESTMACOTT

Nitya Iyer

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February 25, 2016

College of Pharmacists
of British Columbia
200 – 1765 West 8th Avenue
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Attention: Ms. Anu Sharma
Senior Policy & Legislation Analyst

Dear Ms. Sharma:

Re: PODSA Bylaw Amendment Section 3 & Jurisdiction
Our file: 51255

You have asked me to consider proposed amendments to section 3(2) (e) of the *PODSA* bylaws (duties of the manager) and respond to feedback that the College does not have authority to pass them because they relate to pharmacy workload.

In my opinion, there is ample authority in both the *HPA* and *PODSA* empowering the College to pass the proposed amended bylaws.

For ease of reference I set out the current and proposed bylaw wording:

Current:

A manager must
(e) ensure that registrant and pharmacy assistant staff levels are commensurate with the workload volume and patient care requirements at all times;

Proposed:

(e)(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 feedback obtained from the profession regarding these proposals, which does not include a reasoned legal opinion, suggested the College does not have authority to regulate workload, workplace issues and human resources requirements within pharmacies. One comment suggested that the inability to accurately predict workload requirements means the College has no authority to regulate it. The thinking is that the College's duty to protect the public is outside the scope of workload requirements, a position that is not particularly logical or compelling. These issues are not exclusive to one another especially in light of the various statutory provisions that apply and are set out below.

To begin, it is worthwhile to remember section 8 of the *Interpretation Act* which states:

Every enactment must be construed as being remedial, and must be given such fair, large and liberal construction and interpretation as best ensures the attainment of its objects.

The objects of the college are set out in several provisions in the *HPA*. When they are interpreted in accordance with section 8 of the *Interpretation Act*, they are consistent with the objects and the College's duty to *attain* those objects. In particular, as noted below, the College is authorized by statute to regulate the *operation of pharmacies* and the language of the proposed amendments clearly contemplates patient or public safety:

Duty and objects of a college

***16** (1) It is the duty of a college at all times*

(a)to serve and protect the public, and

(b)to exercise its powers and discharge its responsibilities under all enactments in the public interest.

(2) A college has the following objects:

(a)to superintend the practice of the profession;

(d)to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;

Objects of the college

25.9 In addition to the objects set out in section 16 (2), the college has the following objects:

(a) subject to the Food and Drugs Act *(Canada), to establish the terms and conditions of sale for drugs and devices;*

(b) to ensure that the public is protected from the unauthorized or inappropriate sale of drugs and devices;

(c) to superintend the operation of pharmacies;

(d) to establish, maintain and promote standards for pharmacies, including for the ownership and operation of pharmacies.

Further, in my opinion, Standards 1, 2 and 9 of the Code of Ethics apply – the duty to *protect and promote the health and well-being of patients (1);* the duty to *protect the best interests of patients in achieving their health outcomes (2);* and the duty to *participate in ethical business practices*. These standards are important – when taking them into account, one could argue that the bylaws should not be necessary because pharmacists operating pharmacies that do not have adequate staffing levels to the point where patient safety is compromised, are in breach of the Code. (I am not suggesting you do not need the bylaw amendments, only that the Code applies and supports them).

Given that workload or human resources issues, as contemplated by these proposals relate to the operation of pharmacies and public safety, the College would not be able to fulfil its objects if the "naysayers" are correct.

In *PODSA,* the following subsections regarding the College's authority to create bylaws are relevant:

Board bylaws

21 (1) The board may make bylaws respecting the following:

(d) the requirements for the licensing and operation of a pharmacy, including, but not limited to,

(i) the use and supervision of support persons, including the ratio of pharmacists to support persons,

(e) the requirements for the dispensing, sale, storage or disposal of a drug or device listed or included by reference in the drug schedules;

(g) the responsibilities of managers of pharmacies, owners of pharmacies or directors or corporations that own pharmacies;

Some of the provisions quoted above may be more clearly associated with the authority to regulate workloads than others, but overall, taking all of them together, and in light of section 8 of the *Interpretation Act,* it is clear the College is authorized to pass these bylaws. The *operation of a pharmacy* must contemplate such bylaws, or else the authority to regulate this would be meaningless.

I note the BCCA's decision in *Sobeys West Inc. v. College of Pharmacists of B.C.* 2016 BCCA 41, in which the Court recently upheld the incentives bylaw on the basis that it was within the range of *"possible, acceptable outcomes"* that are "*defensible in respect of the facts and law so as [not] to require interference by a court of law. Put another way the substance of the bylaws conformed in my respectful opinion to the rationale of the statutory regime to which the College is subject".* (para.70).

I think the outcome in *Sobey's* would apply to these bylaws should a challenge be mounted. Given the objects of the College, its clear authority to regulate the operation of pharmacies, and the need to regulate patient safety, in my opinion, if they are challenged, they will not be struck down.

I hope the foregoing responds to your inquiry, but if you have any further questions or require clarification, please don't hesitate to contact me.

Yours truly,

TWINING, SHORT & HAAKONSON

Catharine Herb-Kelly

Catharine Herb-Kelly, Q.C.
CHK/chk

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

##. New Professional Practice Policy 75 – Prescription Product Preparation and Final Check

DECISION REQUIRED

Recommended Board Motion:

"*That the Board of the College of Pharmacists of BC approve Professional Practice Policy 75– Prescription Product Preparation and Final Check, as circulated*"

Purpose

To establish requirements for all registrants (technicians and pharmacists) in both community and hospital settings who prepare prescription products and perform the final product check.

Background

Stakeholder feedback attained during the development of the Practice Review Program (PRP) identified the need to articulate a key focus area to address the scope of practice for pharmacy technicians. As a result, a new focus area titled "Product Distribution" was approved at the June 2015 Board meeting.

The term "final product check" refers to the checking of a dispensed prescription immediately prior to the release from the pharmacy. It does not include the checking of bulk/batch repackaged and compounded products as these activities have unique requirements under the *Health Professions Act (HPA) - Bylaws* Schedule F Part 2 s.9.

PPP-56 Standards for Pharmacy Assistant Verification of Non-Sterile Products in Hospital Pharmacy Practice and *PPP-57 Standards for Pharmacy Assistant Verification of Sterile Products*

in Hospital Pharmacy Practice[1] were developed for hospital pharmacy managers operating the "Tech-Check-Tech" program prior to the pharmacy technician regulation.

There is an existing gap in the College's Bylaws and Professional Practice Policy (PPP) documents in regards to specific guidelines for pharmacy technicians. The *HPA – Bylaws* Standards of Practice outline the scope of practice for pharmacy technicians, however, they do not outline the minimum standards required to carry out their responsibilities.

Discussion

This policy was created to ensure an accurate and consistent process for registrants when preparing prescription products and performing the final product check. It also supports a more fulsome review of the key focus area titled 'Product Distribution' of the PRP.

The foundational standards for this new policy emanate from *PPP*-56 *and* 57, *NAPRA's Model Standards of Practice for Canadian Pharmacy Technicians* (2011) and *HPA - Bylaws Schedule F Part 1* and *Part 2*. For example, specific components of PPP- 56 and 57 are replicated in the new proposed policy. Further, this policy supplements HPA – Bylaws Schedule F Part 1 s.4 (1) (e), s.6 (4) (h) (iv) and Schedule F Part 2 s.10 (1) (e) for technicians and community pharmacists and Schedule Part 2 s.13 (3) for hospital pharmacists by providing detailed requirements.

The consultation process for the development of this policy consisted of a number of engagement sessions with all hospital registrants from each of the College Committees, followed by approval by the Practice Review Committee.

Recommendation

The Practice Review Committee recommends that the Board approve Professional Practice Policy 75 – Prescription Product Preparation and Final Check, as circulated.

Appendix	
1	PPP Prescription Product Preparation and Final Check
2	Feedback on DRAFT Professional Practice Policy – Prescription Product Preparation and Final Check

[1] PPP's 56 & 57 may be redundant, further analysis will be completed to determine if they should be rescinded during the larger review of legislation as part of the Policy to Bylaw Framework project.

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY – 75**
POLICY FOCUS: **Prescription Product Preparation and Final Check**

This Professional Practice Policy is supplementary to *Health Professions Act Bylaw Schedule F Part 1* s.4(1)(e); s.6(4)(h)(iv) and *Schedule F Part 2* s.9; s. 10(1)(e). It applies to all registrants when **preparing prescription products and performing the final check.** Prescription products include, but are not limited to, dispensed prescriptions, bulk/batch repackaged or compounded preparations and compliance packaging. The term "final check" refers to the checking of a dispensed prescription prior to the release from the pharmacy.

POLICY STATEMENT(S):

Preparing a Prescription Product

1. A registrant, when **preparing a prescription product** must ensure that:
    a) the following is correct and matches the information on the prescription product label:
        i. drug(s) or constituents of the product;
        ii. dosage form;
        iii. strength;
        iv. drug identification number (DIN) (in community pharmacies);
        v. quantit(ies);
    b) the drug is not expired and will not expire within the duration of use;
    c) the prescription product is labelled appropriately (including auxiliary labels);
    d) the confirmation and written identification of the activity(ies) performed by each registrant during the preparation of the prescription product is documented;
    e) in hospital pharmacies, the requirements of *Health Professions Act Bylaw Schedule F Part 1 s.9* for Drug Repackaging and Compounding are met.

Performing the Final Check of a Prescription Product Prior to Release

2. A registrant must perform the **final check of a prescription product prior to release** and ensure that:
    a) the requirements listed in policy statement 1(a) to (d) are met;
    b) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profiles;
    c) the written identification of the registrant who performed the final check is documented;
    d) in community pharmacies, the prescription product label matches the information on the prescription upon receipt from the practitioner in accordance with *Health Professions Act Bylaw Schedule F Part 1* s.6(2).

3. All relevant documentation for **preparing prescription products and performing the final check** must be readily available and retained for a minimum of three years from the date a drug referred to in a prescription was last dispensed.

First approved: PPP
Revised:
Reaffirmed:

Appendix B

Feedback on DRAFT Professional Practice Policy – <u>Prescription Product Preparation and Final Check</u>

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
1.	Often in hospital practice, the medications are supplied from a central pharmacy production site as unit dose. The site would not typically be checking for correct manufacturer/DIN/lot number. <u>CPBC Response</u>: *Originally, we were trying to include the "one offs" (example – clozapine manufacturer in hospital and recording lot numbers when preparing a patient-specific compound). With overwhelming response that in hospital the lot numbers or manufacturer are not checked against the product label, the PPP has been amended to include the DIN for community, as it is used to prepare and check against the label.*	Some type of qualifier to address #1. Iv <u>CPBC response</u>: *See response number #1*	no

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
2.	Yes	I think there should be reference to checking the patient name against the prescription. The product check is irrelevant if the patient is not correct. I might add dosage form/route to section 1a. *CPBC response: See draft PPP policy statement 2(d)*	I am not sure what is meant by 'quantity (including calculations)'. What is meant by calculations? Would it be best to put calculations as its own bullet point, explicitly saying that any required calculations must be documented? *CPBC response: The PPP has been changed from "quantity (including calculations)" to "quantit(ies)" to include the quantity of single-entity and multiple ingredient products.*
3.	Yes	No	No
4.	Yes, with comments below	Policy statement 1d) and 2 c) Should the statement be expanded to state that the documentation of the checks can be done electronically? *CPBC response: Documentation can be completed electronically.* The terminology may be confusing to some in the hospital environment. All medications are dispensed subsequent to a "prescription" in the hospital inpatient setting. The policy statements use the terminology "drug" and "prescription" quite interchangeably. It would be good to clarify intent and use consistent terminology in the policy statements.	Policy statement 1 a iv: Within the drug distribution system in Fraser Health, the DIN or manufacturer is not used in the majority of time to confirm the correct product selection during preparation. The requirement in policy would necessitate significant changes to the drug distribution system. Our system does not support this to be done. Ideally, barcode technology would be best (which is what many health authorities will move towards with closed loop medication system). *CPBC response: See response number #1*

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
5.	I agree that it does cover everything needed	Not that I can see	No
6.	No (see below comments)	No	In hospital, we do not check the drug product label against the DIN/Lot/Manufacturer. Those pieces of information are not contained on our drug product labels. *CPBC response: See response number #1*
7.	In Policy statement 1 (a) (iv), at our hospital, registrants do not verify the manufacturer and or din number with the product prescription label. I also checked with a few of my other colleagues at other hospitals and they do not verify this either. *CPBC response: See response number #1*	In part 1, I would suggest including checking the integrity of the drug being dispensed. (for example if checking a tablet, ensuring that it is complete and part of it hasn't chipped or broken off, or if checking an IV solution that the solution is the correct color, or hasn't precipitated.	No, I do not think so.
8.	Yes	No	1.a. iv - in hospital pharmacies, manufacturers/DINs/lot numbers are not printed on prescription labels selection depends on what is on contract and is always changing exception: clozapine manufacturer printed on label *CPBC response: See response number #1*

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
9.	Yes	Point 1.iv: lists manufacturer/DIN/Lot#. Does this mean any of these or must be all of these. This is a bit unclear. *CPBC response: See response number #1*	No
10.	Yes	Wondering about aux labels, are technicians required to know what aux labels are recommended/required for each medication? *CBPC response: Registrants are required to know which auxiliary labels are to be used with each drug.*	
11.		What is meant by calculations? Is quantity the total quantity dispensed? Is calculations the dosage e.g. ½ tab (25mg), or is calculations the qid x 7 days = 28 tablets? *CPBC response: See response #2* Re: 2(d) Why only in community pharmacies? Don't we all have to make sure that the information on the prescription product label match the order? *CPBC response: in the hospital drug distribution system the final product check and the patient profile check is done in two separate processes*	Not necessary to have lot number: not usually recorded on the label or on the prescription *CPBC response: See response number #1* Consider requiring expiry date *CPBC response: See draft PPP policy statement 1(b)*

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
12.	Yes, I appreciate the brevity of this policy. It mimics the current one for pharmacists with minor revisions.	I feel that the policy provides just the right amount of guidance and clarity needed for pharmacy managers and owners to have a better understanding of the role of a registered pharmacy technician.	No
13.	Yes	No	No
14.	Yes	Patient name, if applicable *<u>CPBC response</u>: See draft PPP policy statement 2(d)*	No
15.		the last point regarding records must be available for 3 years, should really be more clear, as it should be 3 years from the last possible fill date from that Rx right? In cases of oral contraceptives, one would need to retain the record for 5 years from the original date? *<u>CPBC response</u>: The PPP has been amended to include wording from PODSA s.8(1)(a)* Why does one need to check the lot #? If it is for the purpose of recalls, then there should be an existing SOP on how to handle recalls. This should not be built into the final check process as it means an additional item to look at, and therefore, another area to cause more fatigue/errors. If there is another reason, please advise *<u>CPBC response</u>: See response number #1*	

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
16.	Yes	No	No
17.	In hospital practice the manufacturer/DIN/lot number is checked at a central pharmacy production centre prior to making it a hospital site. At the site, the drug comes already unit dosed so there is no checking of manufacturer or DIN *CPBC response: See response number #1*	Suggest adding a qualifier to 1. iv based on my answer above *CPBC response: See response number #1*	No
18.	Yes	No	No

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
19.	Over this policy clearly outlines the pertinent steps required for safe and effective drug therapy for patients. Most registrants are already likely following these steps but bringing clarity of the process through a PPP is a good way of stating the bare minimum processes required. Regulated technicians in particular will also be governed by similar standards. *<u>CPBC response</u>: This PPP applies to all registrants (pharmacists and pharmacy technicians)*	All relevant documentation for preparing prescription products and performing the final check must be readily available and retained for a minimum of three years. Would scanning prescription hardcopies and storing electronically be considered in compliance with part 3) of this policy statement? *<u>CPBC response</u>: the scanning of hardcopy prescriptions and storing electronically is not considered to be compliant in community setting (PPP – 12).* 2c) the handwritten identification of the registrant who performed the final check is documented; Could it be left more open to include future technology that allows for cloud based downloading of the prescription or electronically signed identification of the registrant? *<u>CPBC response</u>: Documentation can be completed electronically.*	All drafted policy points in this document should remain as stated
20.	Yes	patient name if applicable	No
21.	Looks accurate	Patient name if applicable	none

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
22.	Overall yes, but please see comments below	Perhaps the phrase, "manufacturer/drug identification number/lot number" could be clarified. This phrase could be interpreted as "manufacturer, drug identification number or lot number" or as "manufacturer, drug identification number and lot number." *CPBC response: See response number #1* As well, does it need to be explicitly stated that when preparing a compound, the above information should also be recorded for the individual ingredients in the compound? Policy Statement 2d currently applies to community pharmacies only; however, I feel that a similar check should be some items listed in the Health Professions Act Bylaw Schedule F Part 1 s.6(2) also be applies to hospital practice when one dispenses patient-specific medications. Items that could be pertinent to medications dispensed by a hospital pharmacy would be inclusion of the name of the patient, the dosage instructions including the frequency, interval or maximum daily dose, the name of the drug or ingredients and strength if applicable. *CPBC response: See response #11*	No

Appendix B

College of Pharmacists of British Columbia

BOARD MEETING
June 24, 2016

##. New Professional Practice Policy 76 – Identifying Patients Prior to the Provision of Pharmacy Service

DECISION REQUIRED

Recommended Board Motion:

"*That the Board of the College of Pharmacists of BC approve Professional Practice Policy 76– Identifying Patients Prior to the Provision of Pharmacy Service, as circulated*."

Purpose

To establish patient identity verification policies for registrants providing pharmacy services to inpatients in either hospital, residential care, or other healthcare facility settings.

Background

A key focus area for the Practice Review Program (PRP) is patient identity verification. Section 22 of the *Pharmacy Operations and Drug Scheduling Act Bylaws* requires a registrant to confirm the identity of a patient before providing any pharmacy service. *Professional Practice Policy (PPP)* -54 *Identifying Patients for PharmaNet Purposes* outlines further requirements on the creation of a PharmaNet patient record and ways in which a patient may be identified. To illustrate, it lists examples of both primary and secondary identification examples such as a passport and birth certificate, respectively.

There is an existing gap in policy since PPP-54 is not applicable to registrants providing pharmacy services to inpatients in hospital, residential care, or other healthcare facility settings. For inpatients settings, PharmaNet is not required as per provincial legislation. Alternatively, an organization-specific Patient Care Information System is used to manage pharmacy services. Furthermore, inpatients are not necessarily present in contexts where pharmacy services are provided as opposed to community settings where patients are typically face to face at the point of pharmacy care.

In an effort to address the existing policy gap, a new PPP has been drafted. The content is based on current standards from Accreditation Canada.[1]

Discussion

The policy requires registrants to use two person-specific identifiers to identify a patient prior to the provision of any pharmacy service. In settings such as long-term care where a registrant is familiar with the patient, one person-specific identifier can be facial recognition. However, this is limited to circumstances in which direct observation of the patient matches the visual memory associated with the patient's name. Additionally, the policy emphasizes that a patient's bed or room number cannot be used as an identifier as the patient can be moved to another part of the facility.

As this policy is based on Accreditation Canada Standards, registrants are already familiar with its requirements. The cost and education requirements associated with the implementation of this policy will be minimal. Essentially, registrants are already required to follow these requirements.

For registrants to be held accountable to these policies through the PRP, they must be formally adopted by the College. Given their national status as a standard, it may be prudent to consider adopting these policies into the *Health Professions Act* – Bylaws, Standards of Practice for Hospital Pharmacy. However, due to the traction of the PRP, adopting them as policy will authorize compliance inspections on these requirements until the longer-term policy to bylaw project is fulfilled and at which time further analysis can determine the best legislative tool for these requirements.

Registrants practicing in community pharmacies or providing service to outpatients in hospital pharmacies using PharmaNet will continue to follow the existing PPP-54 Identifying Patients for PharmaNet Purposes.

The consultation process for the development of this policy consisted of a number of engagement sessions with all hospital registrants from each of the College Committees, followed by approval by the Practice Review Committee.

Recommendation

The Practice Review Committee recommends that the Board approve Professional Practice Policy 76 – Identifying Patients Prior to the Provision of Pharmacy Service, as circulated.

[1] A national regulatory body that oversees the operation of Canadian hospitals and healthcare institutions.

Appendix	
1	PPP Identifying Patients Prior to the Provision of Pharmacy Service
2	Feedback on DRAFT PPP – Identifying Patients Prior to the Provision of Pharmacy Services

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY – 76**
POLICY FOCUS: **Identifying Patients Prior to the Provision of Pharmacy Service**

This professional practice policy applies to registrants providing pharmacy service to inpatients in hospital, residential care homes or other healthcare facilities. Registrants providing pharmacy service to outpatients using PharmaNet must refer to *PPP-54 Identifying patients for PharmaNet purposes*, regardless of practice settings.

POLICY STATEMENT(S):

A registrant working in partnership with patients, families and healthcare professionals must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to an individual patient.

Person-specific identifiers are:

- Patient's full name,
- Patient's home address (when confirmed by the client or family),
- Patient's date of birth,
- Patient's personal identification number or hospital/institution account number, or medical record number,
- Patient's Personal Health Number,
- An accurate photograph of the patient.

In long-term or continuing care settings where the registrant is familiar with the patient, one person-specific identifier can be facial recognition.

The patient's room or bed number is not person-specific and must not be used as an identifier.

BACKGROUND:

This professional practice policy is supplementary to *Pharmacy Operations and Drug Scheduling Act Bylaws* s.22, which requires a registrant to confirm the identity of a patient before providing any pharmacy service.

First approved: PPP
Revised:
Reaffirmed:

Feedback on DRAFT PPP – Identifying Patients Prior to the Provision of Pharmacy Services

Response Numbers	Does the content in this PPP accurately reflect the requirement of Patient Identification?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
1.	Yes	No	No
2.	Yes, I think 'continuing care settings' may be reasonable for pharmacists providing clinical services on an ongoing basis. If this is not what is meant by this statement there may need to be a more specific definition. *CPBC Response: The term "continuing care" is defined by Accreditation Canada. It does not apply to hospital acute and subacute settings. A policy guide has been developed to provide more information to all registrants.*	No	No
3.	Yes	No	No
4.	Yes	No	No
5.	Within our health authority policy double witnessing is also a valid source of dual identification. In other words, two health care professionals providing care to a given patient can independently verify a patient. This would constitute a "dual" identification. *CPBC Response: If both healthcare professionals are using two person-specific identifiers, the practice is compliant. Otherwise it has to be modified based on current standards from Accreditation Canada.*	Suggest move the statement: "patient's room and bed number is not person specific..." to not be embedded within statements regarding long term or continuing care. This statement is valid for all patients in all care settings. As it is stated now it implies it is only a consideration in the residential care setting. *CPBC Response: Done*	No
6.	In a hospital setting, the home address and photo ID is not used. Any two of the other 4 ways should be easy to find for identifying.	No	See above (In a hospital setting, the home address and photo ID is not used. Any two of the other 4 ways should be easy to find for identifying.)

Response Numbers	Does the content in this PPP accurately reflect the requirement of Patient Identification?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
7.	Yes	No	No
8.	Yes, from a technician's perspective, I would definitely say this is accurate. The two most common person-specific identifiers technicians use at our hospital are the patient's full name and medical record number.	No	No
9.	Yes	No	No
10.	Yes	No	No
11.	Yes	No	Home address is rarely included as a patient identifier on documents in the hospital or LTC. I would suggest that it not be included as a possible identifier as it changes frequently and can be difficult to confirm. <u>*CPBC Response*</u>*: The current list of identifiers, including home address are part of the current standards established by Accreditation Canada.*
12.	Yes	No	No
13.	Yes	None	None
14.	Yes	No	No
15.	Yes	No	No
16.	Yes	No	No

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.

Meeting of the Practice Review Committee
College of Pharmacists of BC

Wednesday May 18th, 2016
6:30 PM – 9:00 PM Meeting

MINUTES

PRESENT: Aleisha (Thornhill) Enemark (Vice-Chair), Alison Rhodes, Fady Moussa, Helen Singh, Joanne Konnert, Kate Cockerill, Kris Gustavson (by telecon), Mike Ortynsky (Chair), Patrick Chai, Sean Gorman (by telecon)

RESOURCE: Ashifa Keshavji, Ashley Cheung, Bethany Gamache

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

The Chair called the meeting to order at 6:30pm, welcomed all committee members and informed them that Perry Tompkins has resigned from the Practice Review Committee. The Chair introduced a new public member Kate Cockerill and confirmed that the committee is still constituted and that another new member may be added the next time the Board makes their committee reappointments.

2. **Approval of agenda**

   It was MOVED, SECONDED and CARRIED that the:

   Agenda be approved as distributed.

3. **Confidentiality Forms**

*The chair reviewed the confidentiality undertaking **(Appendix 1)** and requested that it be completed and submitted by all members.*

4. **Approval of minutes of Thursday March 10th, 2016** ***(Appendix 2)***

   It was MOVED, SECONDED and CARRIED that the:

   Minutes of the meeting held on Thursday March 10th, 2016 be approved as distributed with an amendment to specify those that attended in person and those that attended remotely.

5. **PRP Project Working Committee Update** ***(Appendix 3)***

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

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

- Demo of Applications

Ashley Cheung, the Practice Review Coordinator and Virginia Kwong, a Community Pharmacy Compliance Officer provided a demonstration of the Practice Review Program Application which includes 4 modules:

- *Administrative Dashboard module which is used by staff for scheduling reviews, review form maintenance and pulling reports*
- *Pharmacy Pre-Review module which is used by the Pharmacy Manager to complete a self-assessment of their pharmacy prior to the onsite practice reviews*
- *Pharmacy Review and Pharmacy Professionals Review module which is used by the Compliance Officers to conduct the onsite practice reviews*
- *Action Item Follow Up module which is used by registrants to submit their action items to the Compliance Officer for approval*

6. PRP Phase 1 – Community Practice Update

- Statistics

*Statistics **(Appendix 4)** 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 in order to remain on target for the six year program cycle, another Compliance Officer will need to be hired and trained by the end of this year to accommodate the yearly growth in pharmacies and pharmacy professionals.

- Update on Results
  - Referral to the Inquiry Committee

*Since the launch of the Practice Review Program, 3 pharmacies and 2 pharmacy professionals have been referred to the Inquiry Committee **(Appendix 5)**. The committee identified the delay in referrals and asked staff to propose a new escalation policy at the next meeting.*

- Registrant Feedback Survey – 1 year of results 2015-16

*The committee reviewed the 1 year results of the registrant feedback survey **(Appendix 6)** and noted that almost all the comments were positive. The chair highlighted the actions made to address the few negative comments such as enhancing the Pharmacy Pre-Review tool and modifying the focus areas for Pharmacy Professionals Reviews for pharmacy technicians. The feedback survey report will be presented to the Board at their June 2016 meeting.*

  - Updated Feedback Survey

*The committee reviewed and approved the suggested updates to the PRP Feedback Survey **(Appendix 7)**. Committee members were asked to email staff with any further comments they may have.*

It was MOVED, SECONDED and CARRIED that the:

Practice Review Program Feedback Evaluation Survey be approved as distributed.

7. PRP Phase 2 – Hospital Practice Update

- Workshop Feedback

*The Chair provided an overview of the outcomes of the PRP Phase 2 Workshop held on March 8th, 2016 **(Appendix 8)** which included 22 consolidated issues identified by forum attendees. The issues were divided into 3 categories that were relevant to:*

- *The Practice Review Committee,*
- *The Communications Department, and*
- *The Legislation Department.*

A detailed analysis of the issues pertaining to these 3 groups was presented along with responses.

- Draft Professional Practice Policies and stakeholder feedback
    - Identifying Patients Prior to the Provision of Pharmacy Service

*The committee reviewed the amended draft Professional Practice Policy for identifying patients prior to the provision of pharmacy service **(Appendix 9-C)** which included stakeholder feedback.*

It was MOVED, SECONDED and CARRIED that the:

Amended Professional Practice Policy for identifying patients prior to the provision of pharmacy service (Appendix C) which included stakeholder feedback be approved as distributed.

- Prescription Product Preparation and Final Check

*The committee reviewed the amended draft Professional Practice Policy for prescription product preparation and final check **(Appendix 10-C)** which included stakeholder feedback. The committee noted that "handwritten" should be changed to include electronic documentation as well.*

It was MOVED, SECONDED and CARRIED that the:

Amended Professional Practice Policy for prescription product preparation and final check (Appendix C) which included stakeholder feedback be approved as distributed with an additional amendment, to accept electronic documentation.

- Practice Review Forms and stakeholder feedback

*The committee reviewed the draft hospital pharmacy practice review forms **(Appendix 11)** including the Pharmacy Review Form, Pharmacy Professionals Review Form for pharmacists and Pharmacy Professionals Review Form for pharmacy technicians. Staff noted that that the two new Professional Practice Policies will be included in the pharmacy professional review forms once they are approved by the Board. The updated review forms will then be presented to the Practice Review Committee for approval.*

8. Next Steps / Timelines - PRC meeting August 2016 *(Appendix 12)*

The next meeting will be scheduled in August 2016 and will be a teleconference meeting. A doodle poll will be sent for preferred dates.

9. Expenses and Adjournment

Committee members were asked to complete an expense form and the meeting was adjourned at 8:40 pm.

COLLEGE of PHARMACISTS of BRITISH COLUMBIA

COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

CONFIDENTIALITY AGREEMENT

I, _____ registration number _____, member of a committee / working group *(Practice Review Committee)* of the College of Pharmacists of British Columbia (CPBC), agree to maintain the confidentiality, security and integrity of all materials and other private or personal information which I review or to which I have access to in the course of my involvement in CPBC activities including but not limited to:

a) Information obtained in the course of reviews carried out by or on behalf of the College of Pharmacists, regarding registrants, former registrants and other practitioners as defined in the Health Professions Act,
b) Any information contained in review instruments of any kind during the development of or when used by CPBC for purposes of registration and ongoing monitoring of registrants, including but not limited to questions used in the Practice Review Program,
c) Results of any reviews carried out by CPBC in connection with ongoing monitoring of registrants or in assessing applicants for registration, and
d) Draft review information and policy documents not yet approved by committees, and/or the Board for general distribution.

I understand that I may be held responsible for all damages and cost-recovery in the event that candidate confidentiality or the security and integrity of the reviews or any component of it is compromised by my actions.

I agree that I will not participate in the development, administration or dissemination of preparatory practice exams, cases, courses or other material which are specifically designed to prepare candidates for the CPBC exams, Practice Reviews or to review case materials for such exams/reviews from the time of my initial appointment until three years from the completion of my services, without prior express written authorization by CPBC on each occasion.

I agree that, prior to taking part in any work with CPBC; I will declare my involvement in any similar reviews/examinations for teaching/assessing pharmacy students, pharmacy technician students or potential candidates for CPBC reviews/examinations and will not use or discuss any of the items or forms to which I have been exposed to at any time.

I agree to inform CPBC of any conflict of interest (e.g. employer-employee, personal or other) or any breach of confidentiality, security or integrity of the reviews/examinations or any materials of which I am aware, in order that CPBC may take such action as is necessary to maintain the fairness and validity of the review/examination.

I will not copy, record or disseminate any of the above information in any form at any time.

I agree to share the email address I am providing below with working groups/committees for the purpose of college business.

I have read and understand this undertaking and agree to abide by the terms of this undertaking at all times, during and after my participation at the College of Pharmacists of British Columbia.

Signed this _____ day of _____, 20_____

E-mail Address _____

By: _____ _____

Committee / Working Group Member | Staff Resource Person, CPBC

Meeting of the Practice Review Committee
College of Pharmacists of BC

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

MINUTES

PRESENT: Aleisha (Thornhill) Enemark (Vice-Chair), Alison Rhodes, Fady Moussa, Helen Singh, Joanne Konnert, Kris Gustavson, Mike Ortynsky (Chair), 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.

Appendix 3

Practice Review Program (PRP) Project Working Committee Update

Business Stream:

Update	Next Steps

Phase 1 Community Practice
• Scheduled pharmacies for April, May and June reviews
  ○ Now scheduling 1 day for the Pharmacy Review
• Sent fifth PRP Feedback Survey
  ○ Updating the survey
• Developed tutorial for registrant submission of action items
	Phase 1 Community Practice
	• Schedule pharmacies for July 2016
	• Enhance Pharmacy Professional Reviews for Pharmacy Technicians
	• Launch updated PRP Feedback Survey
	• Continue to develop Release 2 of Phase 1: Residential Care, packaging, compounding and other ancillary forms

Phase 2 Hospital Practice (Agenda number 7)
• Collated forum feedback
• Ongoing development:
  ○ Practice Review forms
  ○ Professional Practice Policies
	Phase 2 Hospital Practice (Agenda number 7)
	• Ongoing development:
	  ○ Practice Review forms
	  ○ Professional Practice Policies

Communications / Stakeholder Stream:

Update	Next Steps
• New Practice Review Program Insights article to be released in Readlinks • Updated resources on website	• Continue to develop monthly Readlinks articles for Practice Review Program Insights **(Appendix A)** • Follow communications plan for Release 2 of Phase 1 and Phase 2

Legislation Stream:

Update	Next Steps
• Meetings with director to discuss issues arising from reviews • Updating Legislation Change Schedule (Phase 1 Release 2: Residential Care) • Drafted/updated Professional Practice Policies needed for Phase 2 Hospital Practice	• Continue ongoing meetings to discuss issues arising from reviews • Continue to monitor non-compliance items from reviews for feedback on bylaw review process • Review updated Legislation Change Schedule (Phase 1 Release 2 & Phase 2)

Enforcement Stream:

Update	Next Steps
• Sharing PRP Information • Working with Complaints Resolution team to review selected pharmacies (to prevent overlap)	• Continue to share PRP information as needed • Continue to refer to Inquiry Committee as needed • Continue to work with Complaints Resolution team to review selected pharmacies (to prevent overlap)

Human Resources / Operations Stream:

Update	Next Steps

• Posted pharmacist manager position
• Phase 1 Compliance Officer (CO) resigned
  ○ Posted position
  ○ Identified candidates for phone interviews
  ○ Conducted phone interviews
  ○ Shortlisted candidates for full interviews
	• Pharmacist manager position
	  ○ Identify candidates for phone interviews to shortlist for full interviews
	• Interviews for Phase 1 CO position

IT Stream:

Update	Next Steps

• All 4 modules within the application launched as of April 18th **(Appendix B)**
  ○ CO training
  ○ COs identifying bugs for IT to prioritize for remediation
	• IT to remediate bugs
	• Continue data migration
	• Build reports for administrative use

Appendix A

Practice Review Program Insights Articles

March 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Home > Practice Review Program Insights: Drug Product Distribution Requirements

Practice Review Program Insights: Drug Product Distribution Requirements

The Practice Review Program is picking up steam. College Compliance Officers are completing more and more practice reviews every week.

As a result, there will be a new series of ReadLinks articles that focus on topics related to either the Pharmacy Review or the Pharmacy Professionals Review.

This first installment of Practice Review Program Insights is on the topic of Drug Product Distribution Requirements.

Compliance Officers have been finding some non-prescription products placed in an incorrect area of a community pharmacy. The following table contains the correct drug schedules for non-prescription products that were found to be misplaced during the Pharmacy Reviews. Please review your pharmacy product storage and correct any misplaced products in order to meet compliance measures during a Pharmacy Review.

Drug	Drug Schedule
Antipyrine for otic or topical use	2
Dimenhydrinate and its salts (for oral use when sold in packages of greater than 30 dosage units or for parenteral use) Dimenhydrinate and its salts (for oral use when sold in packages of 30 dosage units or less or for rectal use)	2 3
Magnesium citrate (cathartics)	3
Sodium biphosphate (cathartic)/ Sodium phosphate (cathartics)	3
Famotidine and its salts (when sold in concentrations of 20 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 600 mg of famotidine)	3
Ranitidine and its salts (when sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 4 500 mg of ranitidine)	3
Pramoxine and its salts (for topical use on mucous membranes, except lozenges)	3
Hydrocortisone (when sold as a single medicinal ingredient in a concentration that provides 0.5% hydrocortisone in pre10parations for topical use on the skin)	3
Fluconazole	3

Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the professional service area of the pharmacy where there is no public access and no opportunity for patient self-selection.

Exempted codeine products must be kept within the professional service area where they are inaccessible and not visible to the public.

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.

Schedule III drugs may be sold by a pharmacist to any person from the self-selection professional products area of a licensed pharmacy.

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

In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the pharmacy manager must ensure that:

- the professional products area extends not more than 25 feet from the perimeter of the dispensary, and
- the professional products area is visually distinctive from the remaining areas of the premises by signage, and
- all non-prescription medications in this drug schedule must be either secured behind the "lock-and-leave" barrier or removed into the dispensary when the pharmacist is not on duty.

The Drug Product Distribution Requirements for Community Pharmacies document is a resource for pharmacy staff to help identify Schedule 2 and 3 products.

Note: As of February 25, 2015, the following products are still under Schedule 1 (i.e. requires a prescription) in British Columbia although they are listed as schedule 2 or 3 in other jurisdictions in Canada:

- Voltaren Emugel Extra Strength 2.32%
- Omeprazole 20mg

Read more information about the Drug Schedule Regulation under the *Pharmacy Operations and Drug Scheduling Act*.

You can also review the updated Prescription Regulation Table on the College website.

Have a question about the Practice Review Program? Email PRP@bcpharmacists.org.

May 15, 2015

Source URL: http://www.bcpharmacists.org/readlinks/practice-review-program-insights-drug-product-distribution-requirements

June 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Home > Practice Review Program Insights: Retaining Prescriptions

Practice Review Program Insights: Retaining Prescriptions

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

The second installment of Practice Review Program Insights focuses on the requirements of retaining a prescription.

When conducting the Pharmacy Review, Compliance Officers have found that a number of pharmacies are not retaining prescriptions for the minimum required time period due to misinterpretation of the legislation.

The *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaw section 8(1)(a) states that "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 drug referred to in a prescription was last dispensed**."

Professional Practice Policy-12: Prescription Hard Copy File Coding System also states that "Prescriptions must be retained for **a period of three years** after their most recent activity, including refill transactions."

Pharmacies are required to retain hard copies of all written prescriptions and a written record of verbal prescriptions **for three years** from the last dispensing date. Refills for all drugs – with the exception of oral contraceptives – are valid for a maximum of one year from the prescribing date and refills for oral contraceptives are valid for a maximum of two years from the prescribing date.

The date of last activity may be one or two years from the original dispensing date. When you add three years (as per the bylaw) to the date you last refilled a prescription, this can translate into keeping records for **four years** (one plus three) or **five years** (two plus three for oral contraceptives). At the time of destruction, if oral contraceptive prescriptions are not removed and retained, **ALL** prescription hard copies must be retained for a minimum of **five years** to meet the College of Pharmacists of BC requirements.

Have a practice question? Email practicesupport@bcpharmacists.org

Jun 01, 2015

Source URL: http://www.bcpharmacists.org/readlinks/practice-review-program-insights-retaining-prescriptions

August 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Practice Review Program Insights: Policy and Procedure Manual

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

This installment of Practice Review Program Insights focuses on the requirement of keeping an up-to-date policy and procedure manual.

The policy and procedure manual is the cornerstone document for a pharmacy. It serves as a communication and training tool, a reference for operational standards to help ensure consistent delivery of pharmacy services, and it guides staff in the event of an unfamiliar situation. A good manual also helps regular and relief staff recognize potential issues and outlines the steps to resolve issues when they arise. Whether you are operating a one-man shop or managing a larger pharmacy, a properly documented policy and procedure manual promotes compliance with operational and practice standards and ensures patient safety.

A comprehensive policy and procedure manual for community pharmacy should include but not be limited to the following areas:

- verification of the identity and registration status of individuals applying for pharmacist or pharmacy technician positions prior to employment;
- specific duties to be performed by registrants and pharmacy assistants;
- inventory management, product selection, and proper destruction of unusable drugs and devices;
- reporting and documentation on known, alleged and suspected errors, incidents and discrepancies.
- written drug recall procedure in place for pharmacy inventory;
- confidentiality with respect to all pharmacy and patient records in accordance with all applicable legislation; and
- reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises.

Additional policies and procedures must be established for telepharmacies, pharmacies that perform centralized prescription processing, and/or compounding. Please refer to the College's Professional Practice Policies for more information on these practice areas.

Appendix A

November 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Practice Review Program Insights: Signing Narcotic Records

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

This installment of Practice Review Program Insights focuses on the importance of signing for narcotic invoices.

It is the responsibility of the pharmacy manager to ensure that all records related to the purchase and receipt of controlled drug substances are signed by a pharmacist.

Pharmacists are able to sign orders for the pharmacy in which they are practising, which can include more than one pharmacy if they practice at multiple sites.

It is important to note that regulated pharmacy technicians, pharmacy students and/or pharmacy assistants are not authorized to sign narcotic records.

A pharmacist's signature is required on the electronic or hardcopy Narcotic Acknowledgement Form from the wholesaler (if any), and on all narcotic invoices that must be retained at the pharmacy until they can be destroyed.

According to PODSA Bylaws, the purchase and receipt of controlled drug substances must be retained for a period of not less than three years from the date an invoice was received for pharmacy stock. However, some third parties, such as the Canada Revenue Agency, may have a longer storage requirement for invoices. Please check with your accounting professional for more information.

March 2016:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

PRP Insights: Expiry Dates of Compounding Materials and Products

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

This installment of Practice Review Program Insights focuses on inventory management of compounding materials and products.

Many pharmacies have established procedures in their inventory management process to account for expiry dates. These processes include tagging soon-to-expired products and routinely checking for and pulling off expired products in the inventory. During a Pharmacy Review, Compliance Officers have found that some pharmacies do not account for expiry dates of the raw materials used in compounding. It is important that these products are also checked as part of the routine inventory management process.

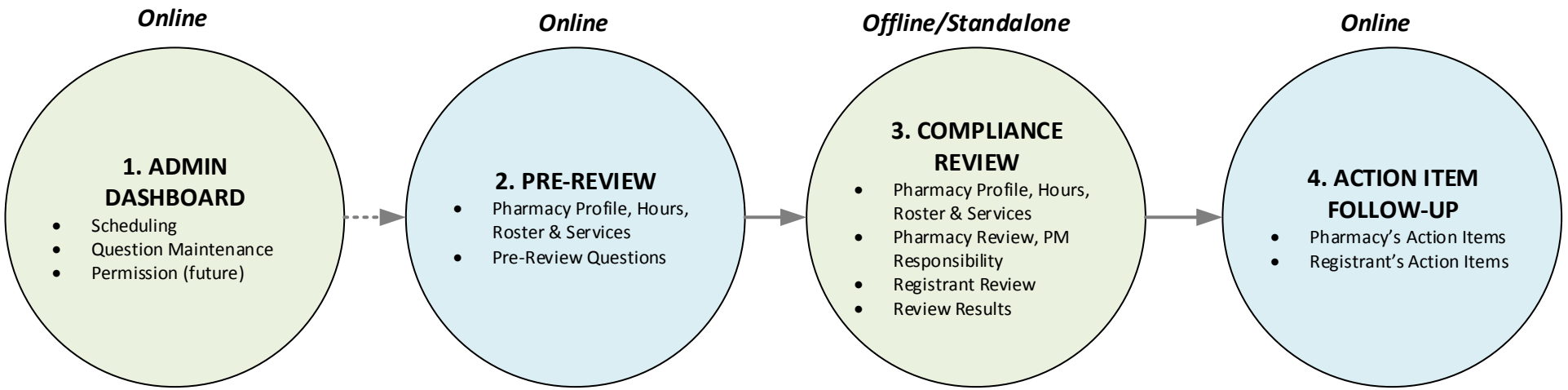
Pharmacies may occasionally prepare compounds in advance for anticipated prescriptions. It is important the following be recorded on the label: all ingredients and their strengths, the date the compound was prepared, the total quantity prepared, the expected expiry date, and the appropriate lot number. It is strongly advised that pharmacies use a compounding log in this situation. Please refer to NAPRA's *Guidelines to Pharmacy Compounding (2006)* and *Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations (2015)* for more information on record keeping for on non-sterile and sterile preparations. To determine the stability of a compound, please consult an appropriate compounding reference.

Return-to-stock compounds must also have the expiry date and lot number recorded on the label with all patient identifiers removed (in accordance with all other return-to-stock drug products). Once return-to-stock compounds have expired, they must be identified, removed, and stored in a separate area of the pharmacy or a secure storage area until final disposal.

Mar 11, 2016

Source URL: http://www.bcpharmacists.org/readlinks/prp-insights-expiry-dates-compounding-materials-and-products

Practice **R**eview **P**rogram
4 Modules within PRP Application

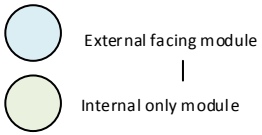


Who uses this:
- CPBC PRP Staff

Who uses this: (requires login)
- Pharmacy Manager

Who uses this:
- CPBC Compliance Officers

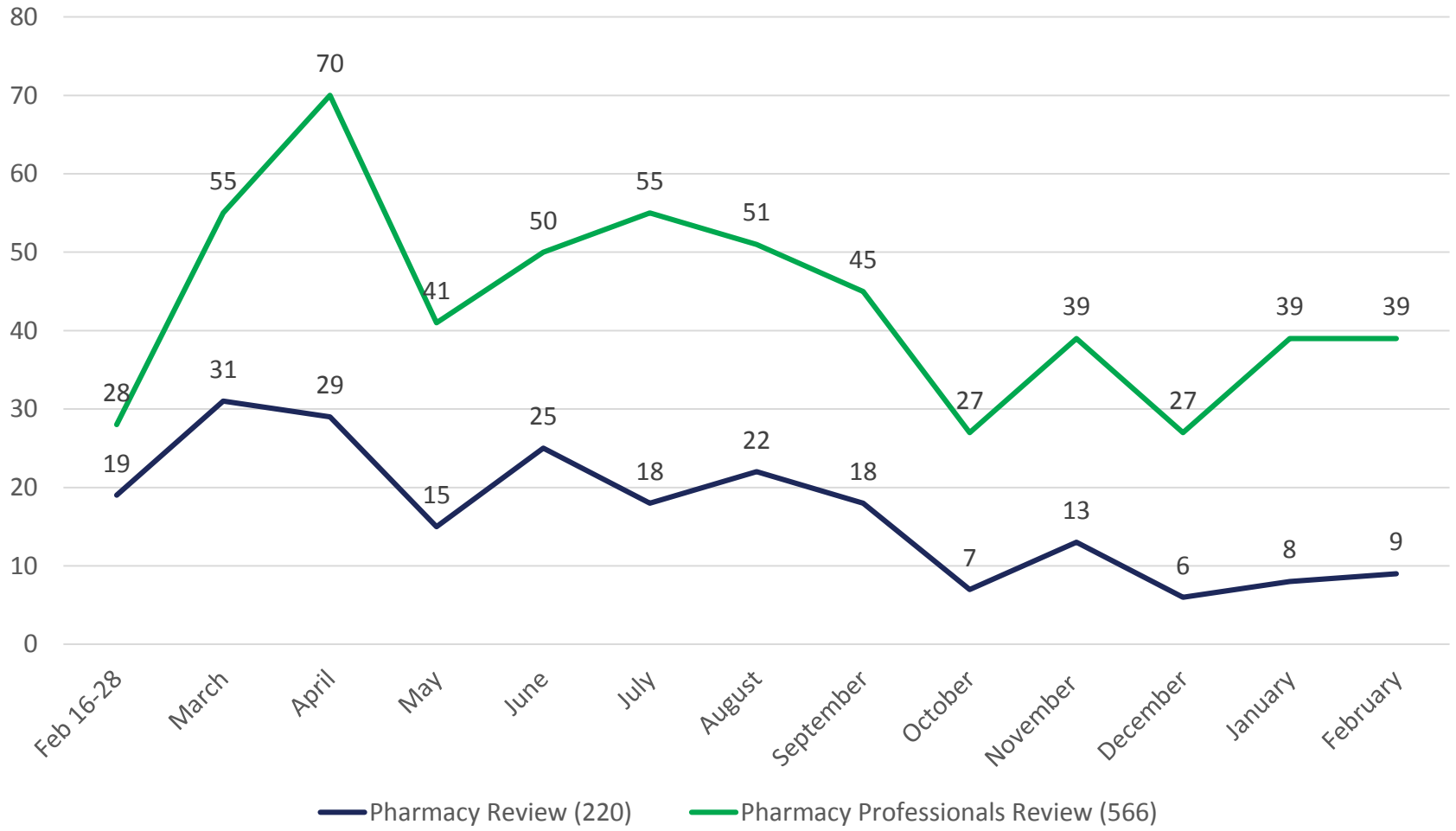
Who uses this: (requires login)
- CPBC Compliance Officers (sees Pharmacy and all Registrants' Reviews)
- CPBC PRP Director (sees Pharmacy and all Registrants' Reviews)
- Pharmacy Manager (sees Pharmacy's and own review)
- Registrant (sees own review only)



PRP: Community Pharmacy Practice Statistics

1 Year Report: February 16th, 2015 – February 29th, 2016

Conducted Pharmacy Reviews and Pharmacy Professionals Reviews

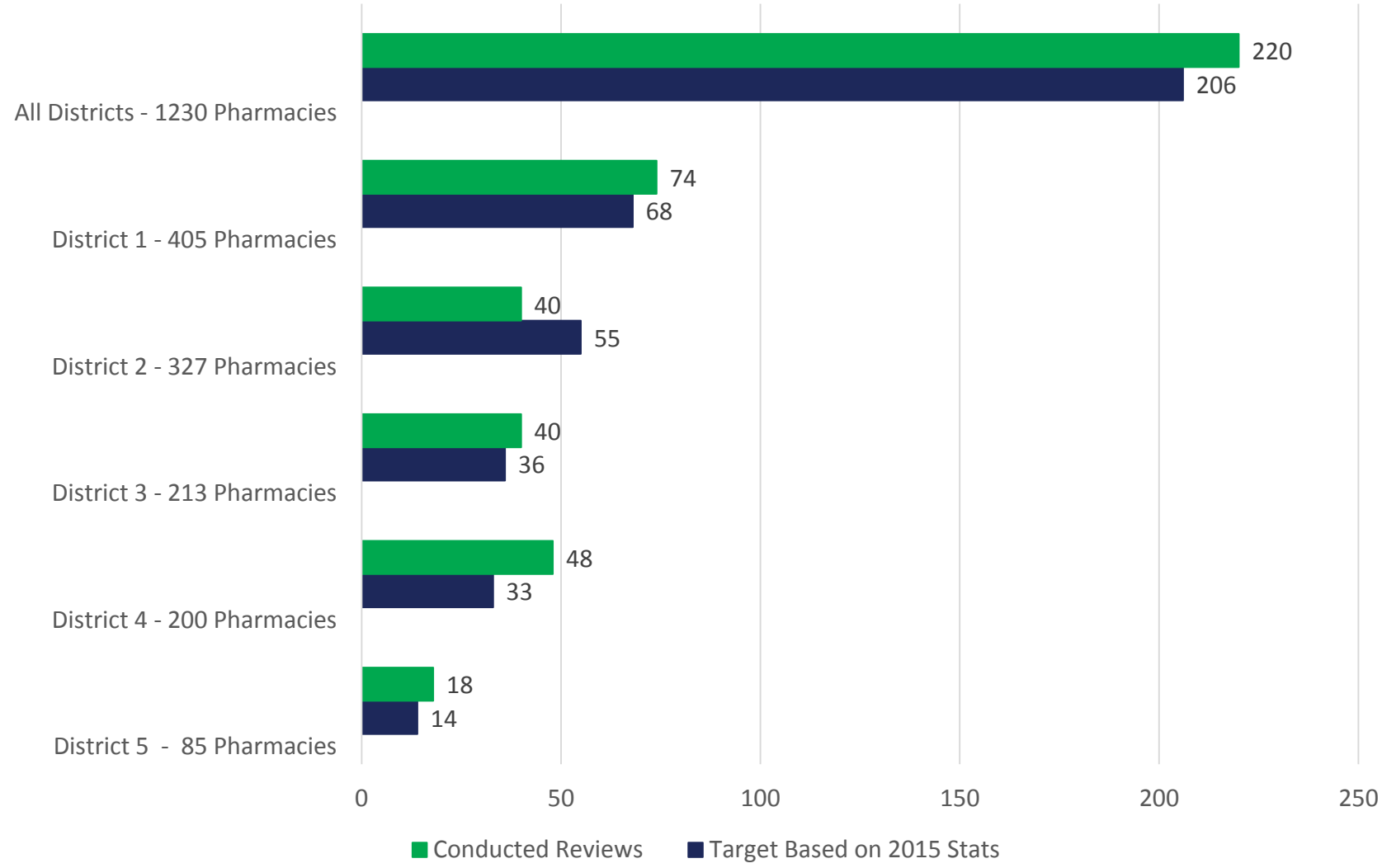


518 Pharmacists
48 Pharmacy Technicians

Appendix 4

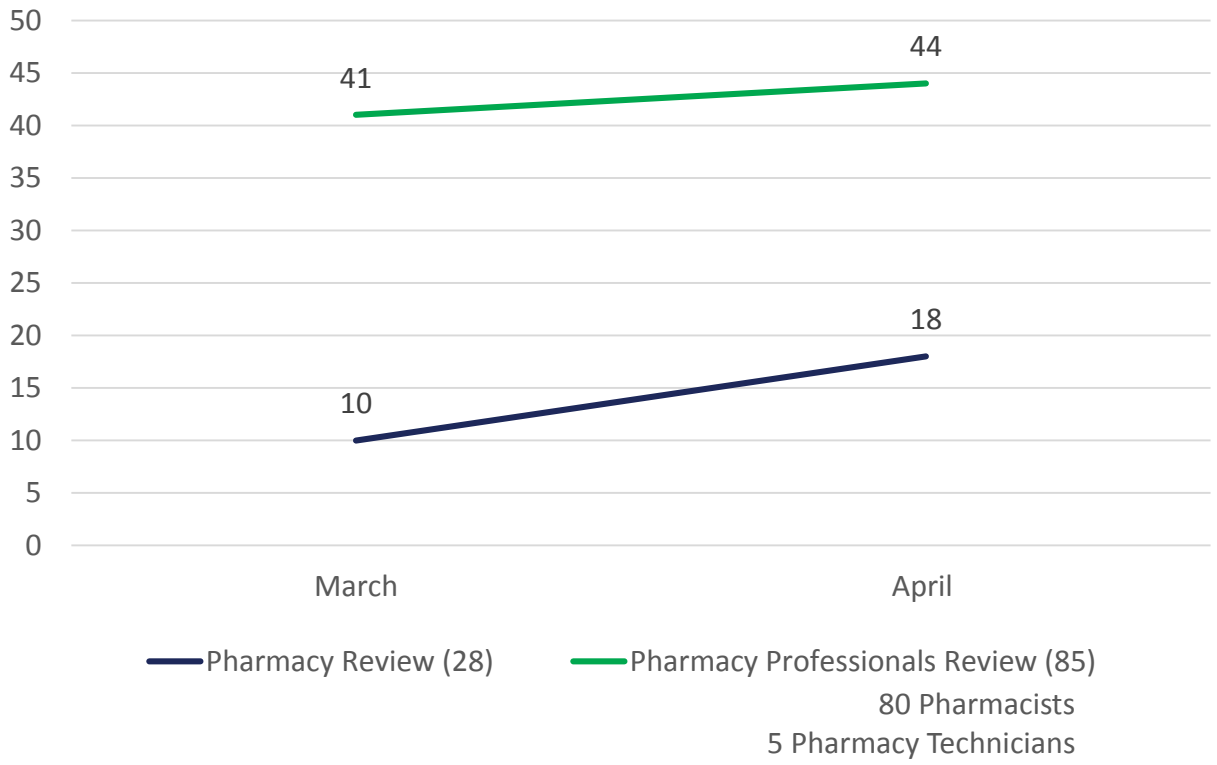
1 Year Report: February 16th, 2015 – February 29th, 2016

Conducted Pharmacy Reviews by District



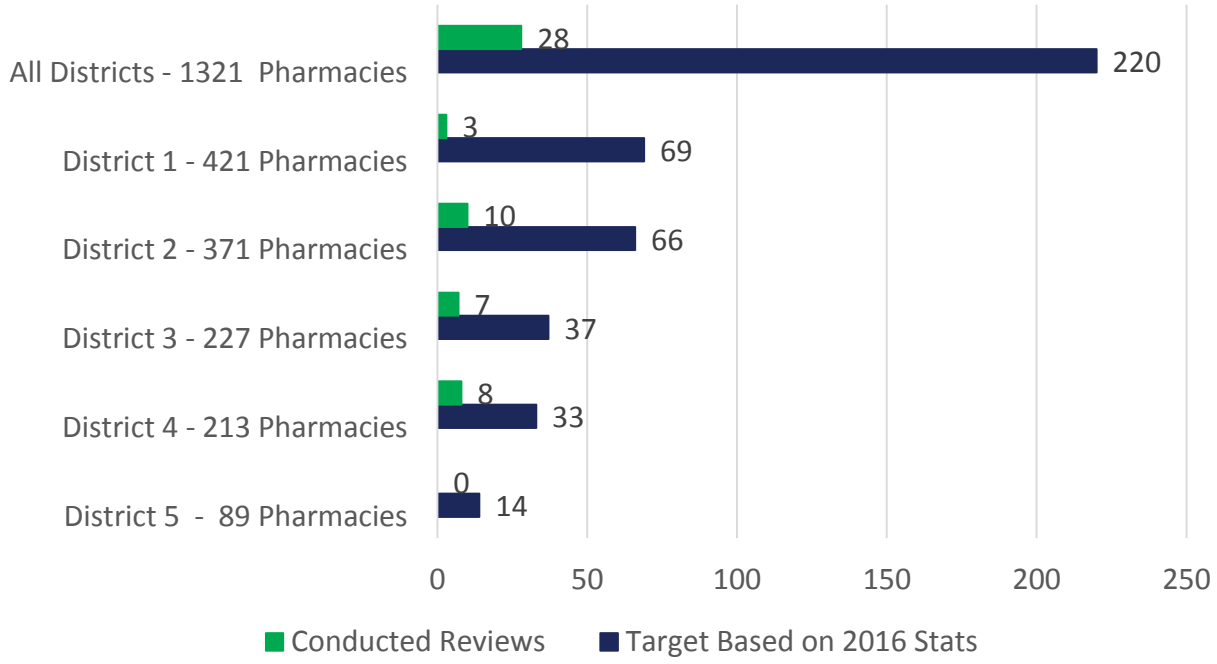
2016-17 Fiscal Year Progress: March 1st, 2016 – February 28th, 2017

Conducted Pharmacy Reviews and Pharmacy Professionals Reviews



2016-17 Fiscal Year Progress: March 1st, 2016 – February 28th, 2017

Conducted Pharmacy Reviews by District



Appendix 5

Update on Results: Referral to the Inquiry Committee

District	Type	Pharmacy	Registrant	Date of Review	Action Item Due Date	Date of Referral	Reason for Referral
1	PY	Pharmacy A	-	February 16, 2015	March 18, 2015	October 14, 2015	PRC Direction - untruthful
1	PY	Pharmacy B	-	March 25, 2015	April 24, 2015	April 11, 2016	Outstanding action items
1	PS	Pharmacy B	Pharmacist B	March 25, 2015	April 24, 2015	April 11, 2016	Outstanding action items
3	PY	Pharmacy C	-	June 15, 2015	July 15, 2015	April 11, 2016	Outstanding action items
3	PS	Pharmacy C	Pharmacist C	June 15, 2015	July 15, 2015	April 11, 2016	Outstanding action items

PRACTICE REVIEW PROGRAM (PHASE 1) FEEDBACK SURVEY FROM REGISTRANTS

June 2016

Table of Contents

Executive Summary

This report highlights the results of the Practice Review Program voluntary feedback survey from registrants who completed their reviews between February 2015 and February 2016. In its first year, the College's Compliance Officers conducted 786 reviews: 220 *Pharmacy Reviews* and 566 *Pharmacy Professionals Reviews*. The breakdown of the *Pharmacy Professionals Reviews* is 518 pharmacists and 48 pharmacy technicians. The feedback survey results were mostly positive, and many registrants found the reviews helpful and that they had a positive impact on their practice.

Three areas were identified for improvement: develop additional online resources for the *Pharmacy Professionals Review*, enhance communication on the *Pharmacy Professionals Review*, and have the Practice Review Program department liaise with the College's Legislation department to bring forward the concerns expressed by registrants that some of the College's standards are outdated or perhaps obsolete in their daily practice.

Introduction

The College of Pharmacists of British Columbia (College) is a vital link in the chain of trust between patients, pharmacists, and pharmacy technicians. Its mission is to protect public health by licensing and regulating pharmacists and pharmacy technicians and the pharmacies where they practice, as well as setting and enforcing standards of practice. The College is responsible for making sure that every pharmacist and pharmacy technician in BC is fully qualified and able to provide the public with safe and ethical pharmacy care.

The Practice Review Program (PRP) is a new assessment model to ensure that pharmacists and pharmacy technicians comply with College standards, guidelines, and provincial legislation in order to provide quality care. This program replaced the Knowledge Assessment exam for pharmacists and is designed to monitor, enforce, and improve pharmacy compliance to standards and guidelines set by the College. Each pharmacist and pharmacy technician will be reviewed by a Compliance Officer in-person at their pharmacy at least once every six years.

The PRP is comprehensive in scope and uses a consistent, equitable, transparent, and fair process of assessing pharmacy operations across the province. The PRP has two components: the *Pharmacy Review* and the *Pharmacy Professionals Review*. The *Pharmacy Review* process is built upon the College's existing inspection process, and focuses on legislated physical requirements of the pharmacy. The *Pharmacy Professionals Review* is grounded in the Board-approved focus areas which were identified as having the most impact on patient safety. The current four Board-approved focus areas are:

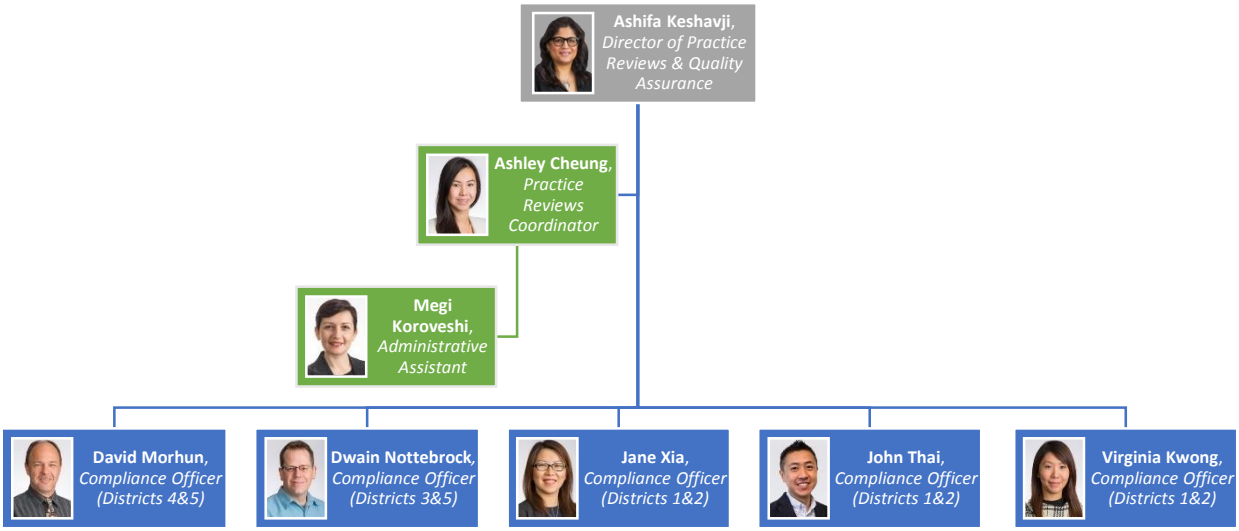
1. Patient Identification (ensuring the right patient gets the right medication),
2. PharmaNet Profile Check (ensuring medications are appropriate and work safely together),
3. Counseling (ensuring patients understand why and how to take the medication safely), and
4. Documentation (ensuring accurate records are kept for each prescription).

With the support from the Board, the Practice Review Committee, and the Quality Assurance Committee, Phase I of PRP was launched in community pharmacies in January 2015. Phase II will be implemented across hospital pharmacies in Fall 2016.

The PRP is a major College initiative. It not only ties to the five strategic goals approved by the Board in September 2013, but also provides an opportunity for the College to partner with pharmacy professionals to improve patient care and promote best practices for the delivery of pharmacy care in British Columbia.

Practice Review Program Department

The PRP department is led by Director Ashifa Keshavji. For Phase I , practice reviews are scheduled by Practice Reviews Coordinator, Ashley Cheung, with the support of Administrative Assistant Megi Koroveshi. Practice reviews are conducted by a Compliance Officer (CO) who are all registered pharmacists with over seven years of experience in community pharmacy practice. Districts 1 and 2 (Metro Vancouver and Fraser Valley) are shared among Jane Xia, Virginia Kwong, and John Thai. District 5 (Northern BC) is shared between Dwain Nottebrock and David Morhun, who are also responsible for District 3 (Vancouver Island/Coastal) and District 4 (Kootenay/Okanagan), respectively.



Practice Review Program Process Overview

Pharmacies are selected for practice reviews based on prioritization. Sixty percent of pharmacies are selected based on cycle, whereas forty percent of pharmacies are selected based on risk driven by data collected from complaints and PharmaNet. The pharmacy manager of a selected pharmacy will receive advanced notice of their practice reviews via email at least 30 days prior to the tentative review dates.

Pharmacy managers play an important role in the delivery of the practice reviews. They assist by scheduling their staff for the *Pharmacy Professionals Review* and confirm availability on tentative dates. Pharmacy managers are also responsible for completing the *Pharmacy Pre-Review* within one week of receiving the advanced notice of selection. The *Pharmacy Pre-Review* is a customized online tool which allows pharmacy managers to perform a self-audit of their pharmacies prior to the scheduled practice reviews. The questions or statements in the *Pharmacy Pre-Review* are taken directly from legislation, and they are also the same questions or statements that a CO uses to assess the pharmacy during the *Pharmacy Review*.

Upon completion of the *Pharmacy Pre-Review*, the Practice Review Coordinator will send an email to the pharmacy manager to confirm the exact dates of the reviews. Pharmacists and pharmacy technicians working at the selected pharmacy will also be notified of their upcoming practice review via email and given information and resources on the PRP.

On the first day of the practice review, a CO will visit the pharmacy and conduct the *Pharmacy Review* followed by the *Pharmacy Professionals Reviews*. During the reviews, the CO will observe and assess the practice setting and individual registrants performing their work. They will also document and record areas of non-compliance where identified. The practice reviews are designed to be reasonably non-disruptive to daily operations, and each review takes approximately half a day. Depending on the number of registrants working in the pharmacy, a CO may spend more than one consecutive day at the same location.

When the CO finishes conducting a *Pharmacy Professionals Review*, they will share the confidential results to the registrant and, where necessary, will assign corrective action(s) for the individual to complete in order to meet legislated standards. Each pharmacy professional will review and acknowledge their results. If non-compliance was identified during the review, the registrant will be given written instructions to make all corrective actions and submit any supporting documents within the 30 days.

The CO will share the final results of the *Pharmacy Review* with the pharmacy manager after all *Pharmacy Professionals Reviews* have been conducted, as this will allow the CO an opportunity to include any systemic findings from the individual *Pharmacy Professionals Reviews*. Similarly, the pharmacy manager will also acknowledge the *Pharmacy Review* results and, if assigned, will have 30 days to make all corrective actions for the pharmacy and submit any supporting documents by following the written instructions provided.

Within the next 30 days, the CO will review all corrective action(s) and supporting documents submitted by the registrant. Once the CO accepts all corrective action(s), the review is complete.

Following the completion of the practice review, each registrant will receive an email to complete a voluntary, anonymous online survey to provide feedback on the program. Information collected from the survey is used for program evaluation. The survey results will encourage the College and the Practice Review Committee to examine the operations of the program, and identify program strengths and areas for improvement.

Feedback Survey Structure

This report includes survey results from registrants who completed their practice reviews in the first year of the program. Throughout the survey, participants were asked to rate a statement using a scale of "strongly agree", "agree", "neutral", "disagree", and "strongly disagree".

Participants were first asked to identify the geographic region of their pharmacies, the month and year of their practice reviews, and the name of the CO who conducted the practice reviews.

When a participant identified themselves as the pharmacy manager, they were directed to a series of questions on the *Pharmacy Review*, including communication, the *Pharmacy Pre-Review* tool and related resources, the scheduling process, their experience with the *Pharmacy Review*, and the delivery of *Pharmacy Review* results. In addition, pharmacy managers were asked to provide feedback and suggestions on improving the *Pharmacy Review*, as well as the impact of the PRP on their pharmacies.

All registrants, including pharmacy managers, were asked a series of questions related to their *Pharmacy Professionals Review*s. These questions were on general communication throughout the review process, experience with the review, review results, and the impact of the review on their practice.

Feedback Survey Emails

Between February 2015 and February 2016, a total of 786 reviews were conducted. 518 pharmacists and 48 pharmacy technicians were reviewed among 220 pharmacies.

Feb – Dec 2015	District 1	District 2	District 3	District 4	District 5	Total
Pharmacists	123	99	85	102	44	453
Pharmacy Technicians	1	14	5	7	8	35
Pharmacies	71	36	34	44	18	203
Total	**195**	**149**	**124**	**153**	**70**	**691**

Jan – Feb 2016	District 1	District 2	District 3	District 4	District 5	Total
Pharmacists	19	12	17	17	-	65
Pharmacy Technicians	3	1	4	5	-	13
Pharmacies	3	4	6	4	-	17
Total	**25**	**17**	**27**	**26**	**-**	**95**

557 registrants received the invitation for the feedback survey between June 26, 2015 and April 18, 2016.A total of 170 responses were collected, of which 122 were completed responses and 48 were partially completed responses. The completion rates range from 14% to 28%, with an average of 21.9%. To ensure the validity and reliability of the survey results, only completed responses were used in the analysis as incomplete responses may contain duplicate information (e.g. the same registrant starting a new survey response multiple times instead of completing it at one time).

Sent Date	Sent	Opened	Clicked	Bounced	Attempted Survey	Completed Survey	Completion Rate
JUN 26, 2015	142	101	26	0	48	35	24.6%
AUG 21, 2015	100	76	26	1	37	28	28.0%
NOV 23, 2015	144	105	29	2	43	31	21.5%
FEB 26, 2016	116	98	21	0	26	16	13.8%
APR 18, 2016	55	36	10	1	16	12	21.8%
TOTAL	**557**	**416**	**112**	**4**	**170**	**122**	**21.9%**

Feedback Survey Results

Demographics of Participants

Of the 122 participants, 7 identified themselves as pharmacy technicians. The remaining 115 participants were pharmacists of which 54 were pharmacy managers. Of the 54 pharmacy managers, 16 of them were also owners. There were 3 pharmacists who identified themselves as owners only but not pharmacy managers.

Participants were asked to identify their district. District 1 has the highest number (n=44) of survey participants as well as the highest proportion (30.1%) of reviewed registrants participated in the survey. Although District 5 has the lowest number (n=13) of survey participants, District 2 has the lowest proportion (15.1%) of reviewed registrants participated in the survey.

	District 1	District 2	District 3	District 4	District 5	Total
# of registrants reviewed	146 (25.8%)	126 (22.3%)	111 (19.6%)	131 (23.1%)	52 (9.2%)	**566**
# of registrants participated in survey	44 (36.1%)	19 (15.6%)	25 (20.5%)	21 (17.2%)	13 (10.6%)	**122**
% of registrants participated in survey among those reviewed in the same district	**30.1%**	**15.1%**	**22.5%**	**16%**	**25%**	**21.6%**

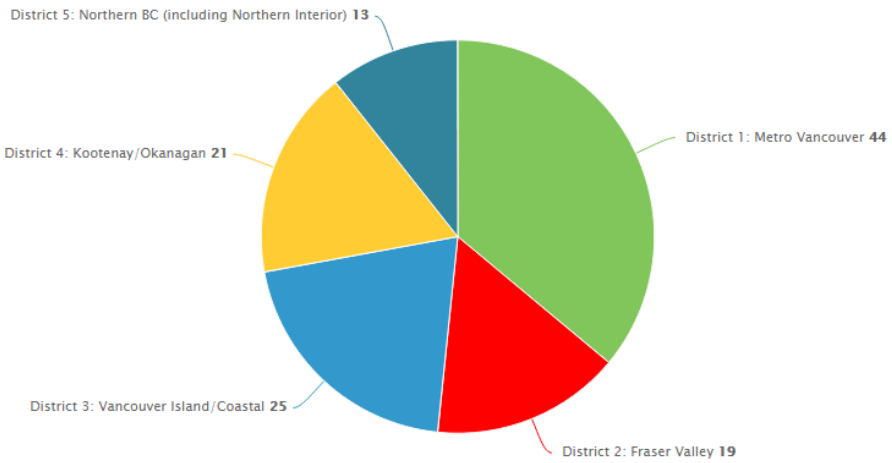


FIGURE 1 GEOGRAPHIC DISTRIBUTION OF PARTICIPANTS (LOCATION OF PHARMACY)

Compliance Officers

Participants were asked 5 questions about their Compliance Officers. 99.2% (n=121) of the participants strongly agreed or agreed that their CO was polite and professional as well as knowledgeable in the current bylaws, whereas 1 participant selected neutral. Furthermore, over 95% (n=116) of participants strongly agreed or agreed that their CO was able to answer their questions during/after their reviews and provided adequate support to complete their action item(s). The same majority were also comfortable asking questions or seeking clarification from their CO. 2-3 participants chose 'disagree' when asked questions about their CO. These registrants completed their reviews between April-December 2015.

My Compliance Officer...

Variable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
was knowledgeable in current bylaws.	82 *67.2%*	39 *32.0%*	1 *0.8%*	0 *0.0%*	0 *0.0%*	*Total:* 122
was polite and professional.	92 *75.4%*	29 *23.8%*	1 *0.8%*	0 *0.0%*	0 *0.0%*	*Total:* 122
was able to answer my questions during and/or after the review.	85 *69.7%*	32 *26.2%*	2 *1.6%*	3 *2.5%*	0 *0.0%*	*Total:* 122
provided adequate support to complete my action item(s).	80 *65.6%*	36 *29.5%*	4 *3.3%*	2 *1.6%*	0 *0.0%*	*Total:* 122
I was comfortable asking questions or seeking clarification from my Compliance Officer.	88 *72.1%*	28 *23.0%*	3 *2.5%*	3 *2.5%*	0 *0.0%*	*Total:* 122

FIGURE 2: SURVEY RESULTS - COMPLIANCE OFFICERS

Communications

Over 83% of participants strongly agreed or agreed that general communication throughout the review process was clear.

While a higher proportion of registrants strongly agreed or agreed that they received clear instructions on how to access the PRP information on the College's website than pharmacy managers (91% vs 87%), a higher proportion of registrants also disagreed or strongly disagreed with the same statement than pharmacy managers (4.1% vs 3.7%).

Over 83% of registrants and 87% of pharmacy managers strongly agreed or agreed that the program information was clear. At the same time, over 11.1% of pharmacy managers and 14.8% of registrants were neutral on this statement.

	Strongly Agree & Agree		Neutral		Strongly Disagree & Disagree	
	PR†	PPR*	PR†	PPR*	PR†	PPR*
I had clear instructions on how to access the Practice Review Program information on the College website.	47 (87.0%)	111 (91.0%)	5 (9.3%)	6 (4.9%)	2 (3.7%)	5 (4.1%)
The Practice Review Program webpage has clear information about the program, including the overall review process.	47 (87.0%)	102 (83.6%)	6 (11.1%)	18 (14.8%)	1 (1.9%)	2 (1.6%)

†PR = Pharmacy Review (completed by Pharmacy Manager)

*PPR = Pharmacy Professionals Review (completed by registrants including Pharmacy Manager)

With respect to communication on the *Pharmacy Review*, 87% (or 47 of 54) pharmacy managers strongly agreed or agreed that they received clear instructions on how to complete *the Pharmacy Pre-Review* and found the *How-To-Guide* and the *Pharmacy Pre-Review Tutorial* helpful. Of the 3 pharmacy managers who disagreed, 2 provided feedback related to a dissatisfied technical experience with the online *Pharmacy Pre-Review* tool, whereas one pharmacy manager claimed they did not receive the first selection email from the College. The College confirmed that the email was sent but not opened.

With respect to communication on *Pharmacy Professionals Review*, 85.2% (or 104 of 122) registrants claimed that they read the *Pharmacy Professionals Review* form posted on the College website prior to their reviews. However, only 78.7% (or 96 of 122) registrants reported that they understood what to expect from the review. On the other hand, 5.7% (or 7 of 122) registrants reported that they did not read the form. The same number also reported that they did not understand what to expect from their reviews. Of these 7 registrants, 4 did not know what to expect from their reviews likely because they did not read the form prior to their review as they answered "disagree" or "strongly disagree" to both questions.

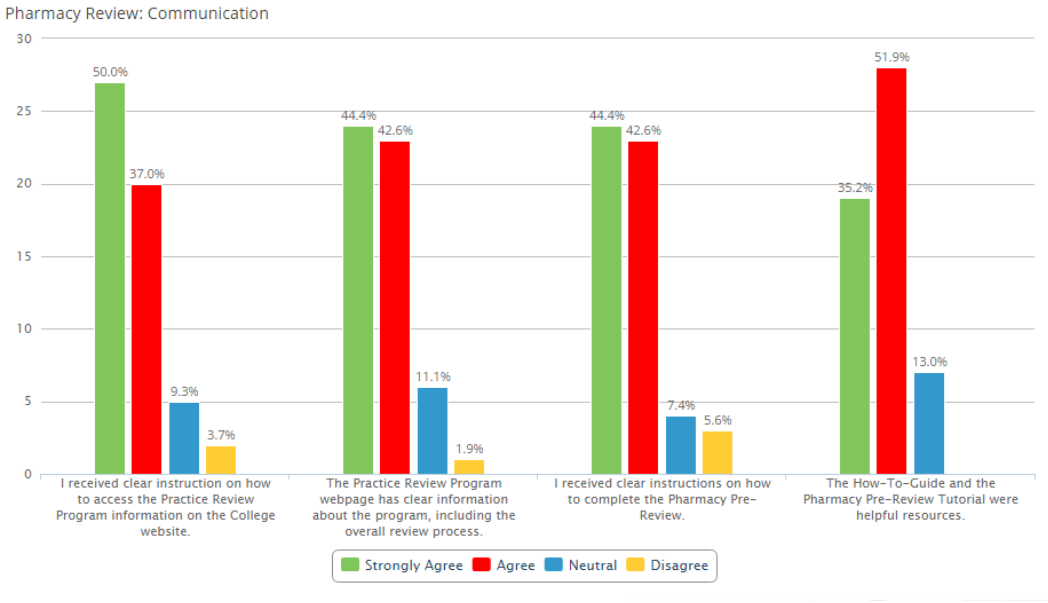


FIGURE 3 SURVEY RESULTS ON COMMUNICATIONS -PHARMACY REVIEW

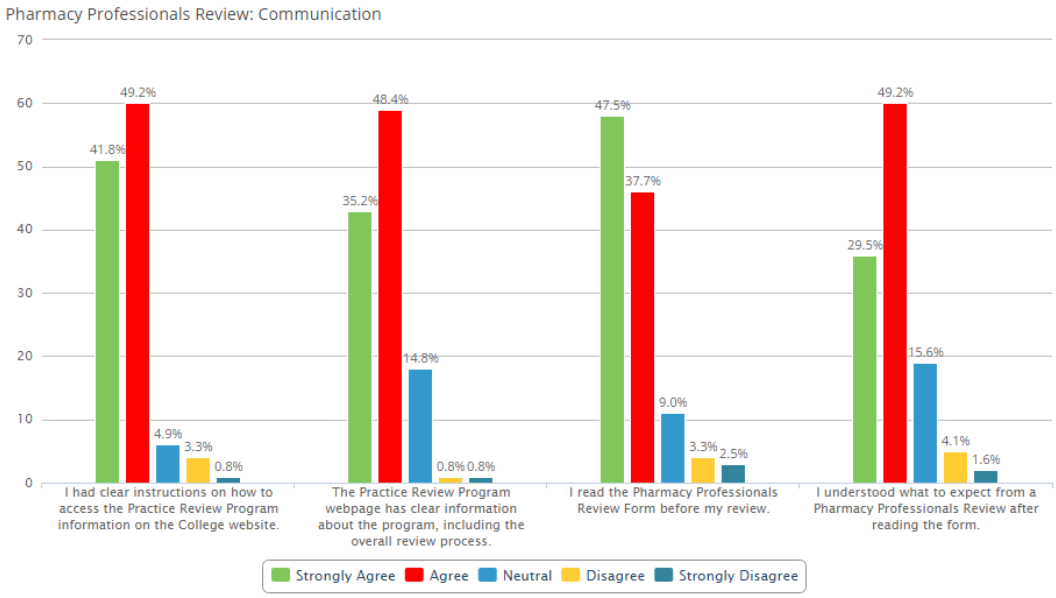


FIGURE 4 SURVEY RESULTS ON COMMUNICATIONS - PHARMACY PROFESSIONALS REVIEW

Pre-Pharmacy Review

As pharmacy managers are responsible for the *Pharmacy Review*, they were asked a series of questions about the *Pharmacy Pre-Review* tool, the scheduling process, and the actual *Pharmacy Review* process. A total of 54 pharmacy managers participated in the survey.

Pharmacy Pre-Review Tool

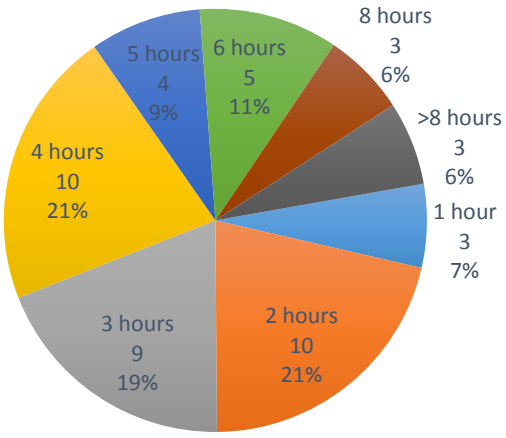


FIGURE 5 TIME SPENT ON COMPLETING THE ONLINE PHARMACY PRE-REVIEW

48 pharmacy mangers reported that they spent 1 to 24 hours on completing the *Pharmacy Pre-Review* online. 28% of pharmacy managers spent 2 hours or less to complete the *Pharmacy Pre-Review*, while 40% spent 3 to 4 hours and 32% spent over 4 hours.

72% (or 39 of 54) of pharmacy managers strongly agreed or agreed that the *Pharmacy Pre-Review* took an appropriate amount of time to complete, whereas 9.3% (or 5) pharmacy managers disagreed. Interestingly, of the 5 pharmacy managers who disagreed that *Pharmacy Pre-Review* took an appropriate amount of time to complete, they reported that they spent 2 hours, 3-4 hours, 4 hours, and 8 hours on it (one did not report the number of hours spent). On the other hand, 2 of the 3 pharmacy managers reported spending over 8 hours on the *Pharmacy Pre-Review* strongly agreed that it took an appropriate amount of time to complete it, whereas one remained neutral.

75.6% (or 41 of 54) pharmacy managers found the online *Pharmacy Pre-Review* tool user friendly, whereas 8 answered "neutral" and 5 disagreed or strongly disagreed. Of those 5 who disagreed or strongly disagreed, 3 experienced technical difficulties while attempting the *Pharmacy Pre-Review,* one was dissatisfied about design/layout of the tool, and one had to complete the *Pharmacy Pre-Review* at home because the Internet Browser on their work computer was incompatible with the online tool. Of the 3 who experienced technical difficulties, two reported that they did not receive adequate technical support from the College.

83.3% (or 45 of 54) pharmacy managers strongly agreed or agreed that they had clear expectations of the *Pharmacy Review* after completing the online *Pharmacy Pre-review*. Only 1 pharmacy manager reported that they did not have clear expectations of the *Pharmacy Review* after completing the online *Pharmacy Pre-review.* However, their comment was related to unclear expectations of the *Pharmacy Professionals Review*, but not the *Pharmacy Review.*

Variable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
The Pharmacy Pre-Review was user-friendly.	18 *33.3%*	23 *42.6%*	8 *14.8%*	3 *5.6%*	2 *3.7%*	*Total:* 54
I received support from the PRP department if I had questions and/or technical difficulties when using the Pharmacy Pre-Review.	13 *24.1%*	18 *33.3%*	21 *38.9%*	1 *1.9%*	1 *1.9%*	*Total:* 54
I had clear expectations of the Pharmacy Review after completing the Pharmacy Pre-Review.	20 *37.0%*	25 *46.3%*	8 *14.8%*	1 *1.9%*	0 *0.0%*	*Total:* 54
The pre-review took an appropriate amount of time.	13 *24.1%*	26 *48.1%*	10 *18.5%*	5 *9.3%*	0 *0.0%*	*Total:* 54

FIGURE 6 SURVEY RESULTS - PHARMACY PRE-REVIEW ONLINE TOOL

Scheduling Process

No pharmacy managers chose “disagree” or “strongly disagree” that the PRP department was helpful when they had questions or concerns regarding scheduling. Despite the advanced 30 day notice, 4 pharmacy managers disagreed or strongly disagreed that they had adequate time to prepare for the *Pharmacy Review*.

Variable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
The PRP department was helpful when I had questions or scheduling concerns.	26 *48.1%*	22 *40.7%*	6 *11.1%*	0 *0.0%*	0 *0.0%*	*Total:* 54
I had adequate time to prepare for the Pharmacy Review.	24 *44.4%*	22 *40.7%*	4 *7.4%*	3 *5.6%*	1 *1.9%*	*Total:* 54

FIGURE 7 SURVEY RESULTS - SCHEDULING PROCESS

General Feedback on Pre-Pharmacy Review Process

A number of pharmacy managers provided feedback on how to improve the *Pharmacy Pre-Review* process. 8 pharmacy managers provided feedback related to the online *Pharmacy Pre-Review* tool. Most of their comments were general (e.g. “improve the computer system”), whereas 3 pharmacy managers expressed the specific need of improving the hours of operations section.

There were also a few comments related to the content in the *Pharmacy Pre-Review*. 3 pharmacy managers commented that some questions or statements were too broad, whereas 2 pharmacy managers suggested to have more examples.

2 other pharmacy managers suggested to have more details about the review process in order to have a better understanding of what to expect.

One pharmacy manager voiced that having one week to complete the *Pharmacy Pre-Review* was too short and suggested to allow up to two weeks for completion. There was another pharmacy manager who claimed that one month of advanced notice was too short.

Pharmacy Review

Almost all of the pharmacy managers strongly agreed or agreed that the *Pharmacy Review* was conducted in a manner that was the least disruptive to their pharmacies as possible, and the duration was sufficient to thoroughly review their pharmacies. In addition, all pharmacy managers, except one, strongly agreed or agreed that the *Pharmacy Review* was conducted fairly. The pharmacy manager who did not think the *Pharmacy Review* was conducted fairly commented that "*expectations of pharmacy manager are not in line with operational realities in most community pharmacies. Legislation needs to be changed/amended to reflect the new reality of pharmacy operation and governance*."

Variable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
The duration of the Pharmacy Review was sufficient to thoroughly review my pharmacy.	24 *44.4%*	28 *51.9%*	2 *3.7%*	0 *0.0%*	0 *0.0%*	*Total:* 54
The Pharmacy Review was conducted fairly.	29 *53.7%*	24 *44.4%*	0 *0.0%*	1 *1.9%*	0 *0.0%*	*Total:* 54
The Pharmacy Review was conducted in a manner that was the least disruptive to my pharmacy as possible.	33 *61.1%*	20 *37.0%*	1 *1.9%*	0 *0.0%*	0 *0.0%*	*Total:* 54

FIGURE 8 RESULTS ON PHARMACY REVIEW EXPERIENCE

No pharmacy managers disagreed or strongly disagreed that their *Pharmacy Review* results accurately reflected the review. The vast majority of them agreed that they had a clear understanding of how to complete their action items and were given sufficient time to complete their action items. No pharmacy managers disagreed or strongly disagreed that the 10 categories of the *Pharmacy Review* are relevant to patient safety.

Variable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
My Pharmacy Review results accurately reflected the review.	24 *44.4%*	28 *51.9%*	2 *3.7%*	0 *0.0%*	0 *0.0%*	*Total:* 54
I had a clear understanding of how to complete my action item(s).	29 *53.7%*	21 *38.9%*	4 *7.4%*	0 *0.0%*	0 *0.0%*	*Total:* 54
I was given sufficient time to complete my action item(s).	32 *59.3%*	20 *37.0%*	2 *3.7%*	0 *0.0%*	0 *0.0%*	*Total:* 54
The 10 categories of the Pharmacy Review are relevant to patient safety.	19 *35.2%*	31 *57.4%*	4 *7.4%*	0 *0.0%*	0 *0.0%*	*Total:* 54

FIGURE 9 SURVEY RESULTS ON PHARMACY REVIEW RESULTS

Pharmacy managers were asked to provide feedback on how to better assess their pharmacies with the *Pharmacy Review*. Many of them provided positive and constructive feedback that the current review is sufficient as it is thorough and well-organized. A few of them expressed that the review helped them be current with legislative requirements. 3 pharmacy managers commented that the *Pharmacy Review* should be conducted more frequently than once every six years: once a year, every two years, and every three to four years.

One pharmacy manger suggested that the *Pharmacy Review* should contain more questions on compounding, methadone, and blister packing, whereas one pharmacy manager recommended that representatives of ownership should also be required to be present during the review.

Pharmacy Professionals Review

Of the 122 participants, 7 identified themselves as pharmacy technicians and the remaining 115 were pharmacists of which 54 were pharmacy managers. All participants were asked to evaluate their experience with the *Pharmacy Professionals Review*.

86.8% (or 106 of 122) registrants strongly agreed or agreed that their *Pharmacy Professionals Reviews* reflected the minimum standards as set by the College under the four focus areas. Among the 4 who disagreed or strongly disagreed, none of them provided comments. 92.7% (n=113) and 88.5% (n=108) of registrants strongly agreed or agreed that their reviews were conducted fairly and in a manner that was the least disruptive to their practice as possible. For those who disagreed or strongly disagreed to these two questions, they were all pharmacists and were not a pharmacy manager, and their comments were about not having enough pharmacy staff present during their personal reviews. One pharmacist felt the review insulting despite they performed very well as they had to introduce the CO to their patients before counseling, whereas another pharmacist found it onerous and intrusive. A few pharmacists also made comments with respect to the counseling requirements being unreasonable, especially on drug strength and storage.

Variable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
My Pharmacy Professionals Review reflects minimum standards as set by the College under the 4 focus areas.	58 *47.5%*	48 *39.3%*	12 *9.8%*	3 *2.5%*	1 *0.8%*	*Total:* 122
My Pharmacy Professionals Review was conducted fairly.	64 *52.5%*	49 *40.2%*	7 *5.7%*	2 *1.6%*	0 *0.0%*	*Total:* 122
My Pharmacy Professionals Review was conducted in a manner that was the least disruptive to my practice as possible.	67 *54.9%*	41 *33.6%*	9 *7.4%*	4 *3.3%*	1 *0.8%*	*Total:* 122

FIGURE 10 SURVEY RESULTS ON PHARMACY PROFESSIONALS REVIEW EXPERIENCE

93.5% (or 114 of 122 registrants) strongly agreed or agreed that their *Pharmacy Professionals Review* results accurately reflected the review, but two registrants disagreed or strongly disagreed to that with the reasons provided as "it was not a fair review i think" and "I was written up for things i have no control over". The same proportion of registrants also strongly agreed or agreed that they had a clear understanding of how to complete their action item(s). Despite written instructions on how to complete their action items were provided at the time the written results were emailed to the registrants, two still disagreed. One registrant did not provide any further comments, whereas the other registrant claimed that "*it was not clear to me that I would need to respond to the particular action items noted on my review. This could have been attributed to being away from any practice for several weeks following the review.*"

No registrant disagreed that they were given sufficient time to complete their action items.

87.7% (or 107 of 122 registrants) strongly agreed or agreed that the focus areas of the *Pharmacy Professionals Review* are relevant to their practice. Of the 5 registrants who disagreed or strongly disagreed to this statement, they provided their reasons as follows:

- *Maybe have [patient] care items. Too much lick stuck and pour. Easy to be one of those pharmacists. Even easier to assess. But is that what we want as a profession. Well I guess to last years board the answer is obvious. Maybe this [year's] board will have a different opinion (vision would be a more appropriate term).*
- *[Be] more realistic with real pharmacy practice and costumers expectations*
- *The items tested were the bare minimum of requirements. It seemed that the content of what I had to say was not important if I could follow a checklist then I'd pass. The review doesn't reflect what I know.*
- *it was not a fair review i think*
- *In reality nobody is able to go thru all the to do items on the list for patient counselling eg side effects, when to seek additional help, what signs to watch for "no improvement", besides storage, sig, name of drug, name of patient, refill etc. I made my effort to make a list to leave it at the counselling area, but time is the main holding factor.*

Among the 10 who answered neutral to this question, 5 provided comments:

- *I disagree with the college when they expect us to explain storage requirements for every rx. If the prescription has special storage requirements then that is pointed out to the patient and that should suffice in the real world.*
- *I was written up for things i have no control over*
- *Looks focused on minor issues than major.*
- *I still have big issues with the wording of the patient counselling bylaws and I'll voice my concerns again here. The wording of the bylaws, in particular the repeated use of the word "must" throughout, prevents pharmacists from using their professional judgement during a patient consultation. In order to properly counsel, based on the College bylaw requirements, pharmacists are required to discuss a multitude of items, many of which may not be pertinent to that specific encounter. As a result, a patient may become overwhelmed with all of the information presented and not be able to recall the critical elements of the discussion. As a pharmacist, if I want to focus on 1 particular issue with a patient for a refill prescription and not fill their head with additional information for fear of them forgetting the 1 crucial item, I should be legally allowed to do so. Our bylaws (even the proposed revisions) don't allow that to happen.*
- *The review mostly assesses that no pharmacist duties or responsibility are conducted by a technician. It is important, but consequently not "relevant to my practice".*

Variable	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
My Pharmacy Professional Review results accurately reflected the review.	59 *48.4%*	55 *45.1%*	6 *4.9%*	2 *1.6%*	0 *0.0%*	*Total:* 122
I had a clear understanding of how to complete my action item(s).	56 *45.9%*	58 *47.5%*	6 *4.9%*	2 *1.6%*	0 *0.0%*	*Total:* 122
I had sufficient time to complete my action item(s).	70 *57.4%*	48 *39.3%*	4 *3.3%*	0 *0.0%*	0 *0.0%*	*Total:* 122
The focus areas of the Pharmacy Professionals Review are relevant to my practice.	53 *43.4%*	54 *44.3%*	10 *8.2%*	3 *2.5%*	2 *1.6%*	*Total:* 122

FIGURE 11 SURVEY RESULTS - PHARMACY PROFESSIONALS REVIEW RESULTS

Registrants were asked to provide feedback on how to better assess their practice with the *Pharmacy Professionals Review*. 47 of 122 registrants did not provide any feedback nor think that any changes are needed. 30 registrants provided general positive feedback. Many of them thought the review was a good assessment of their practice based on current standards, legislation, and expectations for pharmacies and pharmacy professionals in BC.

Approximately 45 registrants provided constructive feedback on ways to improve the review. However, most of the feedback is not directly related to the core or the scope of the program, but rather elements associated with the program. For example, many registrants expressed the concerns with our bylaws. Their concerns were not about the use of these bylaws in the program, but the inherent issues of the bylaws that they do not reflect current practice. Many expressed specific concerns on the counseling requirements. A few registrants wished that the review also has a component of assessing their clinical knowledge similar to the previous Knowledge Assessment exam provided by the College. One registrant voiced that the use of continuing education alone as a requirement for licensure is more than sufficient.

There were also opposite views on the same matter. A few registrants found it convenient and reflecting true practice when the reviews were done on-site where they practice, whereas a few felt negative about being “job shadowed” on-site using a “checklist”. Some found the review too basic and not applicable to their practice and patient population, whereas some found it broad enough to cover all kind of practices. For those who thought the review was too basic, they wished to have more focus areas, such as immunization, medication reviews, compounding, and blister packing.

With respect to the core or scope of the program, some registrants said that the duration of review was not sufficient to assess them or to get a realistic snapshot of the practice environment. There were also comments that the review should be conducted more frequently than once every 6 years. A few pharmacy technicians did not think that they were assessed adequately because the review was tailored to pharmacists. One registrant recommended that the College should inform the public of practice reviews.

Impact of Practice Reviews

Participants were asked about their thoughts on the impact of the practice reviews on their daily practice. Pharmacy managers were asked about the impact on their pharmacy after the *Pharmacy Review*, whereas all registrants were asked about the impact on their practice after the *Pharmacy Professionals Review.*

Most pharmacy managers found the *Pharmacy Review* very helpful. It provided an opportunity for the pharmacy managers to learn and understand some bylaws that they were not aware of, to clarify some bylaws that they misinterpreted or misunderstood, and to update their knowledge on some revised bylaws. It was also helpful to receive feedback from an "outsider" who has a pharmacy background with experience in many pharmacies.

Despite many pharmacy managers mentioning major or minor changes to their work processes and procedures, workflow, documentation, and record keeping, all these changes were seen as positive as they help the pharmacy and pharmacy staff to be compliant with all legislation and elements of good pharmacy practice in order to provide better patient care and to ensure patient safety. Unfortunately, there were at least two comments mentioned about push backs from corporate head offices when they attempted to implement changes to their pharmacies.

Not every registrant answered whether the *Pharmacy Professionals Review* has had an impact on their practice. 21 registrants reported "N/A", 7 registrants claimed that there is no impact on their practice after their reviews, whereas 6 registrants provided negative comments on the review, of which mostly are related to outdated bylaws and, again, on counseling requirements.

On the other hand, over 80 registrants found that the *Pharmacy Professionals Review* had a positive impact on their practice. Most of them reported that they are now more aware of and familiar with the College bylaws as the CO uncovered what they were not aware of or neglected. A few registrants mentioned changes to workflow and record keeping although some have resulted in an increase in their workload and time spent on completing all requirements. 10 registrants specified a positive impact on documentation, and 24 registrants specified a positive impact on counseling. Those registrants found themselves more mindful on documentation (being more detailed and accurate), and be able to consistently provide counseling that is more comprehensive and thorough. With better counseling skills, they are now more confident to provide better patient care.

General Feedback on the Practice Review Program

Most of the general comments from registrants were positive feedback on the Compliance Officers. A few registrants mentioned that the online *Pharmacy Pre-Review* tool needs improvement, whereas a couple registrants commented that scheduling was not flexible. One registrant stressed the wish of having a representative from corporate head office to attend the *Pharmacy Review* on a mandatory basis. Another registrant brought up a concern related to fairness of the *Pharmacy Professionals Review*. They thought that staff had an advantage by not being scheduled first and watching their coworker(s) be reviewed so they could perform better during their own review.

Conclusion

The feedback survey results were mostly positive. Many registrants found the practice reviews helpful and have a positive impact on their practice.

Three areas were identified for program improvement. First, there is a need to improve the online *Pharmacy Pre-Review* tool, including technical support. Action has been taken to improve technical support, including the *Pharmacy Pre-Review* tool, with the recent launch of the PRP mobile application which went live in April 2016. The PRP and IT departments will continue to monitor feedback from the pharmacy managers regarding the updated and improved version of the online *Pharmacy Pre-Review* tool.

Secondly, the feedback survey results identified that clearer correspondence is needed to communicate with registrants about their *Pharmacy Professionals Review* so that they will have a better understanding of the review process and know what to expect from their reviews. It is recommended that the PRP department develops helpful resources similar to those for *Pharmacy Review*.

Despite a small number of pharmacy technicians who participated in the survey, it was noted that the *Pharmacy Professionals Review* is not relevant or applicable to them as most of the focus areas are tailored to pharmacists. Currently the College is working on a new *Pharmacy Professionals Review* for pharmacy technicians.

Lastly, some registrants have pointed out some weaknesses of the program, of which the PRP department has no control of (e.g. dissatisfaction of the legislative requirements, particularly on counseling). However, Compliance Officers will continue to take feedback from the registrants and the PRP department will work with the Legislation department on identifying gaps and enhancements to our bylaws.

The goal of the Practice Review Program is to ensure consistent delivery of pharmacy services across British Columbia by observing regulated pharmacy professionals in their own practice settings as they perform daily duties. Although the Practice Review Program looks at the minimum requirements to be applied in pharmacy practice, it is always possible to exceed these standards. Based on the overall feedback survey results, the College considers the first year of the Practice Review Program to be a success.

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College of Pharmacists of British Columbia

Practice Review Program Feedback Evaluation Survey

Disclaimer:

Thank you for taking part in this important **voluntary** survey to evaluate the Practice Review Program. We encourage you to complete the survey at your earliest convenience following the completion of your review(s).

The survey results will help inform the College of the Practice Review Program implementation in community practice.

The survey should take 15-20 minutes to complete. All survey responses will be kept confidential and individual findings will be reported anonymously. Results will be reported to the Board to continuously develop the program across community pharmacy practice settings.

We appreciate you taking the time to complete this survey.

Page 2

Location of your pharmacy:

- District 1: Metro Vancouver
- District 2: Fraser Valley
- District 3: Vancouver Island/Coastal
- District 4: Kootenay/Okanagan
- District 5: Northern BC (including Northern Interior)

Your Practice Review was conducted in...

Select the YEAR

- 2016
- 2017
- 2018
- 2019
- 2020

Select the Month

- 1-JAN

- 2-FEB
- 3-MAR
- 4-APR
- 5-MAY
- 6-JUN
- 7-JUL
- 8-AUG
- 9-SEP
- 10-OCT
- 11-NOV
- 12-DEC

Page 3

My Compliance Officer was:

- David Morhun
- Dwain Nottebrock
- John Thai
- NEW CO
- Virginia Kwong
- I don't remember

My Compliance Officer...

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
was knowledgeable in current bylaws.					
was polite and professional.					
was able to answer my questions during and/or after the review.					
provided adequate support to complete my action item(s).					
made me feel comfortable to ask questions or seek clarification.					

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

Page 4

Are you the pharmacy manager?

- Yes
- No

Are you also the pharmacy owner/director?

- Yes
- No

Page 5

As the pharmacy manager, you were involved in both the *Pharmacy Review* and the *Pharmacy Professional's Review*.

These questions are about the ***Pharmacy Review***.

Pharmacy Review: Communication

The following questions ask for your feedback on our communication about the *Pharmacy Review.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I received clear instruction on how to access the Practice Review Program information on the College website.	○	○	○	○	○
The Practice Review Program webpage has clear information about the program, including the overall review process.	○	○	○	○	○
I received clear instructions on how to complete the Pharmacy Pre-Review.	○	○	○	○	○
The How-To-Guide and the Pharmacy Pre-Review Tutorial were helpful resources.	○	○	○	○	○

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

Page 6

Pharmacy Review: online *Pharmacy Pre-Review* tool

The following questions ask you about the online *Pharmacy Pre-Review* tool.

How many hours did it take you to complete the *Pharmacy Pre-Review* online?

- ○ Less than 2 hours
- ○ Between 2 and 4 hours
- ○ Between 4 and 6 hours
- ○ Between 6 and 8 hours
- ○ Over 8 hours

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The online Pharmacy Pre-Review tool was user-friendly.	○	○	○	○	○
The pre-review took an appropriate amount of time.	○	○	○	○	○
I had clear expectations of the Pharmacy Review after completing the Pharmacy Pre-Review.	○	○	○	○	○

Did you experience any technical difficulties when completing the online *Pharmacy Pre-Review*?

- ○ No
- ○ Yes. Please provide details: Type here

If you answered "Yes" to the above question, did you receive satisfactory technical support from the PRP department?

- ○ Yes
- ○ No. Please provide details: Type here

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

How could the online *Pharmacy Pre-Review* tool improve?

Type here

Page 7

Pharmacy Review: Scheduling Process

The following questions ask about the scheduling process.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The PRP department was helpful when I had questions or concerns related to scheduling.	○	○	○	○	○
I had adequate time to prepare for the Pharmacy Review.	○	○	○	○	○

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

What could the Pre-Pharmacy Review process improve?

Type here

Page 8

Pharmacy Review

The following questions ask about the Pharmacy Review experience.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The duration of the Pharmacy Review was sufficient to thoroughly review my pharmacy.	○	○	○	○	○
The Pharmacy Review was conducted as expected from the Pharmacy Pre-Review and the program information received.	○	○	○	○	○
The Pharmacy Review was conducted in a manner that was the least disruptive to my pharmacy as possible.	○	○	○	○	○

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

Page 9

Pharmacy Review: Results

The following questions ask about your Pharmacy Review results.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My Pharmacy Review results accurately reflected the review.	○	○	○	○	○
The 10 categories of the Pharmacy Review are relevant to patient safety.	○	○	○	○	○

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

Page 10

How could the Pharmacy Review better assess your pharmacy?

Type here

Is there any other area of pharmacy practice that should also be included in the Pharmacy Review?

Type here

Rate the impact on your pharmacy after the Pharmacy Review using the scale below.

Use 0 as the baseline (i.e. before the practice review).

Negative Impact Positive Impact

How has the Pharmacy Review impacted your pharmacy?

Type here

Page 11

As a pharmacy professional, you were involved in the *Pharmacy Professionals Review*.

These questions are about the ***Pharmacy Professionals Review***.

Your are a registered...

- Pharmacist
- Pharmacy technician

Page 12

Pharmacy Professionals Review: Communication

The following questions ask for your feedback on our communication about the Practice Review Program.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I received clear instructions on how to access the Practice Review Program information on the College website.	○	○	○	○	○
The Practice Review Program webpage has clear information about the program, including the overall review process.	○	○	○	○	○
I read the Pharmacy Professionals Review Form before my review.	○	○	○	○	○
I understood what to expect from a Pharmacy Professionals Review after reading the form.	○	○	○	○	○

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

Page 13

Pharmacy Professionals Review

The following questions ask about the Pharmacy Professionals Review.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My Pharmacy Professionals Review reflects minimum standards as set by the College under the 4 focus areas.	○	○	○	○	○
The Pharmacy Professionals Review was conducted as expected from the program information I received.	○	○	○	○	○
My Pharmacy Professionals Review was conducted in a manner that was the least disruptive to my practice as possible.	○	○	○	○	○

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

Page 14

Pharmacy Professionals Review: Results

The following questions ask about the results of the Pharmacy Professionals Review.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My Pharmacy Professional Review results accurately reflected the review.	○	○	○	○	○
The focus areas of the Pharmacy Professionals Review are relevant to my practice.	○	○	○	○	○

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

Page 15

How could the Pharmacy Professionals Review better assess your practice?

Type here

Rate the impact on your practice after the Pharmacy Professionals Review using the scale below.

Use 0 as the baseline (i.e. before the practice review).

Negative Impact Positive Impact

How has the Pharmacy Professionals Review impacted your practice?

Type here

Page 16

Did you have any action items from your practice reviews?

Pharmacy Managers: this question also applies to pharmacy review.

Yes No

Page 17

Action Item Portal

The following questions ask you about the Action Item Portal where you submitted your action items and any supporting document for your review(s).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I received clear instructions on how to review my action items and submit them on the Action Item portal.	○	○	○	○	○
The Action Item Tutorial was helpful.	○	○	○	○	○
The Action Item Portal was user-friendly.	○	○	○	○	○
I had sufficient time to complete my action item(s).	○	○	○	○	○

Did you experience any technical difficulties when submitting your action items on the portal?

- ○ No
- ○ Yes. Please provide details: Type here

If you answered "Yes" to the above question, did you receive satisfactory technical support from the PRP department?

- ○ Yes
- ○ No. Please provide details: Type here

If you chose Disagree or Strongly Disagree, please explain why:

You may also provide other comments here with respect to this topic even if you did not choose Disagree or Strongly Disagree.

Type here

How could the Action Item Portal improve?

Type here

Page 18

Please provide any feedback on the Practice Review Program that has not been addressed in the survey.

Type here

Practice Review Program Phase II (Hospital) Workshop Feedback

The Practice Review Program Phase II (Hospital) Workshop was held on March 8th, 2016 with stakeholders from different hospital pharmacies reviewing and providing input on the five Pharmacy Professional Review focus areas for hospital pharmacists and pharmacy technicians.

A total of 67 issues were identified during the workshop which have been consolidated to 22. College staff have tracked these issues, provided responses, and divided them into three lists:

- 10 Issues relevant to the Practice Review Committee (Appendix A)
- 2 Issues relevant to the College Communications Department (Appendix B)
- 10 Issues relevant to the College Legislation Department (Appendix C)

The lists are provided to the Practice Review Committee for information and to ensure that the committee is aware of, and continues to endorse previous directional decisions for the Practice Review Program.

Issues relevant to the Practice Review Committee (PRC)

Issue #	Issue	CPBC Response
1	• Need to ensure that we capture the measurable metrics to assess and validate the value of the PRP in improving public safety (outcomes). • This affects public accountability and will affect the value of the program. • Need to further develop metrics to prove the effectiveness of PRP Phase 1 and Phase 2 on public safety.	• **The results of May 20th, 2015 Forum #1 was presented to PRC on May 25th, 2015:** *The topic of evidence basis for effectiveness of PRP was discussed. The forum attendees expressed desire for an evidence source that the PRP will actually improve patient safety.* o *The CPBC response was: Have searched for clinical evidence, and no sound research located. The Board has directed that this program will proceed, and we will attempt to capture data over time to support the program.* • *Another topic of "value-add" to the registrant was discussed. Attendees view expressed that we need to show a value-add to registrants to obtain buy-in.* o *The CBPC response was: The Practice Review Program is a Board approved strategic initiative to enable the College to meet its mandate to ensure compliance with standards. Efforts to "add-value" for the registrant is not the scope.* The College will continue to explore methods to measure the value and outcomes of the Practice Review Program. Once development for Phase 2 is complete and the program has launched, staff will develop a plan to determine the metrics that will measure the effectiveness of the program in improving compliance to standards and if possible impact on public safety.

2	Inclusion criteria of Phase 2 Pharmacy Professional Review	The current working assumption is that if any of the four focus areas in Phase 2 applies to a registrant, and the registrant practices in a licensed hospital pharmacy, the registrant will be reviewed in phase 2. It is worth noting that the focus area "Collaboration" is currently designed such that pharmacy technicians not involved in direct patient care can also be reviewed. This needs to be reviewed and confirmed by the Practice Review Committee.
3	Should a compliance officer review the quality (content) of a registrant's work; if not, would that diminish the value of the program? <u>Re: Focus area Profile Check</u> The current requirements…fails to access clinical thinking process, particularly the resolution of DRP. <u>Re: Focus area Counselling</u> Suggest a compliance officer to assess the content and validity/quality of what is counselled. <u>Re: Focus area Product Distribution</u> Suggest a compliance officer to do a random double-check of checked products to ensure accuracy. <u>Re: Focus area Documentation</u> Lengthy discussion regarding assessing the content or quality of documentation, versus verifying the process of doing it. • Need a better definition for accuracy of information documented.	**Results of May 20th, 2015 Forum was presented to PRC on May 25th, 2015:** • *The topic of evaluating clinical decision making was discussed. View expressed that if the College is evaluating clinical pharmacists, they need to evaluate if "the right clinical decision is being made".* • *How CPBC is addressing this: Validating clinical judgement would require a different kind of practice review (likely a peer review). PRP will implement verification the* ***clinical process*** *used in making decisions, not second guessing the decision. New Focus area (*to be called*) Reviewing DRP Processes*. The current working assumption, based on past PRC decisions is that the Practice Review Program will focus on the process, not content. Therefore the current professional review is not designed to judge the correctness of clinical work or accuracy of product checking. This needs to be reviewed and confirmed by the PRC.

4	• Need to be clear as to what is expected when a patient is unable to communicate (i.e. language barriers, cognitive impairment, or unconscious). • Need to further discuss challenges with counselling (i.e. language barriers, cognitive impairment, using agents, etc.).	A compliance officer will observe registrants interacting with patients in usual circumstances that allow activities in a focus area to be demonstrated. While there may be one-off situations (unconscious patients), compliance officers will endeavor to observe interactions that afford registrants the opportunity to demonstrate compliance and will record 5 of them in order to see a pattern. A compliance officer can also use alternate methods of assessment (Case Recall and Process Description) to review a registrant under these circumstances.
5	The pharmacy technician focus area Collaboration is "too easy"; it may not add value to the program. The standards are hard to miss.	Current standards for the focus area Collaboration are based on NAPRA's Model Standards of Practice for Canadian Pharmacy Technicians (2011). The Practice reviews enable the College to meet its mandate and ensure that current standards are being met. Ideally, all registrants should be able to meet the basic standards required.
6	Should registrants be reviewed in focus areas that fall outside of their current roles? What is the value in that? <u>Re: Focus area "Product Distribution"</u> Significant discussion surrounding the requirements to assess pharmacy technicians on the final product check if that is not part of their normal day-to-day functions. <u>Re: Focus area "Counselling"</u> The entire focus area will not apply to dispensary pharmacists.	**PRC Decision from September 16th, 2015 meeting:** *To adhere to The Practice Review Program's principles of fairness and equity, focus areas have been developed to review registrants by registration category and not roles.* *A new approach for professional reviews was introduced. Compliance officers will use observation, case recall, and standardized questions to ensure each registrant is reviewed in all focus areas. It is the obligation of the College to ensure that its registrants are reviewed not by the current role they are in, but that they meet standards for public safety.* *A Decision Request Form was presented and the Committee discussed the details of a policy to review registrants in all focus areas, or only those focus areas directly related to their current practice setting. Four options were presented and the Committee decided that all hospital registrants would be reviewed using a hybrid approach. This*

		approach would ensure that registrants are reviewed in all focus areas. *It was MOVED (J. Konnert) and SECONDED (F. Moussa) that the:* *Registrants be reviewed on all focus areas relevant to their registration type using observation, case recall and standardized questions.* It was decided in Sept 2015 that all registrants will be reviewed in all focus areas relevant to their registration type (pharmacists or pharmacy technicians). • Note – during development, terminology for the "methods of assessment used" was refined as follows: o Observation o Case recall o Process description
7	<u>Re: Focus area "Product Distribution"</u> Why aren't pharmacists being evaluated in this focus area? <u>Re: Focus area "Profile Check"</u> Why aren't technicians being evaluated in this focus area? This is an integral part of technicians' duties. The focus area should apply to technicians reviewing the patient profile.	**Previous Board Decision made June 18th and 19th 2015 -** *Board approved high-level design of phase 2, including new focus area (Product Distribution) for pharmacy technicians.* **Previous PRC Decision made Jan. 26th 2016** *Re: Pharmacy Professional Reviews for Pharmacy Technicians* *<u>Decision: Addition of Focus Area - Recommendation from CPAC</u>* *The Community Pharmacy Advisory Committee met on October 29th, 2015 and made a recommendation to the Practice Review Committee to modify their focus areas for pharmacy technicians in community practice to align with those in hospital practice by removing focus area PharmaNet Profile Check as it applies to pharmacists only and adding focus area Product Distribution as it is relevant and critical to pharmacy technicians' scope.* *<u>It was MOVED and SECONDED that the:</u>* *Pharmacy Professionals Review focus areas be modified for pharmacy technicians in community practice to align with those in hospital practice:* • *Remove focus area PharmaNet Profile Check* • *Add focus area Product Distribution*

		The current focus areas were reviewed and approved by the PRC and the Board. Although some technicians do review the profile to gather a medication history, the focus area "profile check" was intended to review that pharmacist registrants were meeting the required standards for checking the profile for clinical appropriateness before dispensing.
8	Need better definition of whether responsibilities can be shared among healthcare professionals in a collaborative working environment (e.g. documentation during rounds – if a physician has already written a note, does the pharmacist still need to repeat it?) Need further clarification on collaborating with other health professionals (currently no solid requirements in legislation).	A registrants own work will be reviewed. Responsibilities outlined in legislation cannot be delegated to or shared with other healthcare professionals. Although registrants do work in healthcare teams, the PPR is designed to ensure that individual registrants are meeting the standards in each focus area.
9	Suggest building the focus area questions Profile Check (DRP management) by referring to the current LMPS and UBC process.	Current Board and PRC direction is to base the Pharmacy Professional Review on CPBC legislation and standards. This will not be necessary unless the decision described in Item #3 changes.
10	<u>Re: Focus area Profile Check</u> • The current review items do not capture the entire DRP management methodology (only covers DRP identification). The focus area needs to be strengthened and focus on the CO assessing whether the pharmacist is following a process to resolve a DRP, not just identifying it. • Should include HPA Schedule F Part 2 s.13(5)(6) "access" vs "detect, resolve and prevent". • Revise DRP focus area questions.	Review items in the Pharmacists Professional Review – Profile Check (DRP Management) have been updated to cover the identification, assessment, resolution, monitoring and prevention of drug related problems, according to standards in HPA Bylaw Schedule F Part 2 s.13.

Issues relevant to the Communications Department

Issue #	Issue	CPBC Response
11	Communication, education and change management will be critical, as many of the PRP review items are net new to hospitals. Communications materials strategy for all phase 2 focus areas: • Focus on net-new items • Align with the development of Professional Practice Policies • Seek approval from Hospital Pharmacy Advisory Committee • Early engagement with health authorities For example: <u>Re: Focus area Profile Check</u> Registrants must look at all available information, not just the central computerized profile.	A communication plan will be developed with the Communications Department. The plan will include posting review questions on the College website. ReadLinks articles will also be used to update hospital registrants of the upcoming review program. A launch article explaining the details of the review process will be created.
12	<u>Re: Focus area Patient Identification Verification</u> Education will be needed to inform everyone how we arrive at the two identifiers. Define “facial recognition” Define “continuing care”	The focus area is designed based on existing, current standards from Accreditation Canada. Communication to hospital registrants will focus on the fact that such standards have been adopted. The definition and terminologies used in this focus areas will be consistent with those from Accreditation Canada.

Appendix C

Issues relevant to the Legislation Department

Issue #	Issue	CPBC Response
13	Bylaw interpretation • Can "must include" be interpreted as "must include when applicable"? • Change "Must" to "May" or "At least" in the bylaws? • E.g. when a Bylaw says "(a) to (g)", can it be interpreted that it is (a) to (g) only when applicable. • Interpretations have been inconsistent.	This issue will be referred to the College's Policy and Legislation Department for review and response.
14	Re: Focus area Patient Identification Verification Define "facial recognition" Define "continuing care"	The College has consulted with Accreditation Canada, where these standards are adopted from. A policy guide has been developed to provide more background information, including the definition of "facial recognition" and "continuing care" as intended by Accreditation Canada.
15	Re: Focus area Profile Check Registrants must look at all available information, not just the central computerized profile. Define patient record; what is included?	The definition for "patient record" will be referred to the College's Policy and Legislation Department for review and response.
16	Should soft skills, like empathy, listening, respect, communication be reviewed in Phase 2? Suggestion to create a policy on the softer "subjective" skills.	This issue will be referred to the College's Policy and Legislation Department for review and response.
17	Re: Focus area Documentation Need further clarification on collaborating with other health professionals (currently no solid requirements in legislation)	This issue will be referred to the College's Policy and Legislation Department for review and response.
18	Suggest to make it a requirement to provide printed information when pharmacists counsel. Would need to change Bylaws; could be based on the Accreditation Canada standard.	This issue will be referred to the College's Policy and Legislation Department for review and response.

19	<u>Re: Focus area Collaboration</u> The pharmacy technician focus area Collaboration is "too easy"; it may not add value to the program. The standards are hard to miss. Need to create documentation standards for technicians. Need standards stating mandatory documentation for technicians (i.e. when referring to a pharmacist, or when identifying a problem and alerting the pharmacist).	Current standards for the focus area Collaboration are based on NAPRA's Model Standards of Practice for Canadian Pharmacy Technicians (2011). Standards for pharmacy technician documentation will be based on the new Professional Practice Policy – Prescription Product Preparation and Final Check, when approved.
20	Define the difference between "counselling" and "teaching". Do not use the term counselling for technicians, it should be teaching.	This issue will be referred to the College's Policy and Legislation Department for review and response.
21	<u>Re: Focus area Documentation</u> Need better definition of whether responsibilities can be shared among healthcare professionals in a collaborative working environment (e.g. documentation during rounds – if a physician has already written a note, does the pharmacist still need to repeat it?)	A registrant's own work will be reviewed. Responsibilities outlined in legislation cannot be delegated to or shared with other healthcare professionals.
22	Need to explore the ramifications of documentation requirements in a paperless (automated) environment.	The College standards apply to both paper and electronic system. The required information, in paper or electronic form must be retained for three years.

College of Pharmacists of British Columbia

New Professional Practice Policy – Identifying Patients Prior to the Provision of Pharmacy Services

DECISION REQUIRED

Purpose

To establish patient identity verification standards for registrants providing pharmacy service to inpatients in hospital, residential care homes or other healthcare facilities.

Background

Patient Identification Verification is a key focus area of the Practice Review Program. Current standards in *Pharmacy Operations and Drug Scheduling Act Bylaws* s.22 require a registrant to confirm the identity of a patient before providing any pharmacy service. The requirements are further defined in *Professional Practice Policy (PPP)* -54 *Identifying Patients for PharmaNet Purposes*, which describes how the PharmaNet patient record must be created and how patient identity can be verified by having a registrant asking for and checking a patient's identification documents.

The process described in *PPP-54*, however, may not be applicable to registrants providing pharmacy services to inpatients in hospital, residential care homes or other healthcare facilities. Under these settings pharmacy services are provided using an organization-specific Patient Care Information System (PCIS) instead of PharmaNet, and the patient may not be present at a location where pharmacy service is provided.

To address this issue, a new Professional Practice Policy has been drafted based on current standards from Accreditation Canada. The policy requires registrants to use 2 person-specific identifiers to identify a patient prior to the provision of any pharmacy service. In situations of continuing care where a registrant knows the patient (e.g., home care, long-term care, community health, and residential care), facial recognition – when direct observation of the patient matches the visual memory associated with the patient's name – may be used as an identifier. A second person-specific identifier is still required; this could be obtained by confirming the patient's home address or consulting an accurate photograph on the patient record.

When initiating pharmacy service with a new patient, 2 person-specific identifiers are required and neither can be facial recognition. Facial recognition can only be used once the patient is known to the registrant. Organizations wishing to use facial recognition should specify when facial recognition can be used, and what constitutes known to a registrant (e.g., the same registrant has seen the patient for X number of visits within X amount of time).

The policy also emphasizes that the patient's bed or room number cannot be used as an identifier as the patient can be moved to another part of the facility.

Discussion

This PPP is drafted based on current standards from Accreditation Canada, a national regulatory body that oversees the operation of Canadian hospitals and healthcare institutions. These standards from Accreditation Canada have been in place for years. This means registrants practicing in hospitals and institutions will only be required to follow an existing standard that is already applicable to them. The cost and education requirements associated with the implementation of this policy should be minimal.

The PPP will provide clarity to registrants practicing in settings where the existing *PPP*-54 *Identifying Patients for PharmaNet Purposes* does not apply. It will also be incorporated into the Practice Review Program as a reference for the focus area of Patient Identification Verification.

It is important to note that registrants practicing in community pharmacies or providing service to outpatients in hospital pharmacies using PharmaNet will continue to follow the existing *Professional Practice Policy*-54 *Identifying Patients for PharmaNet Purposes*.

Options

1. **Option 1**
   Approve the draft Professional Practice Policy in its current form.

2. **Option 2**
   Revise the draft Professional Practice Policy based on feedback from stakeholders.

Appendix	
A	Draft PPP Identifying Patients Prior to the Provision of Pharmacy Service
B	Stakeholder feedback
C	Amended draft PPP Identifying Patients Prior to the Provision of Pharmacy Service

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY – ##**
POLICY FOCUS: **Identifying Patients Prior to the Provision of Pharmacy Service**

This professional practice policy applies to registrants providing pharmacy service to inpatients in hospital, residential care homes or other healthcare facilities. Registrants providing pharmacy service to outpatients using PharmaNet must refer to *PPP-54 Identifying patients for PharmaNet purposes*, regardless of practice settings.

POLICY STATEMENT(S):

A registrant working in partnership with patients, families and healthcare professionals must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to an individual patient.

Person-specific identifiers are:

- Patient's full name,
- Patient's home address (when confirmed by the client or family),
- Patient's date of birth,
- Patient's personal identification number or hospital/institution account number,
- Patient's Personal Health Number,
- An accurate photograph of the patient.

In long-term or continuing care settings where the registrant is familiar with the patient, one person-specific identifier can be facial recognition. The patient's room or bed number is not person-specific and must not be used as an identifier.

BACKGROUND:

This professional practice policy is supplementary to *Pharmacy Operations and Drug Scheduling Act Bylaws* s.22, which requires a registrant to confirm the identity of a patient before providing any pharmacy service.

ENDORSEMENT:

This professional policy was created based on Accreditation Canada Required Organizational Practices Handbook 2016 – Client Identification. It was endorsed by the Hospital Pharmacy Advisory Committee of the College of Pharmacists of BC on _____.

First approved: PPP
Revised:
Reaffirmed:

Feedback on DRAFT PPP – Identifying Patients Prior to the Provision of Pharmacy Services

Response Numbers	Does the content in this PPP accurately reflect the requirement of Patient Identification?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
1.	Yes	No	No
2.	Yes, I think 'continuing care settings' may be reasonable for pharmacists providing clinical services on an ongoing basis. If this is not what is meant by this statement there may need to be a more specific definition. *CPBC Response: The term "continuing care" is defined by Accreditation Canada. It does not apply to hospital acute and subacute settings. A policy guide has been developed to provide more information to all registrants.*	No	No
3.	Yes	No	No
4.	Yes	No	No
5.	Within our health authority policy double witnessing is also a valid source of dual identification. In other words, two health care professionals providing care to a given patient can independently verify a patient. This would constitute a "dual" identification. *CPBC Response: If both healthcare professionals are using two person-specific identifiers, the practice is compliant. Otherwise it has to be modified based on current standards from Accreditation Canada.*	Suggest move the statement: "patient's room and bed number is not person specific..." to not be embedded within statements regarding long term or continuing care. This statement is valid for all patients in all care settings. As it is stated now it implies it is only a consideration in the residential care setting. *CPBC Response: Done*	No
6.	In a hospital setting, the home address and photo ID is not used. Any two of the other 4 ways should be easy to find for identifying.	No	See above (In a hospital setting, the home address and photo ID is not used. Any two of the other 4 ways should be easy to find for identifying.)

Response Numbers	Does the content in this PPP accurately reflect the requirement of Patient Identification?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
7.	Yes	No	No
8.	Yes, from a technician's perspective, I would definitely say this is accurate. The two most common person-specific identifiers technicians use at our hospital are the patient's full name and medical record number.	No	No
9.	Yes	No	No
10.	Yes	No	No
11.	Yes	No	Home address is rarely included as a patient identifier on documents in the hospital or LTC. I would suggest that it not be included as a possible identifier as it changes frequently and can be difficult to confirm. <u>*CPBC Response*</u>*: The current list of identifiers, including home address are part of the current standards established by Accreditation Canada.*
12.	Yes	No	No
13.	Yes	None	None
14.	Yes	No	No
15.	Yes	No	No
16.	Yes	No	No

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY – ##**
POLICY FOCUS: **Identifying Patients Prior to the Provision of Pharmacy Service**

This professional practice policy applies to registrants providing pharmacy service to inpatients in hospital, residential care homes or other healthcare facilities. Registrants providing pharmacy service to outpatients using PharmaNet must refer to *PPP-54 Identifying patients for PharmaNet purposes*, regardless of practice settings.

POLICY STATEMENT(S):

A registrant working in partnership with patients, families and healthcare professionals must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to an individual patient.

Person-specific identifiers are:

- Patient's full name,
- Patient's home address (when confirmed by the client or family),
- Patient's date of birth,
- Patient's personal identification number or hospital/institution account number, or medical record number,
- Patient's Personal Health Number,
- An accurate photograph of the patient.

In long-term or continuing care settings where the registrant is familiar with the patient, one person-specific identifier can be facial recognition.

The patient's room or bed number is not person-specific and must not be used as an identifier.

BACKGROUND:

This professional practice policy is supplementary to *Pharmacy Operations and Drug Scheduling Act Bylaws* s.22, which requires a registrant to confirm the identity of a patient before providing any pharmacy service.

ENDORSEMENT:

This professional policy was created based on Accreditation Canada Required Organizational Practices Handbook 2016 – Client Identification. It was endorsed by the Hospital Pharmacy Advisory Committee of the College of Pharmacists of BC on _____.

First approved: PPP
Revised:
Reaffirmed:

College of Pharmacists of British Columbia

New Professional Practice Policy – Prescription Product Preparation and Final Check

DECISION REQUIRED

Purpose

To establish requirements for registrants when preparing prescription products and performing the final check.

Background

Feedback attained from stakeholders during the development of the Practice Review Program for hospital pharmacies was that a focus area that would directly address the pharmacy technicians' scope of practice was needed. As a result, a new focus area titled "Product Distribution" was approved at the June 2015 Board meeting.

During the question development for this focus area, legislative gaps were identified and it became apparent that requirements to supplement the current provincial bylaws were needed.

The gaps identified were mostly due to the College transitioning to the *Health Professions Act* (HPA) in 2009. Pharmacy technicians were not recognized as regulated healthcare professionals until an amendment was made to the *Pharmacists Regulation* of the *Health Professionals Act* in 2010 which gave the College of Pharmacists of BC the legislative authority to register pharmacy technicians.

The HPA bylaws describe the pharmacy technician's scope of practice, but they do not outline the minimum requirements to carry out their responsibilities. In addition, *PPP-56: Standards for Pharmacy Assistant Verification of Non-Sterile Products in Hospital Pharmacy Practice* and *PPP-57: Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice* were written for hospital pharmacy managers operating the "Tech-Check-Tech" program prior to the pharmacy technician regulation.

Discussion

This policy was created to ensure an accurate and consistent process for registrants when preparing prescription products and performing the final check. It also allows a comprehensive review of the Product Distribution focus area of the Practice Review Program.

The requirements are based on standards from *PPP*-56 *and* 57, *NAPRA's Model Standards of Practice for Canadian Pharmacy Technicians* (2011) and *Health Professions Act Bylaws Schedule F Part 1* and *Part 2*. They will apply not only to pharmacy technicians, but to all registrants involved in product preparation and final product check. The term "final product check" refers to the checking of a dispensed prescription prior to the release from the pharmacy. It does not include the checking of bulk/batch repackaged and compounded products, which is covered under *Health Professions Act Bylaws Schedule F Part 2 s.9*.

Options

1. **Option 1**
   Approve the draft Professional Practice Policy in its current form.

2. **Option 2**
   Revise the draft Professional Practice Policy based on feedback from the stakeholders.

Appendix	
A	Draft PPP Prescription Product Preparation and Final Check
B	Stakeholder Feedback (to be presented)
C	Amended draft PPP Prescription Product Preparation and Final Check (to be presented)

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY – ##**
POLICY FOCUS: **Prescription Product Preparation and Final Check**

This professional practice policy applies to all registrants when **preparing prescription products and performing the final check.** Prescription products include, but are not limited to, dispensed prescriptions, bulk/batch repackaged or compounded preparations and compliance packaging.

POLICY STATEMENT(S):

1. A registrant, when **preparing a prescription product** must ensure that:
    a) the following is correct and matches the information on the prescription product label:
        i. drug(s) or constituents of the product;
        ii. dosage form;
        iii. strength;
        iv. manufacturer/drug identification number (DIN)/lot number;
        v. quantity (including calculations);
    b) the drug is not expired and will not expire within the duration of use;
    c) the prescription product is labelled appropriately, including appropriate auxiliary labels;
    d) the confirmation and handwritten identification of the activity(ies) performed by each registrant and pharmacy assistant during the preparation of the prescription product is documented.

2. A registrant must perform the **final check of a prescription product prior to release** and ensure that:
    a) the requirements listed in policy statement 1(a) to (d) are met;
    b) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profiles;
    c) the handwritten identification of the registrant who performed the final check is documented;
    d) in community pharmacies, the prescription product label matches the information on the prescription upon receipt from the practitioner in accordance with *Health Professions Act Bylaw Schedule F Part 1* s.6(2).

3. All relevant documentation for **preparing prescription products and performing the final check** must be readily available and retained for a minimum of three years.

BACKGROUND:

This policy is supplementary to *Health Professions Act Bylaw Schedule F Part 1* s.4(1)(e); s.6(4)(h)(iv) and *Schedule F Part* 2 - 10(1)(e).

COMMITTEE ENDORSEMENT:

This professional practice policy was endorsed by the Community Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee and the Residential Care Advisory Committee of the College of Pharmacists of BC on _____.

First approved: PPP
Revised:
Reaffirmed:

Feedback on DRAFT Professional Practice Policy – <u>Prescription Product Preparation and Final Check</u>

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
1.	Often in hospital practice, the medications are supplied from a central pharmacy production site as unit dose. The site would not typically be checking for correct manufacturer/DIN/lot number. <u>CPBC Response</u>*: Originally, we were trying to include the "one offs" (example – clozapine manufacturer in hospital and recording lot numbers when preparing a patient-specific compound). With overwhelming response that in hospital the lot numbers or manufacturer are not checked against the product label, the PPP has been amended to include the DIN for community, as it is used to prepare and check against the label.*	Some type of qualifier to address #1. Iv <u>CPBC response</u>*: See response number #1*	no

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
2.	Yes	I think there should be reference to checking the patient name against the prescription. The product check is irrelevant if the patient is not correct. I might add dosage form/route to section 1a. *CPBC response: See draft PPP policy statement 2(d)*	I am not sure what is meant by 'quantity (including calculations)'. What is meant by calculations? Would it be best to put calculations as its own bullet point, explicitly saying that any required calculations must be documented? *CPBC response: The PPP has been changed from "quantity (including calculations)" to "quantit(ies)" to include the quantity of single-entity and multiple ingredient products.*
3.	Yes	No	No
4.	Yes, with comments below	Policy statement 1d) and 2 c) Should the statement be expanded to state that the documentation of the checks can be done electronically? *CPBC response: Documentation can be completed electronically.* The terminology may be confusing to some in the hospital environment. All medications are dispensed subsequent to a "prescription" in the hospital inpatient setting. The policy statements use the terminology "drug" and "prescription" quite interchangeably. It would be good to clarify intent and use consistent terminology in the policy statements.	Policy statement 1 a iv: Within the drug distribution system in Fraser Health, the DIN or manufacturer is not used in the majority of time to confirm the correct product selection during preparation. The requirement in policy would necessitate significant changes to the drug distribution system. Our system does not support this to be done. Ideally, barcode technology would be best (which is what many health authorities will move towards with closed loop medication system). *CPBC response: See response number #1*

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
5.	I agree that it does cover everything needed	Not that I can see	No
6.	No (see below comments)	No	In hospital, we do not check the drug product label against the DIN/Lot/Manufacturer. Those pieces of information are not contained on our drug product labels. *CPBC response: See response number #1*
7.	In Policy statement 1 (a) (iv), at our hospital, registrants do not verify the manufacturer and or din number with the product prescription label. I also checked with a few of my other colleagues at other hospitals and they do not verify this either. *CPBC response: See response number #1*	In part 1, I would suggest including checking the integrity of the drug being dispensed. (for example if checking a tablet, ensuring that it is complete and part of it hasn't chipped or broken off, or if checking an IV solution that the solution is the correct color, or hasn't precipitated.	No, I do not think so.
8.	Yes	No	1.a. iv - in hospital pharmacies, manufacturers/DINs/lot numbers are not printed on prescription labels selection depends on what is on contract and is always changing exception: clozapine manufacturer printed on label *CPBC response: See response number #1*

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
9.	Yes	Point 1.iv: lists manufacturer/DIN/Lot#. Does this mean any of these or must be all of these. This is a bit unclear. *CPBC response: See response number #1*	No
10.	Yes	Wondering about aux labels, are technicians required to know what aux labels are recommended/required for each medication? *CBPC response: Registrants are required to know which auxiliary labels are to be used with each drug.*	
11.		What is meant by calculations? Is quantity the total quantity dispensed? Is calculations the dosage e.g. ½ tab (25mg), or is calculations the qid x 7 days = 28 tablets? *CPBC response: See response #2* Re: 2(d) Why only in community pharmacies? Don't we all have to make sure that the information on the prescription product label match the order? *CPBC response: in the hospital drug distribution system the final product check and the patient profile check is done in two separate processes*	Not necessary to have lot number: not usually recorded on the label or on the prescription *CPBC response: See response number #1* Consider requiring expiry date *CPBC response: See draft PPP policy statement 1(b)*

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
12.	Yes, I appreciate the brevity of this policy. It mimics the current one for pharmacists with minor revisions.	I feel that the policy provides just the right amount of guidance and clarity needed for pharmacy managers and owners to have a better understanding of the role of a registered pharmacy technician.	No
13.	Yes	No	No
14.	Yes	Patient name, if applicable *CPBC response: See draft PPP policy statement 2(d)*	No
15.		the last point regarding records must be available for 3 years, should really be more clear, as it should be 3 years from the last possible fill date from that Rx right? In cases of oral contraceptives, one would need to retain the record for 5 years from the original date? *CPBC response: The PPP has been amended to include wording from PODSA s.8(1)(a)* Why does one need to check the lot #? If it is for the purpose of recalls, then there should be an existing SOP on how to handle recalls. This should not be built into the final check process as it means an additional item to look at, and therefore, another area to cause more fatigue/errors. If there is another reason, please advise *CPBC response: See response number #1*	

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
16.	Yes	No	No
17.	In hospital practice the manufacturer/DIN/lot number is checked at a central pharmacy production centre prior to making it a hospital site. At the site, the drug comes already unit dosed so there is no checking of manufacturer or DIN *CPBC response: See response number #1*	Suggest adding a qualifier to 1. iv based on my answer above *CPBC response: See response number #1*	No
18.	Yes	No	No

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
19.	Over this policy clearly outlines the pertinent steps required for safe and effective drug therapy for patients. Most registrants are already likely following these steps but bringing clarity of the process through a PPP is a good way of stating the bare minimum processes required. Regulated technicians in particular will also be governed by similar standards. *<u>CPBC response</u>: This PPP applies to all registrants (pharmacists and pharmacy technicians)*	All relevant documentation for preparing prescription products and performing the final check must be readily available and retained for a minimum of three years. Would scanning prescription hardcopies and storing electronically be considered in compliance with part 3) of this policy statement? *<u>CPBC response</u>: the scanning of hardcopy prescriptions and storing electronically is not considered to be compliant in community setting (PPP – 12).* 2c) the handwritten identification of the registrant who performed the final check is documented; Could it be left more open to include future technology that allows for cloud based downloading of the prescription or electronically signed identification of the registrant? *<u>CPBC response</u>: Documentation can be completed electronically.*	All drafted policy points in this document should remain as stated
20.	Yes	patient name if applicable	No
21.	Looks accurate	Patient name if applicable	none

Response Number	Does the content in this PPP accurately reflect the requirement of product preparation and final check?	Is there anything else that should be expanded upon or included?	Is there anything that should be removed?
22.	Overall yes, but please see comments below	Perhaps the phrase, "manufacturer/drug identification number/lot number" could be clarified. This phrase could be interpreted as "manufacturer, drug identification number or lot number" or as "manufacturer, drug identification number and lot number." *CPBC response: See response number #1* As well, does it need to be explicitly stated that when preparing a compound, the above information should also be recorded for the individual ingredients in the compound? Policy Statement 2d currently applies to community pharmacies only; however, I feel that a similar check should be some items listed in the Health Professions Act Bylaw Schedule F Part 1 s.6(2) also be applies to hospital practice when one dispenses patient-specific medications. Items that could be pertinent to medications dispensed by a hospital pharmacy would be inclusion of the name of the patient, the dosage instructions including the frequency, interval or maximum daily dose, the name of the drug or ingredients and strength if applicable. *CPBC response: See response #11*	No

POLICY CATEGORY: **PROFESSIONAL PRACTICE POLICY – ##**
POLICY FOCUS: **Prescription Product Preparation and Final Check**

This professional practice policy applies to all registrants when **preparing prescription products and performing the final check.** Prescription products include, but are not limited to, dispensed prescriptions, bulk/batch repackaged or compounded preparations and compliance packaging.

POLICY STATEMENT(S):

Preparing a Prescription Product

1. A registrant, when **preparing a prescription product** must ensure that:
    a) the following is correct and matches the information on the prescription product label:
        i. drug(s) or constituents of the product;
        ii. dosage form;
        iii. strength;
        iv. drug identification number (DIN) (in community pharmacies);
        v. quantit(ies);
    b) the drug is not expired and will not expire within the duration of use;
    c) the prescription product is labelled appropriately (including auxiliary labels);
    d) the confirmation and handwritten identification of the activity(ies) performed by each registrant during the preparation of the prescription product is documented.

Performing the Final Check of a Prescription Product Prior to Release

2. A registrant must perform the **final check of a prescription product prior to release** and ensure that:
    a) the requirements listed in policy statement 1(a) to (d) are met;
    b) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profiles;
    c) the handwritten identification of the registrant who performed the final check is documented;
    d) in community pharmacies, the prescription product label matches the information on the prescription upon receipt from the practitioner in accordance with *Health Professions Act Bylaw Schedule F Part 1* s.6(2).

3. All relevant documentation for **preparing prescription products and performing the final check** must be readily available and retained for a minimum of three years from the date a drug referred to in a prescription was last dispensed.

BACKGROUND:

This Professional Practice Policy is supplementary to *Health Professions Act Bylaw Schedule F Part 1* s.4(1)(e); s.6(4)(h)(iv) and *Schedule F Part* 2 - 10(1)(e). It applies to all registrants (pharmacists and pharmacy technicians) preparing prescription products and/or performing the final check.

The term "final product check" refers to the checking of a dispensed prescription immediately prior to the release from the pharmacy. It does not include the checking of bulk/batch repackaged and compounded products, which is covered under *Health Professions Act Bylaws Schedule F Part 2 s.9* for hospital pharmacies.

COMMITTEE ENDORSEMENT:

This professional practice policy was endorsed by the Community Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee and the Residential Care Advisory Committee of the College of Pharmacists of BC on _____.

First approved: PPP
Revised:
Reaffirmed:

PRP Phase 2 - Hospital Practice Review Forms and Stakeholder Feedback

Appendix	
A	Pharmacy Review Form
B	Pharmacy Review Form stakeholder feedback (to be presented)
C	Hospital Pharmacist Review Form
D	Hospital Pharmacist Review Form stakeholder feedback (to be presented)
E	Hospital Pharmacy Technician Review Form
F	Hospital Pharmacy Technician Review Form stakeholder feedback (to be presented)

College of Pharmacists of British Columbia

PRACTICE REVIEW PROGRAM

HOSPITAL PHARMACY REVIEW

Security

Legislation	Requirement(s)
Narcotic Control Regulations s.43	A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft.
PPP-47 Policy Statement #4	Targeted Substances received by the community pharmacy, hospital pharmacy department or nursing unit must be stored in a secure environment.
PODSA Bylaws s.4(4)	Every registrant practicing 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.
PODSA Bylaws s.15(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.

Equipment

Legislation	Requirement(s)
PPP-59 Policy Statement #3	All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.
PPP-68	The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. • Standard bar fridges (small volume combination fridge/freezer with one exterior door) are not adequate because they do not maintain even temperatures. • Refrigerator temperature is kept between 2 to 8 degree Celsius. • Do not store items such as food and beverages in medication refrigerators, to prevent unnecessary opening of the refrigerator. • Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached.

	• At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring.
PPP-3 Page 3	All hospital pharmacies and hospital pharmacy satellites must be equipped with a reference library of current references relevant to medication compounding, dispensing and/or preparation of medication orders, and current patient-oriented references for the provision of patient-oriented pharmacy services.

Drug Orders

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.13(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.
HPA Bylaws Schedule F Part 2 s.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. HPA Bylaws Schedule F Part 1 s.8(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. HPA Bylaws Schedule F Part 1 s.8(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).

Confidentiality

Legislation	Requirement(s)
PODSA Bylaws s.20(b)	A pharmacy must connect to PharmaNet and be equipped with the following: (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.
HPA Bylaws s.74	A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored a) at the pharmacy or b) off site.
HPA Bylaws s.75	A registrant must ensure that records referred to in section 74 are disposed of only by a) transferring the record to another registrant, or b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.
HPA Bylaws s.77(1)	A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
HPA Bylaws s.77(2)	A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.
HPA Bylaws s.78	A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.
HPA Bylaws s.79	A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information

	about patients under this Part as soon as possible after the breach is discovered, including a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered, b) taking steps to ensure that any remaining personal information is secured, c) notifying (i) anyone affected by the unauthorized access including patients and other health care providers, (ii) the college, and (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and d) modifying existing security arrangements to prevent a reoccurrence of the unauthorized access.
HPA Bylaws s.80	If a patient or a patient's representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request.

Inventory Management – Pharmacy

Legislation	Requirement(s)
PODSA Bylaws s.4(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.
PODSA Bylaws s.5(3)	All drug shipments must be delivered unopened to the pharmacy or a secure storage area.
PODSA Bylaws s.5(4)	Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.
HPA Bylaws Schedule F Part 2 s.5(1)	Unused dispensed drugs must be returned to the hospital pharmacy.
HPA Bylaws Schedule F Part 2 s.5(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.

Inventory Management – Nursing Units

Legislation	Requirement(s)
CRNBC Nurse-Managed Medication Inventory (2010)(p.2)	Medications must be located in a secure, locked area where there is no public access and where only authorized personnel are allowed.
CRNBC Nurse-Managed Medication Inventory (2010)(p.2)	Medications that have previously been dispensed are not returned to the medication inventory or reused for another client.
CRNBC Nurse-Managed Medication Inventory (2010)(p.3)	Expired medication products are removed from the active medication inventory area.
CRNBC Nurse-Managed Medication Inventory (2010)(p.4)	The CDS cupboard must be housed in a wall-mounted, double-locked metal cabinet that is permanently attached to the building.
CRNBC Nurse-Managed Medication Inventory (2010)(p.4)	The CDS cupboard must be located in a secure, locked area of the facility where there is no public access and where only authorized personnel are allowed.
CRNBC Nurse-Managed Medication Inventory (2010)(p.4)	A CDS located in the refrigerator or emergency cart must be stored in a locked compartment or drawer with a tamperproof seal and counted as part of regular counts.
HPA Bylaws Schedule F Part 2 s.14(2)	A medication administration record of all prescribed drugs for each patient must be produced from the pharmacy-maintained patient record.
HPA Bylaws Schedule F Part 2 s.14(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.
HPA Bylaws Schedule F Part 2 s.14(1)	The registrant must collaborate with nursing and medical staff to develop written policies and procedures for the safe administration of drugs.
PPP-68	The Board of the College of Pharmacists of BC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals. • Standard bar fridges (small volume combination fridge/freezer with one exterior door) are not adequate because they do not maintain even temperatures. • Refrigerator temperature is kept between 2 to 8 degree Celsius. • Do not store items such as food and beverages in medication refrigerators, to prevent unnecessary opening of the refrigerator. • Use a constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached. • At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring.

Narcotics and Controlled Drug Substances

Legislation	Requirement(s)
PPP-65	The pharmacy manager must ensure that narcotic counts and reconciliations are completed for the pharmacy, pharmacy satellites and all areas of a facility where narcotics are stored: at a minimum of every 3 months; after a change of pharmacy manager; after a break and enter or robbery; after an identified drug diversion; when a pharmacy closes and ceases to operate its business, and after any event where the security of the narcotic drugs may have been compromised.
PPP-65 Required Procedures #1(a) and (d)	Pharmacies must maintain a separate perpetual inventory for each narcotic drug. If the pharmacy does not have a computerized perpetual inventory, then a manual perpetual inventory must be maintained.
PPP-65 Required Procedures #1(b)	The perpetual inventory must include entries for: i. purchases, ii. transfers, iii. losses, iv. purchases returned, expired or destroyed, v. quantities dispensed, and vi. a running balance.

PPP-65 Required Procedures #1(c)	Any manual adjustments to the perpetual inventory must be documented, including: i. the reason for the adjustment, ii. the date adjusted, and iii. the identity of the person who made the adjustment.
PPP-65 Required Procedures #2(b)	All narcotics must be counted, including: i. active inventory, ii. compounded mixtures, and iii. expired inventory.
PPP-65 Required Procedures #2(c)	When completing the narcotic count, the following information must be documented: i. the name, strength, quantity and DIN/brand of the drug counted, ii. the date and signature of the person(s) who completed the count, and iii. the date and signature of the responsible pharmacist.
PPP-65 Required Procedures #2(d)	The count must not be conducted by the same person who enters narcotic purchases into the records.
PPP-65 Required Procedures #3(a)	Perpetual inventory, physical inventory counts, and purchase invoices must be reconciled and documented.
PPP-65 Required Procedures #3(b)	Discrepancies must be investigated, addressed, and documented on a narcotic incident report and maintained at the pharmacy for a period of not less than 3 years.
PPP-65 Required Procedures #4(a)	The inventory counts and reconciliation documentation must be kept in chronological order in a separate and dedicated record that is retained for 3 years.
PPP-65 Required Procedures #4(b)	Within ten days of the discovery of a loss or theft of a narcotic, the pharmacy manager must: i. report the loss or theft to the local police and to the appropriate office at Health Canada (Note: shortages which cannot be accounted for must also be reported to the appropriate office at Health Canada), ii. forward to the College a copy of any report sent to the appropriate office at Health Canada.
PPP-65 Required Procedures #5	On a monthly basis, the pharmacy manager must: a) randomly audit 5 percent of narcotic drug invoices received to ensure they have been accurately recorded in the Perpetual Inventory Record (Note: The date and time of the audit should not be predictable or known to staff); b) randomly audit 5 percent of narcotic prescription sales records against the hard copy prescriptions to ensure that they match the computer record of dispensing.

PPP-47 Policy Statement #2	Any loss or theft of Targeted Substances must be reported to the federal Minister of Health within 10 days of discovery with a copy of the report to the College.
Controlled Drugs and Substances Destruction Request Guidelines (2010)	To destroy any expired narcotics and controlled drug substances a request for "Authorization to Destroy" must be made to the Health Protection Branch. Using the “Controlled Drugs and Substance Destruction Request” Form, prepare a list of expired drugs and quantities requiring destruction. When the written "Authorization to Destroy" is received, the drugs may be disposed of in a safe and effective manner (rendering them unusable/irretrievable).

Dispensed Products

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.7(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.
HPA Bylaws Schedule F Part 2 s.3(2)	A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.
HPA Bylaws Schedule F Part 2 s.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.
HPA Bylaws Schedule F Part 2 s.4(2)	Only hospital pharmacy staff may alter a drug container label.
HPA Bylaws Schedule F Part 2 s.4(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.
HPA Bylaws Schedule F Part 2 s.4(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.
HPA Bylaws Schedule F Part 2 s.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.
HPA Bylaws Schedule F Part 2 s.7(2)	All take-home drugs issued from the emergency department must be documented in the patient's health record.
HPA Bylaws Schedule F Part 2 s.7(3)	All inpatient leave of absence drugs must be documented in the patient's health record.
HPA Bylaws Schedule F Part 2 s.7(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.

Patient Records/Documentation

Legislation	Requirement(s)
PODSA Bylaws s.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.
HPA Bylaws Schedule F Part 2 s.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 surgical day care, a) ambulatory care, b) emergency short-stay, or c) other short-stay diagnostic or treatment units.
HPA Bylaws Schedule F Part 2 s.12(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.
PPP-AA Policy Statement #5	All relevant documentation for preparing a prescription product must be readily available and retained for a minimum of three years.
PPP-BB Policy Statement #5	All relevant documentation for performing the final check of a prescription product must be readily available and retained for a minimum of three years.

After Hours Services

Legislation	Requirement(s)
PODSA Bylaws s.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.

	b) by arranging for a full pharmacist to be available for consultation on an on-call basis.

Pharmacy Manager's Responsibilities

Legislation	Requirement(s)
PODSA s.11	Subject to this Act and the bylaws, a pharmacist named in a pharmacy license as manager must personally manage and be responsible for the operation of the pharmacy.
PODSA Bylaws s.3(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 registrant and pharmacy assistant staff levels are commensurate with the workload volume and patient care requirements at all times; 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 manager; 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. 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 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 technician 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.

HPA Bylaws Schedule F Part 2 s.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.
PODSA Bylaws s.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.
PODSA Bylaws s.14(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.
HPA Bylaws Schedule F Part 2 s.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.
HPA Bylaws Schedule F Part 2 s.10(2)	A pharmacy technician in a hospital pharmacy or hospital pharmacy satellite 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 (POPP), 15 (Residential Care) or 16 (Documentation) of this Part, or

	ii. Part 4 of this Schedule (Injection).
HPA Bylaws Schedule F Part 2 s.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.

Non-sterile Compounding [u]

Legislation	Requirement(s)
NAPRA Guidelines to Pharmacy Compounding (2006) s.3.3	Pharmacists unable to compound a drug product for the patient should refer the patient to a pharmacist with the ability to prepare the product.
NAPRA Guidelines to Pharmacy Compounding (2006) s.4.1	The compounding area should be clean, sanitary, and orderly.
NAPRA Guidelines to Pharmacy Compounding (2006) s.5.1	Equipment used for compounding should: a) be situated in an area that permits it to function in accordance with its intended use. Equipment should be operated in a manner that prevents contamination; b) be easily and routinely cleaned to minimize potential for contamination; c) be suitable for the preparation of the desired compound; and d) be kept clean, dry, and protected from contamination during storage to prevent the addition of extraneous materials.
NAPRA Guidelines to Pharmacy Compounding (2006) s.7.1.2	The pharmacist should ensure the quality of ingredients by using products with a standard designation such as: a) BP (British Pharmacopeia), USP (United States Pharmacopeia) or NF (National Formulary) standard of quality; or b) a valid lot number and beyond-use-date (if available). If expiry is not available, a date of receipt should be recorded on the raw material; or c) a Certificate of Analysis (C of A) for raw materials that is maintained in the records.
NAPRA Guidelines to Pharmacy Compounding (2006) s.7.2.1	Written compounding records must be available to enable the pharmacist to check all compounded medication to ensure that all compounded products can be: (a) replicated in formulation and production; and (b) retrieved in the event of a recall or adverse event.

NAPRA Guidelines to Pharmacy Compounding (2006) s.7.2.3	Information documented on each product should include, but not be limited to: a) name, lot number, and expiry of raw material; b) quantity required and quantity actually weighed; c) date of preparation and expiry; d) initials/signature of compounder and/or pharmacists responsible for the preparation and checking; e) written formula used; f) records of stepwise operating/processing instructions; g) maintenance of training records; and h) any other documentation required by the provincial regulatory authority.
NAPRA Guidelines to Pharmacy Compounding (2006) s.8.2	Labels of compounded products should include but not be limited to: a) list of active ingredients; b) prescription or identification number of the compounded product; and c) estimated beyond-use-date printed at the end of the dosage duration.
NAPRA Guidelines to Pharmacy Compounding (2006) s.9.1	The packaging should be appropriate for the stability of the product and proper patient use.

Bulk Repackaging [u]

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.9(1)	A registrant must supervise all bulk/batch drug repackaging and bulk drug compounding.
HPA Bylaws Schedule F Part 2 s.9(2)	Bulk/batch drug repackaging records must be kept for three years after the repackaging date.
HPA Bylaws Schedule F Part 2 s.9(3)	A master formula record must be kept for each bulk compounded drug product.
HPA Bylaws Schedule F Part 2 s.9(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.
HPA Bylaws Schedule F Part 2 s.9(5)	A production record must be kept for a period of three years after the expiry date of the compounded batch.
HPA Bylaws Schedule F Part 2 s.9(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.

Residential Care [u]

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 s.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.

Sterile Compounding [u]

Legislation	Requirement(s)
HPA Bylaws Schedule F Part 2 - 3(3)(b)	Sterile products must be prepared and distributed in an environment that is in accordance with the USP Pharmaceutical Compounding – Sterile Products Guidelines (USP Chapter <797>).
USP Chapter <797> (2013)	Policies and procedures for maintaining and working within the Primary Engineering Controls (PEC) shall be written and followed.
USP Chapter <797> (2013)	Hazardous and non-hazardous drug compounding take place in two separate areas.
USP Chapter <797> (2013)	Food, drinks, and materials exposed in patient care and treatment areas shall not enter ante-areas, buffer areas, or segregated compounding areas where components and in ingredients of CSPs are present.
USP Chapter <797> (2013)	Access to the buffer area is restricted to qualified personnel with specific responsibilities or assigned tasks in the compounding area.
USP Chapter <797> (2013)	Personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labeling, and other high-particulate-generating activities are performed in the ante-area.
USP Chapter <797> (2013)	All hazardous drugs are labeled with a cytotoxic/hazardous drug warning label requiring the need for special handling.
USP Chapter <797> (2013)	Hazardous drugs are stored separately from other inventory to prevent contamination and personnel exposure.

USP Chapter <797> (2013)	The Primary Engineering Control (PEC) (LAFW/BSC/CAI/CACI) maintains an ISO Class 5 environment.
USP Chapter <797> (2013)	The buffer area maintains an ISO Class 7 environment.
USP Chapter <797> (2013)	An anteroom (secondary control) is present. (Anteroom is not required if compounding low-risk level CSP's with a 12 hours or less BUD).
USP Chapter <797> (2013)	The anteroom maintains an ISO Class 8 environment for non-hazardous drug compounding and ISO Class 7 environment for hazardous drug compounding.
USP Chapter <797> (2013)	A demarcation line is present, which is a visible line on the floor that separates the room into areas for different purposes.
USP Chapter <797> (2013)	Ceiling/flooring/equipment/chairs shall be non-porous, smooth, free from cracks, non-shedding, cleanable and disinfectable.
USP Chapter <797> (2013)	The buffer/IV mixing room does not contain sources of water (sinks) or floor drains).
USP Chapter <797> (2013)	The preparation/buffer/IV mixing room does not contain sources of water (sinks) or floor drains).
USP Chapter <797> (2013)	Certification of each PEC is performed at least every six months and whenever the PEC is relocated.
USP Chapter <797> (2013)	All cleaning and disinfecting practices and policies for the compounding of CSPs shall be included in written SOPs and shall be followed by all compounding personnel.
USP Chapter <797> (2013)	A cleaning schedule is maintained for each ISO Class 5 PEC, counters and easily cleanable work surfaces, floors, walls, ceilings, and storage shelving.

Telepharmacy [u]

Legislation	Requirement(s)
PODSA Bylaws s.16(2)	Telepharmacy services may only be provided in or through pharmacies authorized under this Part to provide telepharmacy services.
PODSA Bylaws s.16(3)	A telepharmacy remote site must be under the direct supervision of a full pharmacist at the central pharmacy site.
PODSA Bylaws s.16(4)	A telepharmacy remote site must be under the responsibility of the manager of the central pharmacy site.
PODSA Bylaws Part s.16(8)	A telepharmacy remote site must not remain open and prescriptions must not be dispensed if a) an interruption in data, video or audio link occurs, b) a pharmacy technician is not on duty at the telepharmacy remote site, or c) a full pharmacist is not on duty at the central pharmacy site.
PODSA Bylaws Part s.16(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.
PODSA Bylaws Part s.16(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.
PPP-55 Policy Statement #1	There must be a policy and procedure manual which outlines specific telepharmacy operations are in place to ensure the safe and effective distribution of pharmaceutical products and delivery of the required pharmaceutical care including, but not limited to: • The process by which the pharmacy technician at the remote site receives and processes the prescription. • The process for the pharmacist to discuss drug related problems with the prescriber. • The management of prescription transfers, both into the remote site and out to another pharmacy. • The procedure for extemporaneous compounding of prescriptions. • The procedure for supplying compliance packaging. • The contingency plan in the event of an interruption in data, video, or audio link to the central pharmacy. • The contingency plans to ensure continuous pharmacy service is available in the event that either or both the pharmacy technician/pharmacist are unavailable for work on short notice. • The maintenance of patient privacy and confidentiality during all communication with the patient.
PPP-55 Policy Statement #2	A copy of the policy and procedure manual must be submitted with the application to establish a telepharmacy operation.

College of Pharmacists of British Columbia

PRACTICE REVIEW PROGRAM HOSPITAL PHARMACIST REVIEW

Patient Identification Verification

Reference	Requirement(s)
PPP-## Identifying Patients Prior to the Provision of Pharmacy Service	A registrant working in partnership with patients, families and healthcare professionals must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to an individual patient.
PODSA Bylaws s.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.

Profile Check (Drug Related Problem Management)

Reference	Requirement(s)
HPA Bylaws Schedule F Part 2 s.13(1)	During pharmacy hours the full pharmacist must review the drug order before the drug is dispensed.
HPA Bylaws Schedule F Part 2 s.13(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.

HPA Bylaws Schedule F Part 2 s.13(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.
HPA Bylaws Schedule F Part 2 s.13(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.
HPA Bylaws Schedule F Part 2 s.13(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.

Counselling

Reference	Requirement(s)
HPA Bylaws Schedule F Part 2 s.13(7)	The full pharmacist must provide drug information, including patient-specific information to patients and health care personnel.
HPA Bylaws Schedule F Part 2 s.13(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.

HPA Bylaws Schedule F Part 2 s.13(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.

Documentation

Reference	Requirement(s)
HPA Bylaws Schedule F Part 2 s.16(1)	The full pharmacist must document directly in the patient record all activities and information pertaining to the drug therapy of the patient.
HPA Bylaws Schedule F Part 2 s.16(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.

College of Pharmacists of British Columbia

PRACTICE REVIEW PROGRAM HOSPITAL PHARMACY TECHNICIAN REVIEW

Patient Identification Verification

Reference	Requirement(s)
PPP-## Identifying Patients Prior to the Provision of Pharmacy Service	A registrant working in partnership with patients, families and healthcare professionals must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to an individual patient.
PODSA Bylaws s.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.

Product Distribution

Reference	Requirement(s)
Professional Practice Policy-## Policy Statement #1(a) to (c)	A registrant, when **preparing a prescription product** must ensure that: a) the following is correct and matches the information on the prescription product label: i. drug(s) or constituents of the product; ii. dosage form; iii. strength; iv. manufacturer/drug identification number (DIN)/lot number; v. quantity (including calculations); b) the drug is not expired and will not expire within the duration of use; c) the prescription product is labelled appropriately, including appropriate auxiliary labels.

Professional Practice Policy-## Policy Statement #2(a)(b)	A registrant must perform the **final check of a prescription product prior to release** and ensure that: a) the requirements listed in policy statement 1(a) to (d) are met; b) a pharmacist has completed a clinical assessment of the prescription after reviewing the patient profiles.

Collaboration

Reference	Requirement(s)
NAPRA MSOPPT (2011) s.2	Pharmacy technicians, regardless of the role they are fulfilling, work constructively with pharmacists, students, peers and members of the inter-professional team.
NAPRA MSOPPT (2011) s.2	Pharmacy technicians, regardless of the role they are fulfilling, communicate effectively.

Documentation

Reference	Requirement(s)
Professional Practice Policy-## Policy Statement #1(d)	A registrant, when **preparing a prescription product** must ensure that the confirmation and handwritten identification of the activity(ies) performed by each registrant and pharmacy assistant during the preparation of the prescription product is documented.
Professional Practice Policy-## Policy Statement #2(c)	A registrant must perform the **final check of a prescription product prior to release** and ensure that the handwritten identification of the registrant who performed the final check is documented.

Next Steps / Timeline

Dates	Activities

May – August 2016	• Launch updated PRP Feedback Survey
	• Enhance Phase 1
	  ○ Improve Pharmacy Professionals Reviews for Pharmacy Technicians
	  ○ Continue development and implementation of Release 2
	• Continue development of Phase 2

September 2016 and onwards	• Launch PRP Phase 1 – Release 2 • Launch PRP Phase 2 • Initiate PRP Phase 3 development (TBD by Board) ○ Determine criteria for the phases of the program

Meeting of the Quality Assurance Committee
College of Pharmacists of BC

Thursday January 21st, 2016
6:30 PM – 9:00 PM Meeting

MINUTES

PRESENT: Hani Al-Tabbaa, Bal Dhillon (Vice-Chair), Gary Jung (Chair), Dorothy Li (Zahn), Glenda MacDonald, Norman Embree

REGRETS: Sunny Gidda, Emily Hamilton, Jaspaul Hundal

RESOURCE: Ashifa Keshavji, Ashley Cheung

1. Welcome and call meeting to order

The Chair called the meeting to order at 7:00pm.

2. Approval of agenda

It was MOVED, SECONDED and CARRIED that the:

Agenda be approved as distributed.

3. Approval of minutes of Tuesday October 13th, 2015 *(Appendix 1)*

It was MOVED, SECONDED and CARRIED that the:

Minutes of the meeting held on Tuesday October 13th, 2015 be approved as distributed.

4. PDAP Update

- CE Component

The committee reviewed the CE stats of August 2015 – July 2016 ***(Appendix 2)****. They noted that 56 registrants with an October – December 2015 registration renewal deadline are in the "Active Late" category. As per previous direction from the committee, staff conduct reminder calls to those who have not met their CE requirements 1 month prior to their deadline to ensure they are aware of the CE requirements tied to their registration renewal deadline.*

The committee requested staff to add the topic of CE reminder calls to the next meeting's agenda to determine if it is a good use of staff resource.

- Mobile Application

A verbal update was provided that the College's CE software providers are currently in the process of developing a mobile application that would allow registrants to access, edit and submit their CE.

5. RxTx Update

Previously known as e-Therapeutics+, RxTx provides pharmacists and pharmacy technicians with online access to evidence based, reliable Canadian drug and therapeutic information. The committee reviewed the updated uptake stats and CEU's earned ***(Appendix 3)****. The Canadian Pharmacists Association are unable to determine of the 3573 registrants who signed up, how many are pharmacists and how many are pharmacy technicians.*

6. November 2015 Board Meeting Update *(Appendix 4)*

At their November 2015 meeting, the Board approved the committee's recommendation to change their policy for CE requirements for yearly registration renewal to include accredited learning.

7. Updated resources for change in Policy 4 – PDAP Tools, CE Component

The committee reviewed the updated resources including the information on the College website, PDAP Portal, CE-Plus Tutorial, Quick Help Sheet and Frequently Asked Questions ***(Appendix 5).***

8. Updated resources for change in Policy 7 – Reinstatement to the Full Pharmacist / Pharmacy Technician Register

The committee reviewed the updated resources including the information on the College website and Registration Letters ***(Appendix 6).***

9. UBC-CPPD Update

Glenda, the Director at UBC Continuing Pharmacy Professional Development presented the Programs and Activities for the 2015-16 CPBC Fiscal Year ***(Appendix 7)*** *which will also be included in the Board's February 2016 meeting's consent agenda.*

10. 2015 Learning Needs Survey Summary – Recommendation to the Board

Ashifa presented the 2015 Learning Needs Survey outcomes ***(Appendix 8)*** *and noted that there was a good response rate with good representation across all demographics. She highlighted the conclusions based on the survey results. The committee asked staff to include the content from the conclusion slides into the recommendation to the Board for development of CE programs and activities for the 2016-17 fiscal year.*

It was MOVED, SECONDED and CARRIED that the:

Staff summarize the conclusions of the 2015 Learning Needs Survey and circulate for approval for a recommendation to the Board for development of CE programs and activities for the 2016-17 fiscal year.

On January 29th, 2016, staff circulated the Prioritizing CE for Next Fiscal Year briefing note for the February 2016 Board meeting, to make a recommendation for development of CE programs and activities for the 2016-17 fiscal year.

11. Next Steps / timelines

The committee reviewed the next steps and timelines ***(Appendix 9)*** *which includes making a recommendation to the Board at their February 2016 meeting. Staff will send a doodle poll for next meeting dates.*

12. Next Meeting, Expenses and Adjournment

Next meeting will be scheduled for May/June 2016. The meeting was adjourned at 9:30pm.

Meeting of the Quality Assurance Committee
College of Pharmacists of BC

Tuesday October 13th, 2015
6:00 PM –8:00 PM Teleconference Meeting

MINUTES

PRESENT: Hani Al-Tabbaa, Bal Dhillon (Vice-Chair), Sunny Gidda, Gary Jung (Chair), Dorothy Li (Zahn), Glenda MacDonald, George Walton

REGRETS: Emily Hamilton, Jaspaul Hundal

RESOURCE: Ashifa Keshavji, Ashley Cheung

1. Welcome and call meeting to order

The Chair called the meeting to order at 6:07pm.

2. Approval of agenda

It was MOVED and SECONDED that the:

Agenda be approved as distributed.

3. Approval of minutes of Wednesday August 5th, 2015 ***(Appendix 1)***

The minutes of the meeting held on Wednesday August 5th, 2015 were sent out in an email and approved as distributed by all committee members.

4. PDAP Update

- CE Component

*The 2015-16 stats **(Appendix 2)** of completion of CE were reviewed be the Committee. The Director noted that of the registrants who are in the "Active Late" category, one registrant was untruthful to the College and will be referred to the Inquiry Committee. The registrant requested for a PDAP deferral and declared that they are not actively practicing as a pharmacist, however pharmaNet reports show that they continue to process prescriptions under their license.*

- Mobile Application

A verbal update was provided that based on the QAC's request at their March 2015 meeting, a contract has been signed with our PDAP Portal provider for development of a mobile application that would allow registrants to access, edit and submit their CE. It is anticipated that development and testing would occur in the winter of 2015 and it would be launched in 2016. Communications to registrants will be conducted prior to launch.

5. eTherapeutics Update ***(Appendix 3)***

e-Therapeutics+, now called RxTx provides pharmacists and pharmacy technicians with online access to evidence-based, reliable Canadian drug and therapeutic information. The Committee reviewed the communication to registrants and noted that there was a good uptake rate for signing up for RxTx access. The Committee asked for stats such as:

- *who is signing up for access to RxTx (pharmacists or pharmacy technicians)*
- *number of CEUs obtained*
- *who is obtaining CEUs (pharmacists or pharmacy technicians)*

6. Policies

- Policy 7 – Reinstatement to the Full Pharmacist / Pharmacy Technician Register

*The policy **(Appendix 4)** was approved as distributed by all committee members as of September 23rd, 2015 however the term "CE Units" already has an alternate meaning. The Committee directed staff to revise the policy to use the term "hours of learning activities" instead of "CE Units". The revised Policy 7 is as follows:*

CE Component

1. Pharmacists/pharmacy technicians who have been on the Non-practicing Register and/or former status for more than 90 days but less than six years must complete the following CE-Plus requirements prior to reinstatement to the Full Pharmacist/Pharmacy Technician registration category.

- Successful completion of at least 15 hours of learning activities (documented on a minimum of 6 Learning Records with supporting documentation) per year or partial year of absence, up to 45 hours of learning activities (documented on a minimum of 18 Learning Records with supporting documentation)
- A minimum of 1/3 (up to 15) of the hours of learning activities must be accredited.
- All learning activities are required to be completed in the year immediately prior to application

Next steps include updating resources such as tutorials and registration letters, and communication of new requirements to registrants.

- Policy 4 – PDAP Tools, CE Component (Decision)

*The Committee reviewed and discussed the PDAP Portal stats and environmental scan conducted in 2013 **(Appendix 5)**. They noted that almost 80% of registrants are already submitting 1/3 of their learning activities as accredited and that the requirements for registration renewal should be aligned with the requirements for return to practice. The Committee also suggested to remove "c) CE-Plus Learning Records must be completed in English.".*

It was MOVED and SECONDED that:

The QAC directs staff to amend Policy 4 – PDAP Tools, to require a minimum of 1/3 of the hours of learning activities be accredited for yearly completion of CE-Plus.

The revised Policy 4 is as follows, from:

1. The CE component of the PDP utilizes the CE-Plus tool and must be completed online by all Full Pharmacists/Pharmacy Technicians on a yearly basis, prior to their registration renewal date.
2. All Full Pharmacists/Pharmacy Technicians must meet yearly CE-Plus requirements by their individual renewal date in order to renew their registration as per HPA Bylaw – Registration Renewal 51(1)(e).
3. There is no early participation for the CE component. All learning and documentation for CE-Plus must be completed within the 12 months prior to a participant's registration renewal date and cannot be carried over to another registration renewal year.
4. Yearly completion of CE-Plus consists of:
    - A minimum of 15 hours of learning activities, documented on a minimum of 6 Learning Records with supporting documentation.
        a) All learning must have been completed within the 12 months prior to renewal date.
        b) CE-Plus Learning Records must be completed in English.

To:

1. The CE component of the PDAP utilizes the CE-Plus tool and must be completed online by all Full Pharmacists/Pharmacy Technicians on a yearly basis, prior to their registration renewal date.
2. All Full Pharmacists/Pharmacy Technicians must meet yearly CE-Plus requirements by their individual renewal date in order to renew their registration as per HPA Bylaw – Registration Renewal 51(1)(e).
3. There is no early participation for the CE component. All learning and documentation for CE-Plus must be completed within the 12 months prior to a participant's registration renewal date and cannot be carried over to another registration renewal year.
4. Yearly completion of CE-Plus consists of:
    - A minimum of 15 hours of learning activities, documented on a minimum of 6 Learning Records with supporting documentation.
        a) A minimum of 5 hours of the learning activities must be accredited.
        b) All learning activities must have been completed within the 12 months prior to renewal date.

The Committee suggested staff to communicate this change to registrants in December or January for implementation by the December 31st, 2016 deadline to provide at least 1 full year notice.

7. UBC CPPD Update

- Programs and Activities for the 2014-15 CPBC Fiscal Year

*Glenda, the Director at UBC Continuing Pharmacy Professional Development presented the Programs and Activities for the 2014-15 CPBC Fiscal Year **(Appendix 6)** which she will also present to the Board at their November 2015 meeting. Glenda noted that the Number of Learners in Figure 4 could be repeat learners and that they may not be unique individuals. The Committee would like to know the number of unique individuals that participated in the programs delivered by UBC CPPD.*

- Programs and Activities for the 2015-16 CPBC Fiscal Year, Quarter 1 & 2

*The Committee discussed the programs and activities for the 2015-16 CPBC Fiscal year **(Appendix 7)** which is scheduled to be presented to the Board at their November 2015 meeting. The Committee suggested to complete a needs survey prior to presenting a recommendation to the Board. Staff will connect with other committees for survey topics, and the recommendation will be presented to the Board at their February 2016 meeting instead.*

8. Next Steps /timelines *(Appendix 8)*

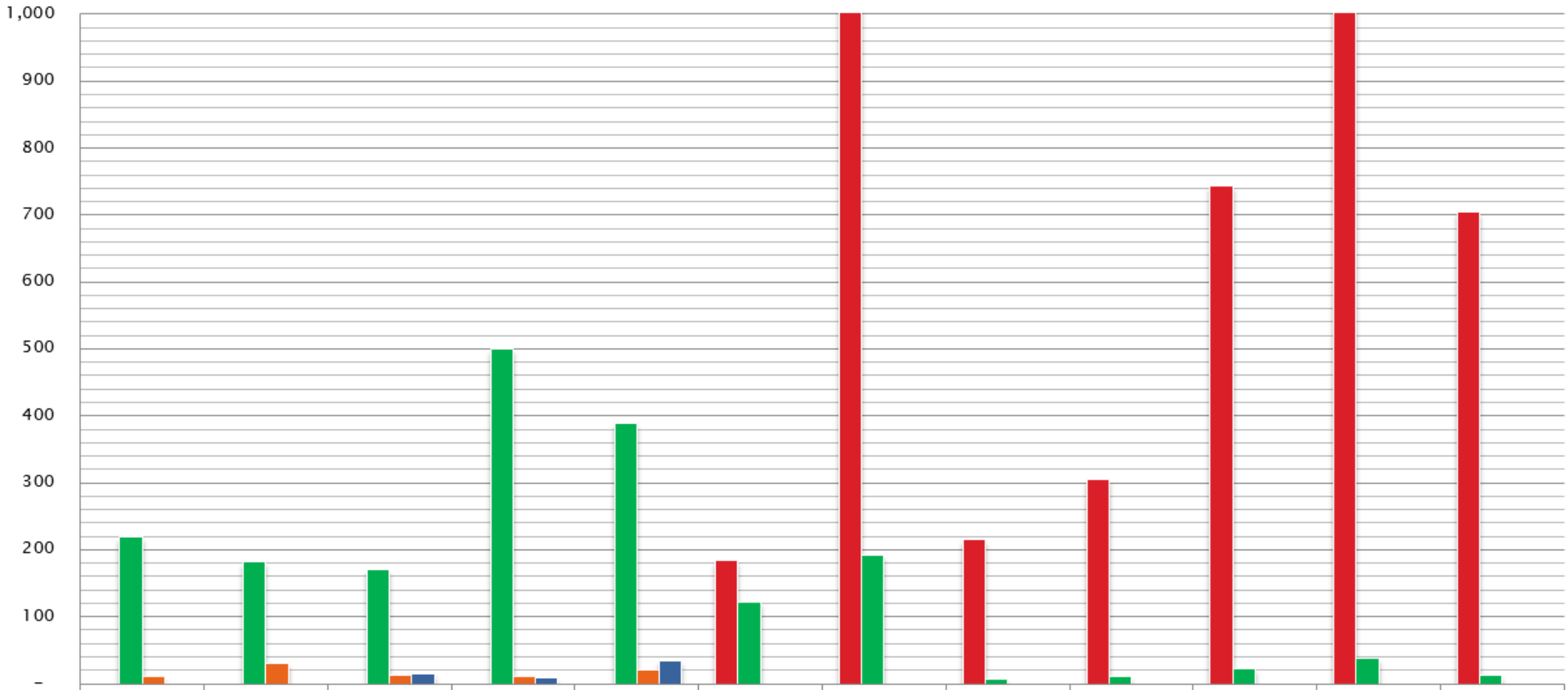
The timelines have shifted now that the committee made a decision to present the recommendation to the Board at their February 2016 meeting instead. The two topics that will be presented to the Board at their November 2015 meeting is the UBC CPPD Program and Activities for the 2014-15 CPBC Fiscal year and the decision on Continuing Education Requirements for Registration Renewal.

9. Next Meeting, Expenses and Adjournment

Next meeting will be scheduled for January 2016 (doodle poll to be sent) in order to report to the February 2016 Board meeting. The meeting was adjourned at 8:07pm.

Appendix 2

Continuing Education (CE) Stats 2015-2016



	August	September	October	November	December	January	February	March	April	May	June	July
Not Complete	-	-	-	-	-	185	1,030	216	305	744	1,706	705
Complete	219	182	171	500	389	121	192	6	10	23	38	12
Not Renewing	11	30	12	10	21	-	-	-	-	-	-	-
Active Late	1	-	14	8	34	-	-	-	-	-	-	-

RxTx (eTherapeutics+) Update

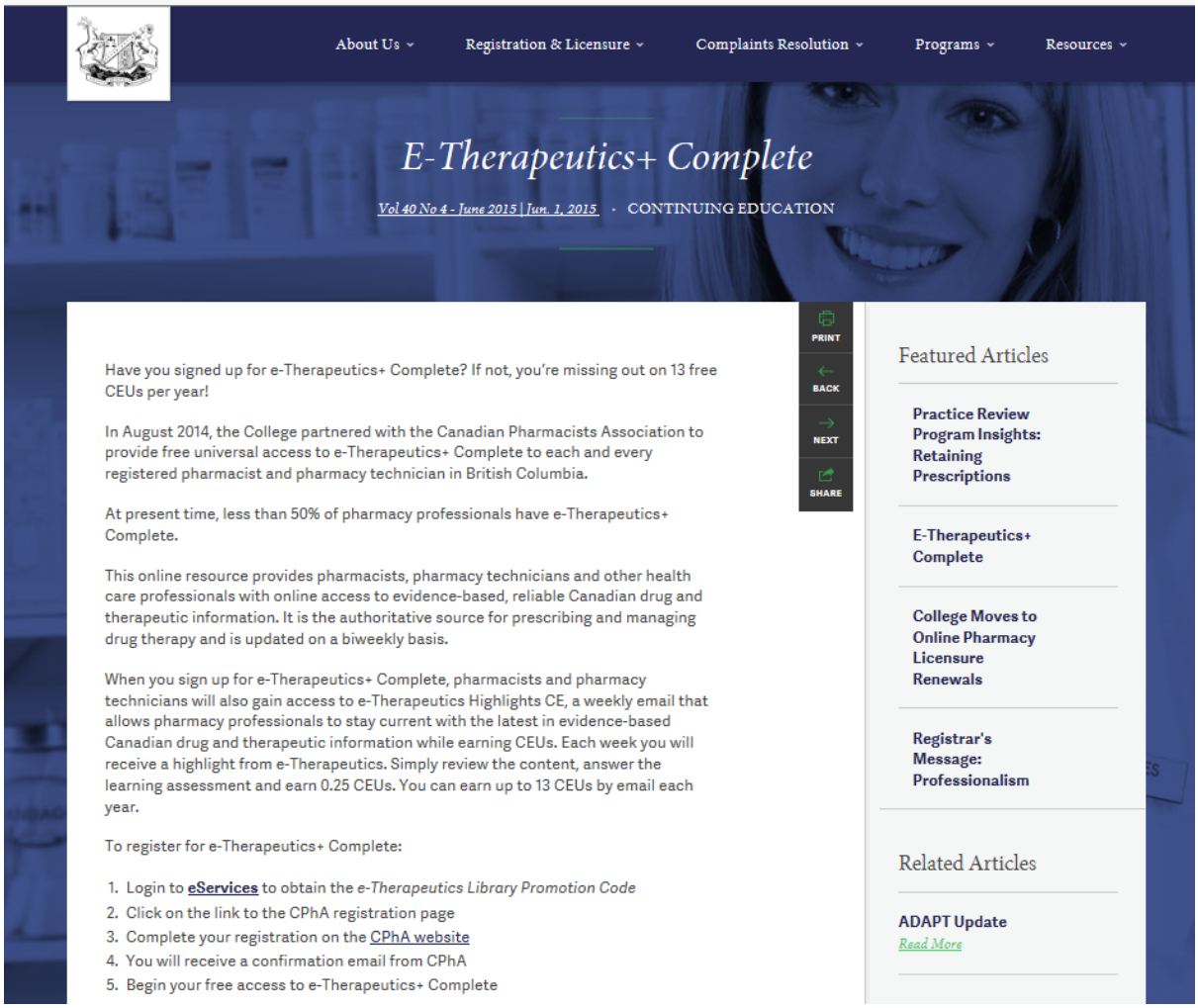
August 8th, 2014 Eblast:

The College announced that it has come to an agreement with the Canadian Pharmacists Association to provide universal access to e-Therapeutics+ to each and every registered pharmacist and pharmacy technician in British Columbia. e-Therapeutics+ provides pharmacists, pharmacy technicians and other health care professionals with online access to evidence-based, reliable Canadian drug and therapeutic information. It is the authoritative source for prescribing and managing drug therapy and can be accessed wherever and whenever.

September 9th, 2014 Eblast:

The College sent out a reminder to registrants that it has come to an agreement with the Canadian Pharmacists Association to provide universal access to e-Therapeutics+ to each and every registered pharmacist and pharmacy technician in British Columbia.

June 1st, 2015 Readlinks:



RxTx (eTherapeutics+) Update: Uptake	
Date	**Uptake**
November 28th, 2014	2334 registrants (~39%)
December 19th, 2014	2404 registrants (~40%)
January 23rd, 2015	2515 registrants (~42%)
February 27th, 2015	2661 registrants (~44%)
March 27th, 2015	2730 registrants (~45.5%)
September 25th, 2015	3322 registrants (~55.4%)
November 6th, 2015	3434 registrants (~57.2%)
January 5th, 2016	3573 registrants (~59.6%)

RxTx (eTherapeutics+) Update: CEU's Earned	
Year	**CEU's Earned (1175 Total)**
2014	413
2015	762

Appendix 4

November 2015 Board Meeting Update

Board Update or Decision	Topic	Update to QAC
Board Decision	Requirement for Accredited CE for Yearly Registration Renewal	It was moved and seconded that the Board: *Directs the Quality Assurance Committee to change their policy for CE requirements for yearly registration renewal as follows:* ***From:*** *Yearly completion of CE-Plus consists of:* *• A minimum of 15 hours of learning activities, documented on a minimum of 6 Learning Records with supporting documentation.* *a) All learning must have been completed within the 12 months prior to renewal date.* *b) CE-Plus Learning Records must be completed in English.* ***To:*** *Starting January 1, 2016 (for renewal deadline December 31, 2016) and onwards:* *Yearly completion of CE-Plus consists of:* *• A minimum of 15 hours of learning activities, documented on a minimum of 6 Learning Records with supporting documentation.* *a) A minimum of 5 hours of the learning activities must be accredited.* *b) All learning activities must have been completed within the 12 months prior to renewal date.*
Board Update	UBC CPPD 2014/15 Update	The UBC CPPD 2014/15 report that was reviewed at the last QAC meeting was included in the Board's consent agenda for information purposes.
Board Update	Continuing Education Tools and Programs	At the last meeting, the QAC decided that they were unable to make an informed recommendation for Continuing Education Tools/Programs and that a learning needs survey is required. A briefing note was included in the Board's consent agenda for information purposes.

Appendix 5

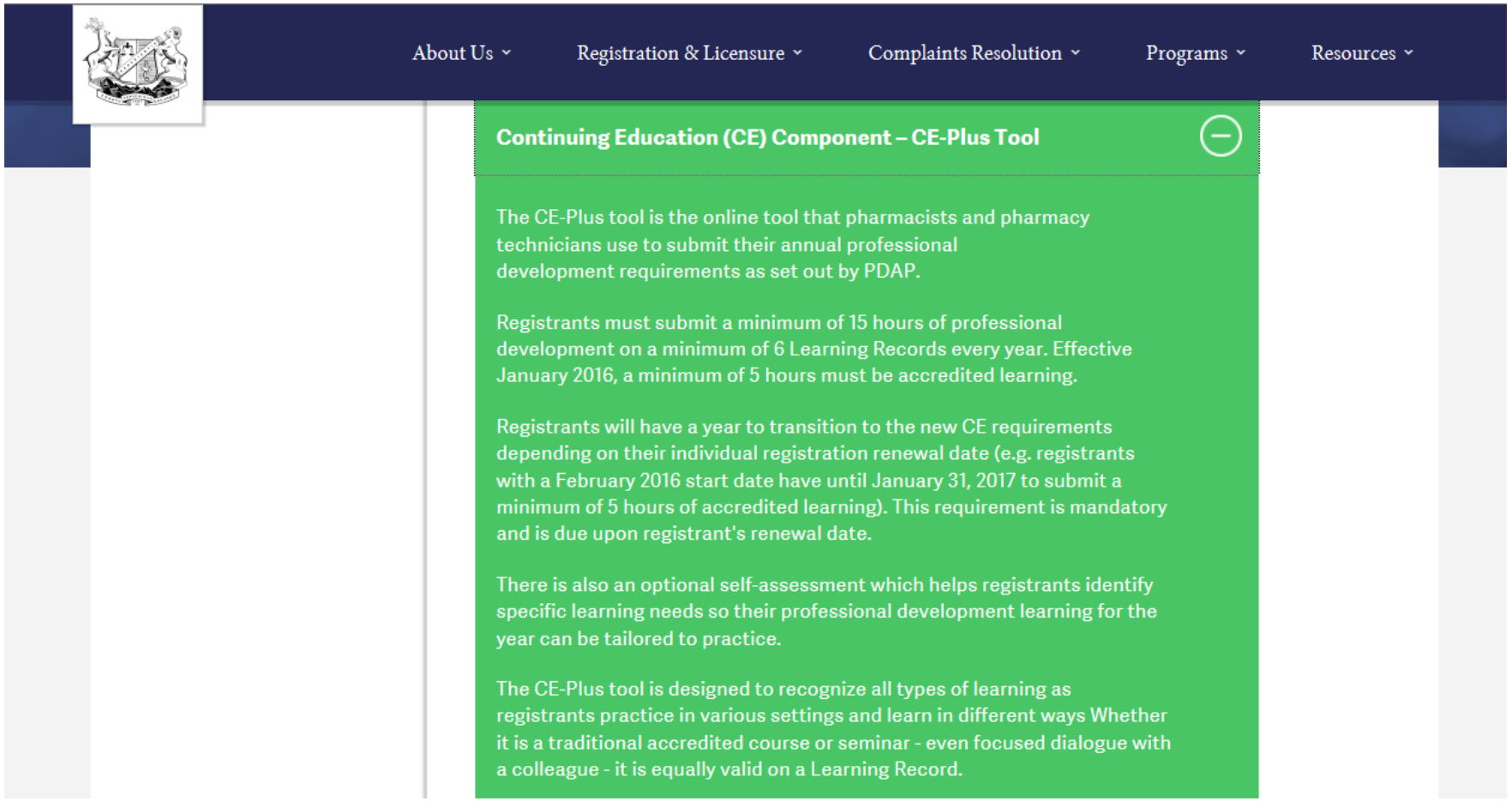
Updated Resources for Change in Policy 4 – PDAP Tools

The below resources were updated due to the change in Policy 4 – PDAP Tools:

- CPBC Website (Appendix A)
- PDAP Portal (Appendix B)
- CE-Plus Tutorial (Appendix C)
- Quick Help Sheet (Appendix D)
- Frequently Asked Questions (Appendix E)

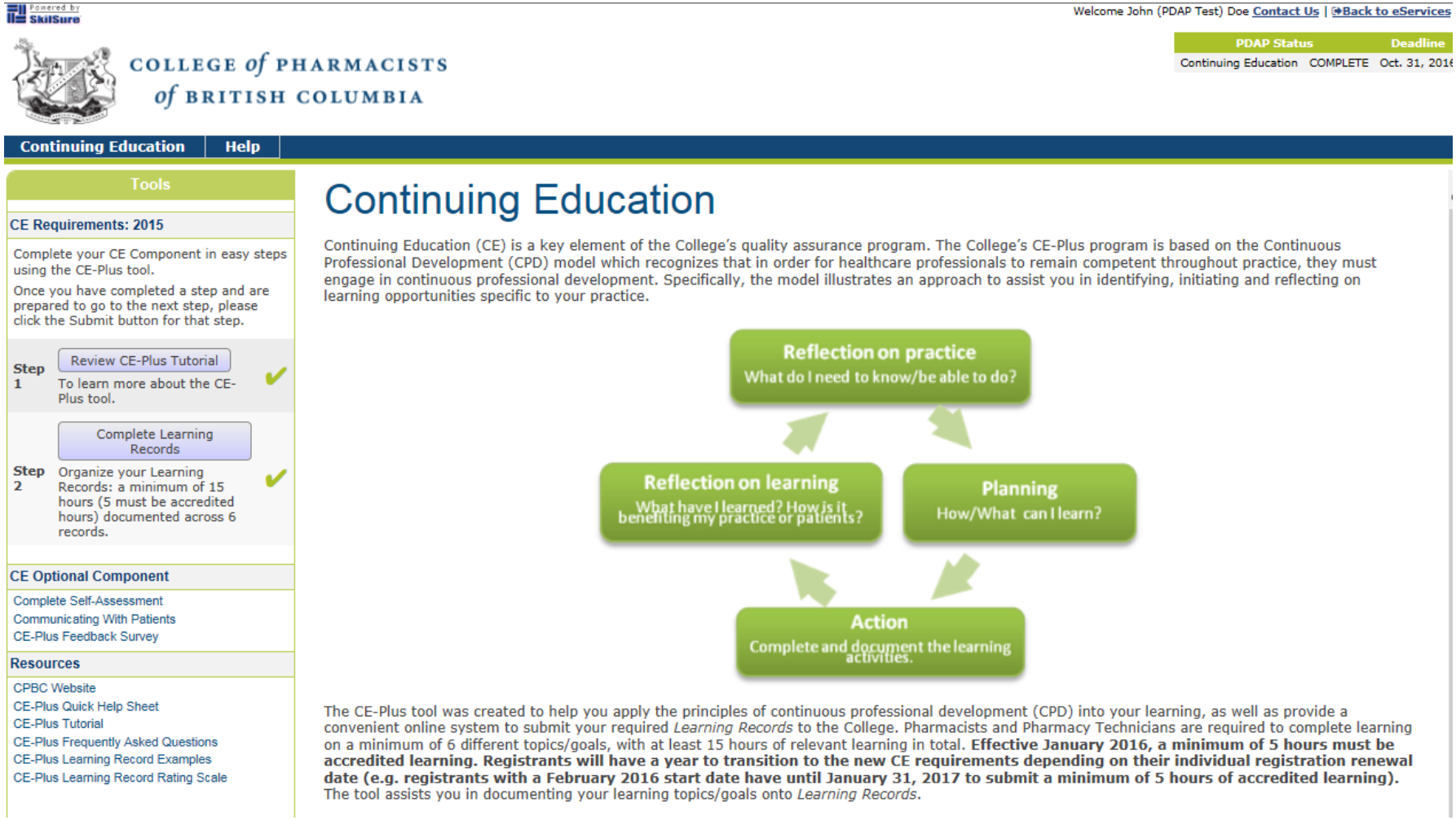
Appendix A

Updated Resources for Change in Policy 4 – PDAP Tools: CPBC Website



Appendix B

Updated Resources for Change in Policy 4 – PDAP Tools: PDAP Portal



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CE-PLUS LEARNING RECORD INSTRUCTIONS

CLICK TO BEGIN

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Continuing Education (CE) Component – CE-Plus

The Continuing Education (CE) component of PDAP utilizes the CE-Plus tool to assist you with your annual submission of a **minimum of 15 hours** of learning documented on a **minimum of 6 Learning Records**. Effective January 2016, **a minimum of 5 hours must be accredited learning**. Registrants will have a year to transition to the new CE requirements depending on their individual registration renewal date (e.g. registrants with a February 2016 start date have until January 31, 2017 to submit a minimum of 5 hours of accredited learning). The CE component is required for all registered pharmacists and pharmacy technicians and is due upon an individual registrants' renewal date.

How to navigate through the instructions:

return

return:
This button will return you to the navigation screen.

continue

continue:
Click this to continue to the next page.

back

back:
Click this to go back to the previous page.

back return continue

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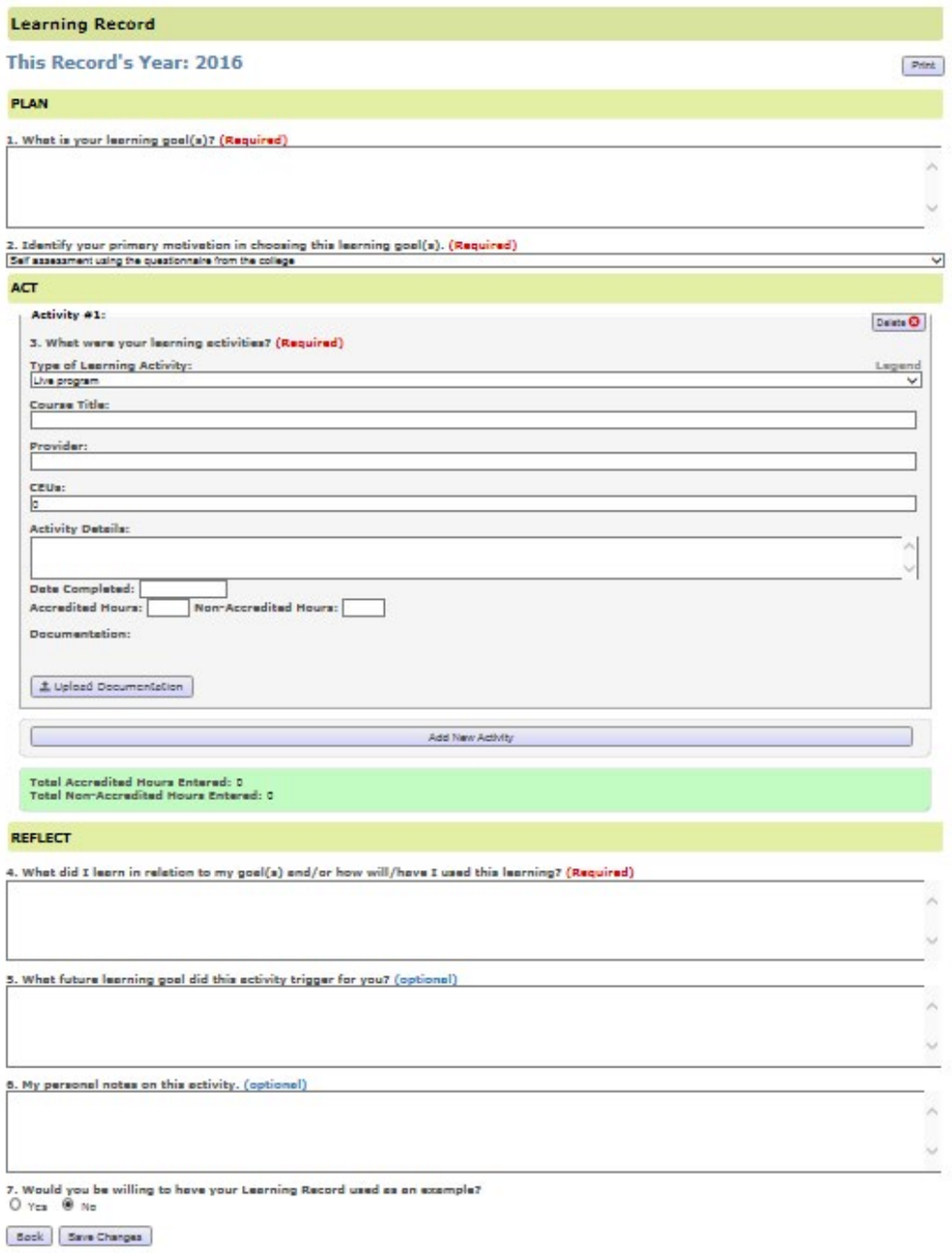
Learning Record Form



Learning Record

This Record's Year: 2016 Print

PLAN

1. What is your learning goal(s)? (Required)

2. Identify your primary motivation in choosing this learning goal(s). (Required)
Self assessment using the questionnaire from the college

ACT

Activity #1: Delete

3. What were your learning activities? (Required)

Type of Learning Activity: Legend
Live program

Course Title:

Provider:

CEUs:
0

Activity Details:

Date Completed:

Accredited Hours: Non-Accredited Hours:

Documentation:

Upload Documentation

Add New Activity

Total Accredited Hours Entered: 0
Total Non-Accredited Hours Entered: 0

REFLECT

4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? (Required)

5. What future learning goal did this activity trigger for you? (optional)

6. My personal notes on this activity. (optional)

7. Would you be willing to have your Learning Record used as an example?
Yes No

Back Save Changes

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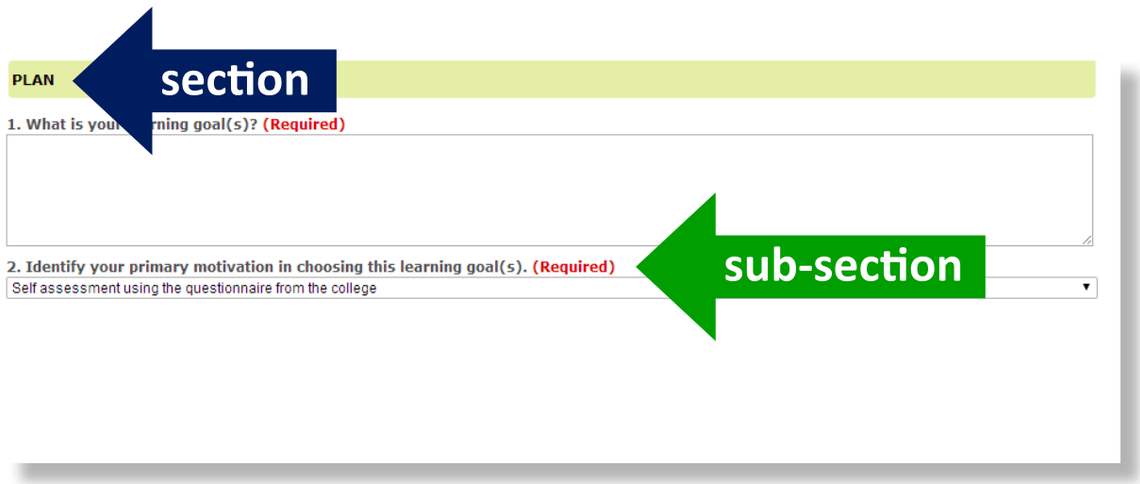
How to use these instructions:

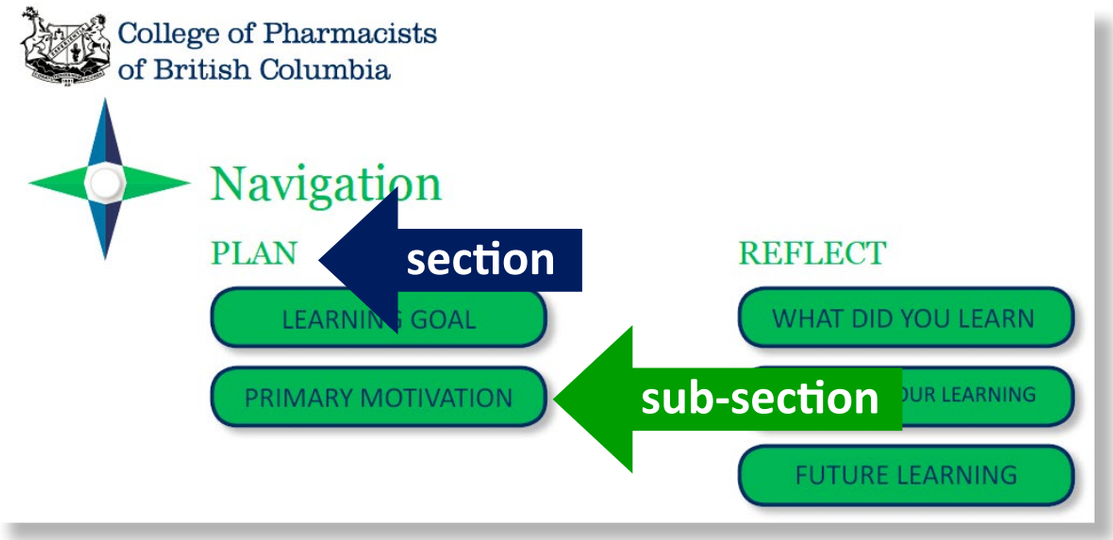
1 Determine which **section** you need help on:
- PLAN
- ACT
- REFLECT



2 Now determine which question or activity you require more information on. This will help you determine a **sub-section**.

3 Go to the Navigation page of the *CE-Plus Learning Record Instructions*. Find the **section**.

4 Click on the sub-section you require more information on.



back
return
continue

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Navigation

PLAN

- LEARNING GOAL
- PRIMARY MOTIVATION

ACT

- ENTERING ACTIVITY
- DATE
- HOURS
- DOCUMENTATION

REFLECT

- WHAT DID YOU LEARN
- IMPACT OF YOUR LEARNING
- FUTURE LEARNING

RESOURCES

- HOW TO NAVIGATE
- FAQ
- EXAMPLES

continue →

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Learning Goal

1. What is your learning goal(s)? **(Required)**

Define what you want or wanted to achieve (your goal).

Example

1. What is your learning goal(s)? **(Required)**

Update my knowledge on:
General bio-identical hormone knowledge
Neuropathic pain knowledge
General Compounding resources

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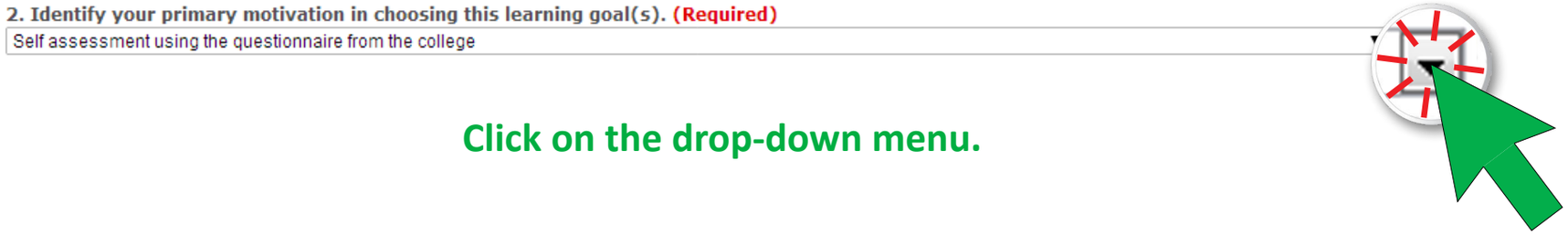
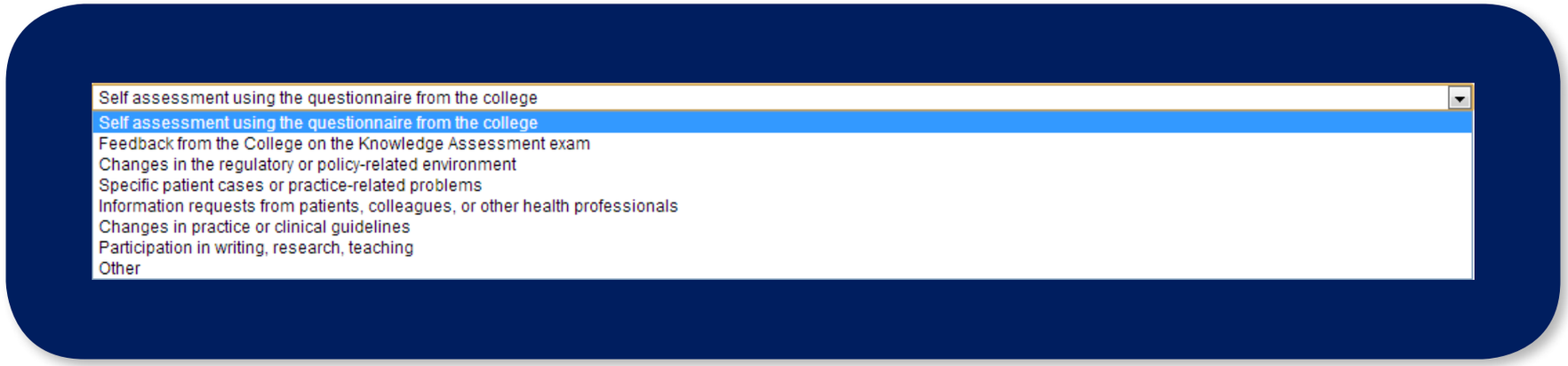
Primary Motivation



Click on the drop-down menu.



Select the main reason that motivated you to identify this learning goal.

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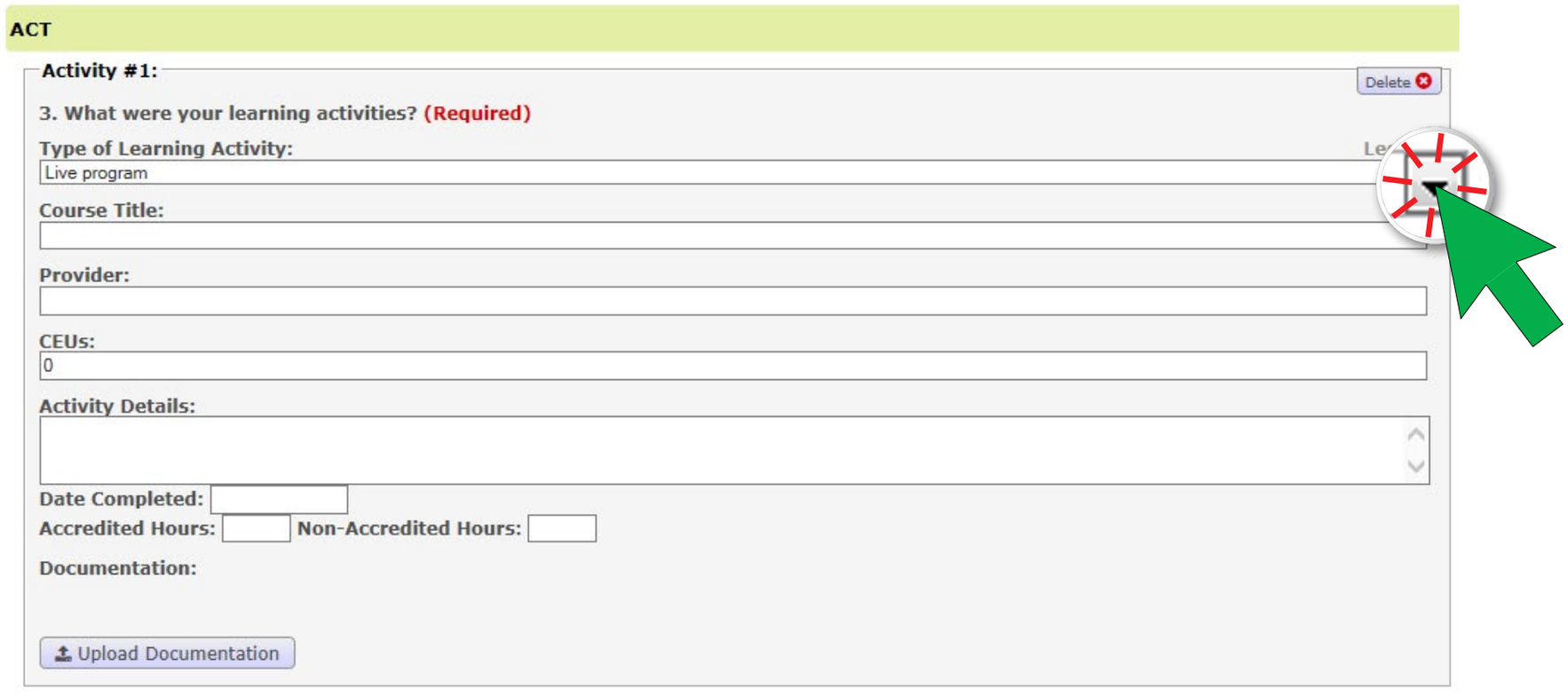
Entering Activity



Click on the drop-down menu.

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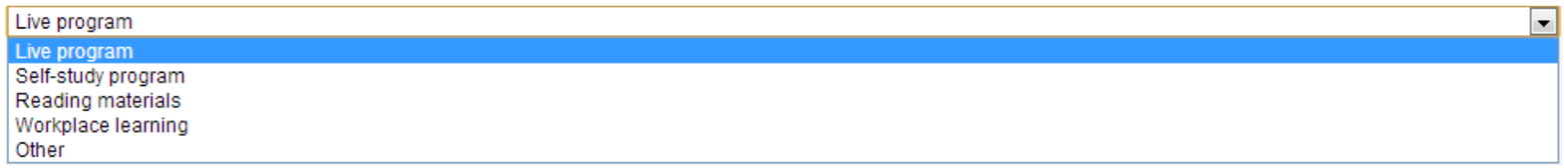
Entering Activity



Select the appropriate type of learning activity. If you select "*Other*" please provide a description in the "*Activity Details*" section below.

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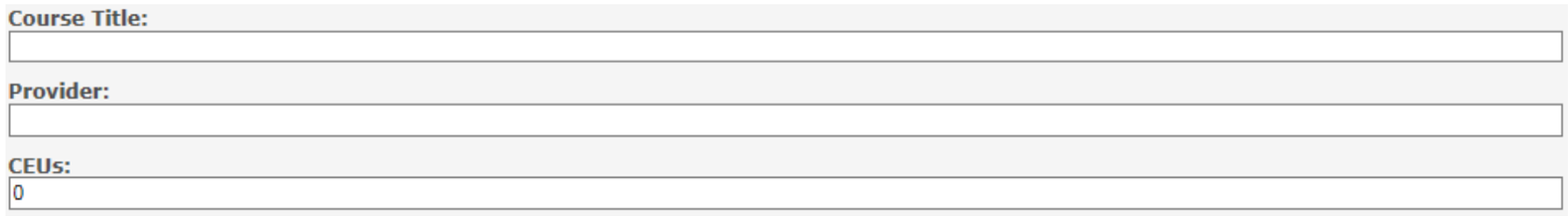
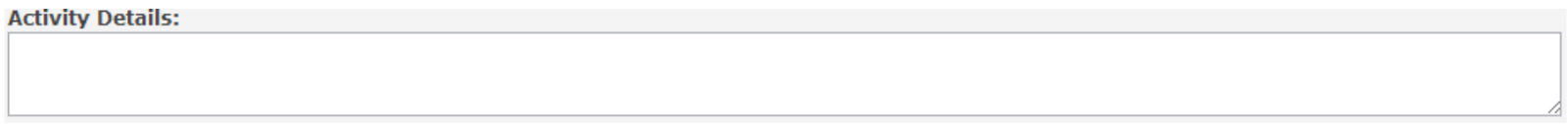
Entering Activity



Provide the course title, provider and the number of eligible CEUs if applicable.



Provide specific details including name of program, name of colleague or expert, internet sites used, type of rounds, etc.

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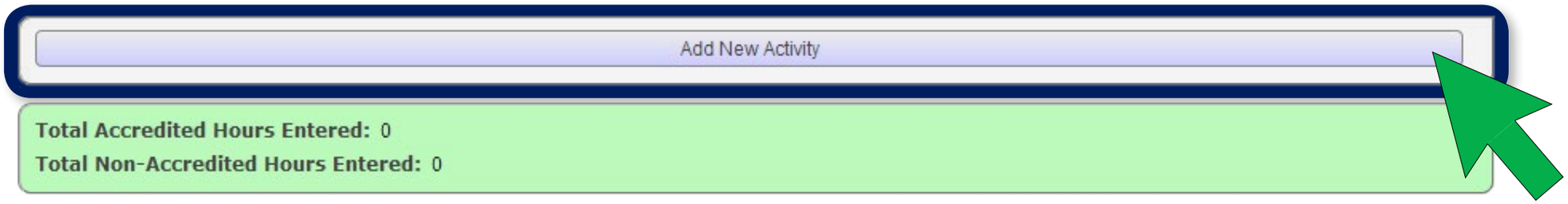
Entering Activity



Click on the "*Add New Activity*" button to enter more learning activities.

Note: The **Total Accredited Hours** and **Total Non- Accredited Hours** are totalled automatically after you enter your learning activity or activities.

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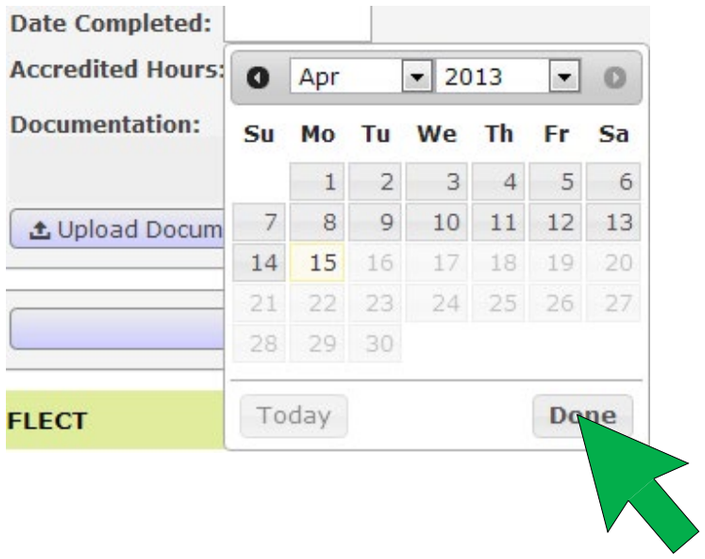
Date

Record date(s) of your learning activity (learning activities must occur within the past 12 months of your next renewal date to be considered current).

Click on "*Date Completed*" field.



A pop-up calendar will appear. Select the date you completed your learning and then click "*Done*".

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Hours

Accredited Hours: 0 Non-Accredited Hours: 0

Document the actual hours spent on completing each learning activity in the corresponding boxes (*Accredited, Non-Accredited*). You must enter a minimum of 0.25 hours.

Accredited Hours

Accredited hours are accumulated from formal learning. If you have attended a class, received formal training etc. this will be classified as accredited hours. Accredited learning activities have been reviewed using stringent criteria to ensure they are of high quality, unbiased, and clearly identify learning objectives for participants. Accredited programs indicate the number of accredited hours (CEU's) assigned to the activity, and identify the accrediting body (such as UBC CPPD, CCCEP, ACPE). Usually a certificate or documentation is received upon completion.

Non-Accredited Hours

Non-accredited hours are accumulated through informal learning. If you are doing self-study, reading, on the job training etc. this will be classified as non-accredited hours. For example, if you identify a learning need in the area of compounding, then identify and read a publication on compounding and incorporate this learning into your practice, you could include the time spent in this activity into one of your 6 Learning Records.

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Documentation

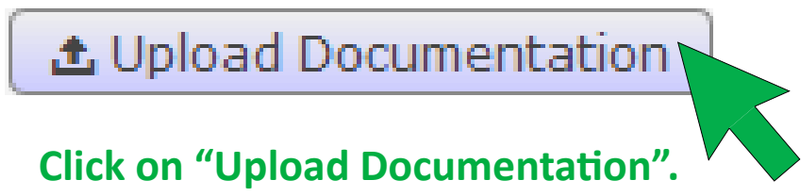
Formal (Accredited) Learning:

Certificates, letter of completion, record of CE credits granted etc. can be uploaded to support your learning activity.

Informal (Non-Accredited) Learning

A photocopy of the cover of your reading material, flyer advertising an event you attended, an email verifying a meeting or conversation can be uploaded to support you learning activity.

This is for uploading documents that verify the learning activity(s) was completed.



Click on "Upload Documentation".

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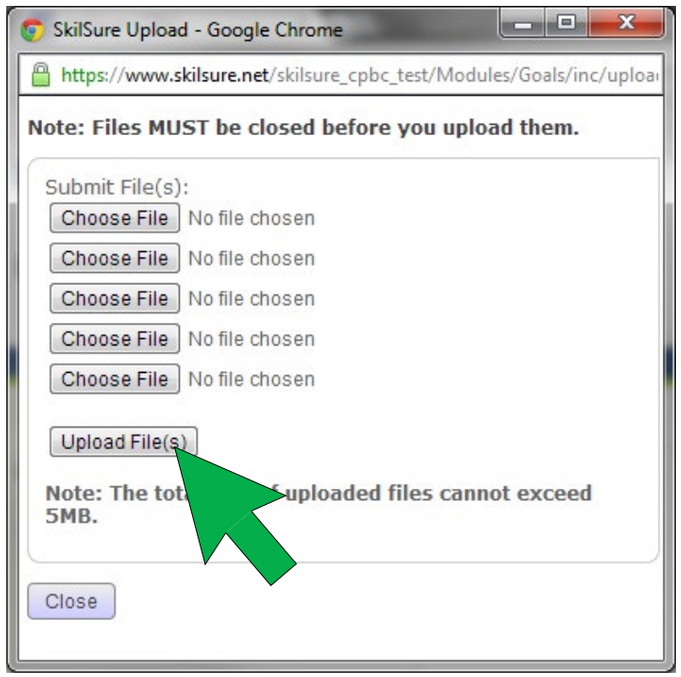
Documentation



Click on "*Choose File*". After your document is selected from your computer click on "*Upload File(s)*".

Note: Uploading your documentation is not mandatory. If you choose not to upload your documentation you must retain it for at least 2 years.

College of Pharmacists of British Columbia

What Did You Learn + Impact of Your Learning

4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? **(Required)**

Record the specific learning or development that occurred as a result of your learning activities.

Example

4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? **(Required)**

General knowledge and compounding skills as well as choices of creams, ointment, gels, penetrating depths, cosmetic and medical values.

I use the above everyday both in discussions with my patients as well as explaining the benefits of various bases to physicians and dermatologists.

Detail how you have/may implement what you have learned into your practice. How has the learning activity been useful?

College of Pharmacists of British Columbia

Future Learning

What future learning goal did this activity trigger (if any) for you?

Optional: **Document any other professional development you have planned in this area.**

Example

What future learning goal did this activity trigger (if any) for you?

Just about everything - but a lot more of neuropathic pain gels and BHRT dosing, oral as well as transdermal.

My personal notes on this activity (optional)

Optional: **Use this area to record personal notes that relate to this Learning Record (ie. future reading,name of presenter, colleague, etc.).**

back

return

College of Pharmacists of British Columbia

CE-Plus Quick Help Sheet

How do I complete my Learning Record?

PLAN

What is your learning goal(s)?
Define what you want to achieve.

> *Example:*
>
> ***What is your learning goal(s)?***
>
> *Update my knowledge on:*
>
> - *General bio-identical hormone knowledge*
> - *Neuropathic pain knowledge*
> - *General compounding resources*

Identify your primary motivation in choosing this learning goal(s).
Select the most appropriate reason listed as to why you picked your specific learning goal.

ACT

1. Under "***Type of Learning Activity***" select the appropriate learning activity category. If not listed select "***Other***" and provide a detailed description in the next section.
2. In the "***Activity Details***" provide specific details including name of program, name of colleague or expert, internet sites used, type of rounds, etc.
3. Provide the "***Course Title***", "***Provider***" and the number of eligible "***CEUs***" if applicable.
4. Record the completion date in the "***Date Completed***" section (learning activities must occur within the past 12 months of your next renewal date to be considered).

5. Document the actual hours spent on completing the learning activity in the "***Accredited Hours***" **or** "***Non-Accredited Hours***" field using increments of 0.25 hours. Effective January 2016, a minimum of 5 hours must be accredited learning. Registrants will have a year to transition to the new CE requirements depending on their individual registration renewal date (e.g. registrants with a February 2016 start date have until January 31, 2017 to submit a minimum of 5 hours of accredited learning).
6. Click on the "***Upload Documentation***" button to submit an electronic copy of your supporting documents. You are not required to submit full publications, a photocopy of the cover is sufficient.
7. If you have another Activity to add, please click on "***Add New Activity***".

REFLECT

What did I learn in relation to my goal(s) and/or how will/have I used this learning?

Record the specific learning or development that occurred as a result of your learning activities and/or how you have/may implement what you have learned into your practice. How was the learning activity been useful?

Example:

What did I learn in relation to my goal(s) and/or how will/have I used this learning?

General knowledge and compounding skills as well as choices of creams, ointments, gels, penetrating depths, cosmetic and medicinal values. I use the above everyday both in discussions with my patients as well as explaining the benefits of various bases to physicians and dermatologists.

Optional - What future learning goal did this activity trigger for you?

Document any other professional development you have planned in this area.

Example:

What future learning goal did this activity trigger for you?

Just about everything – but a lot more on neuropathic pain gels and BHRT dosing, oral as well as transdermal.

Optional - My personal notes on this activity

Use this are to record personal notes that relate to this Learning Record (ie. Future reading, name of presenter, colleague, etc.)

COMPLETE

Click on the "***Save Changes***" at the bottom of the Learning Record.

You have now completed 1 of your 6 required Learning Records. Continue submitting your Learning Records until you have all 6 completed.

Congratulations! You have now fulfilled your CE requirements.

Updated Resources for Change in Policy 4 – PDAP Tools: Frequently Asked Questions

When are my CE-Plus submissions due?

> You have 12 months from when you renew your registration to complete your CE requirement, which must be submitted to the College prior to your next annual renewal. For example, if your renewal is on August 31st, 2013, you have 12 months to complete your CE requirements and for this example, CE-Plus submissions would have to be submitted online prior to Midnight on August 31st, 2014.

Do I have to complete my CE before I can pay for my renewal for the next year?

> Besides CE, there are many other requirements for renewal, including payment. You can begin the renewal process at any time, but in order to complete the renewal process, including payment, you must have fulfilled and submitted your CE requirements for the previous year.

What is the difference between accredited and non-accredited hours?

> Accredited learning activities have been reviewed using stringent criteria to ensure they are of high quality, unbiased, and clearly identify learning objectives for participants. Accredited programs indicate the number of accredited hours (CEU's) assigned to the activity, and identify the accrediting body (such as UBC CPPD, CCCEP, ACPE).
>
> Non-accredited hours are informal learning activities. For example, if you identify a learning need in the area of compounding, then identify and read a publication on compounding and incorporate this learning into your practice, you could include the time spent in this activity into one of your 6 Learning Records.

Do I have to have a specific amount of accredited vs non-accredited hours?

> Effective January 2016, a minimum of 5 hours must be accredited learning. Registrants will have a year to transition to the new CE requirements depending on their individual registration renewal date (e.g. registrants with a February 2016 start date have until January 31, 2017 to submit a minimum of 5 hours of accredited learning).

Do CEU's (Continuing Education Units) count?

> CEU's are assigned by accrediting bodies through the accreditation process (see Accredited hours FAQ). Assigned CEU's vary with the type of learning activity such as lecture (1 hour= 1CEU), workshop, online learning etc. Your CE Plus submission for a specific Learning Record could include the time required to complete a course as well as additional time you spent adding to or implementing your new knowledge. For example, if you attended a course for 2 hours and spent 3 hours completing a follow-up assignment or self-directed learning, you could document 5 hours of learning in that Learning Record.

Does out of country learning count?

Yes, learning from any source is acceptable as long as it is within your scope of practice as a pharmacist or pharmacy technician.

How do I know if I have completed all the requirements?

Once you have submitted your Learning Record(s), the Minimum Requirements section in the Learning Record Summary will indicate if you have satisfied the requirements.

What happens if I do not complete all the requirements by my renewal date?

If you do not complete all requirements by your renewal date, your registration cannot be renewed.

What is a Learning Record?

A Learning Record is an online form that assists you in documenting your learning activities. Registrants must complete a minimum of 15 hours of learning documented on a minimum of 6 Learning Records prior to renewal of licensure each year. Effective January 2016, a minimum of 5 hours must be accredited learning. Registrants will have a year to transition to the new CE requirements depending on their individual registration renewal date (e.g. registrants with a February 2016 start date have until January 31, 2017 to submit a minimum of 5 hours of accredited learning).

Can I put all my 6 learning goals and activities for the year on one learning record?

No, you must identify and fill out 6 separate Learning Records- one for each goal- every year. Individual learning activities that you have undertaken during the year can be combined based on the goal and documented on one of these 6 Learning Records. You must have a minimum of 15 hours of learning documented on a minimum of 6 Learning Records. Effective January 2016, a minimum of 5 hours must be accredited learning. Registrants will have a year to transition to the new CE requirements depending on their individual registration renewal date (e.g. registrants with a February 2016 start date have until January 31, 2017 to submit a minimum of 5 hours of accredited learning).

If I have more than the minimum hours and/or Learning Records, does it roll over to the next year?

No, hours cannot be carried over from year to year. Learning has to take place within the 12 months prior to your individual renewal date.

Appendix 6

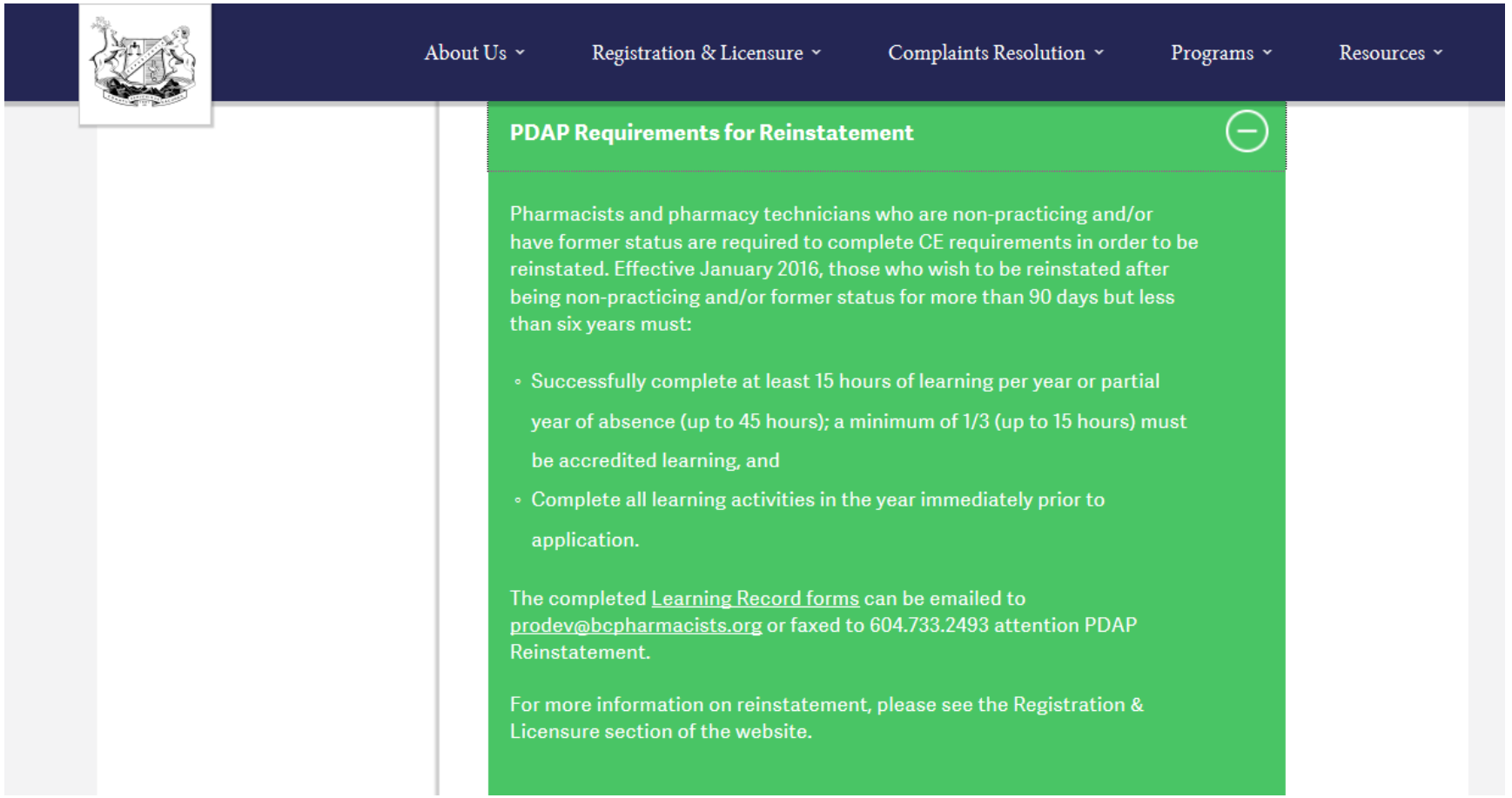
Updated Resources for Change in Policy 7 – Reinstatement to the Full Pharmacist / Pharmacy Technician Register

The below resources were updated due to the change in Policy 7 – Reinstatement to the Full Pharmacist / Pharmacy Technician Register:

- CPBC Website (Appendix A)
- Registration Letters (Appendix B)

Appendix A

Updated Resources for Change in Policy 7 – Reinstatement to the Full Pharmacist / Pharmacy Technician Register: CPBC Website



College of Pharmacists of British Columbia

PDAP Status

Registrant Name:	

As part of your requirements to reinstate as a practicing pharmacist in British Columbia, you must successfully complete the quality assurance program approved by the Board as per HPA Bylaw 52(1) (a). The quality assurance program is called the Professional Development and Assessment Program (PDAP). All reinstating pharmacists must successfully complete the Continuing Education (CE) requirements of PDAP prior to reinstatement as a practicing pharmacist.

Continuing Education Requirements for Reinstatement

To fulfill the CE requirements for reinstatement, pharmacists must:

- successfully complete at least 15 hours of learning documented on a minimum of 6 learning records per year or partial year of absence (up to 45 hours of learning documented on 18 learning records); a minimum of 1/3 (up to 15 hours) must be accredited learning, and
- complete all learning activities in the year immediately prior to application for Full Pharmacist Registration.

Learning Records are available to download on the College website. Please see the Professional Development section for more information.

The completed Learning Record forms can be emailed to prodev@bcpharmacists.org or faxed to 604.733.2493 attention PDAP Reinstatement.

If you have any questions about PDAP or your requirements contact us at 604.733.2440 or by email at prodev@bcpharmacists.org.

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences

UBC Continuing Pharmacy Professional Development

Programs and Activities for the 2015-16 CPBC Fiscal Year Quarters One, Two & Three Report (March-November 2015)

January 2016

UBC Continuing Pharmacy Professional Development
Faculty of Pharmaceutical Sciences
University of British Columbia

UBC CPPD Deliverables Schedule

Mar 2015-Feb 2016

Eight primary deliverables have been identified for the 2015-16 fiscal year. The following table identifies the specific activities comprising each deliverable, the associated target date and the status as of Nov 2015.

Table 1: UBC CPPD Q1-Q4 Deliverables 2015-16 and Q 1-3 Status

Deliverable	Deliverable Activities	Deliverable target date	Q 1-3 Status
1) Deliver live intra-professional workshop for pharmacists and technicians, focusing on Diabetes	Delivery	Q1	Completed Four FTF workshops and 3 lectures delivered - posted online Q2
2) Physical Assessment – Online program- Vital Signs	Delivery	Q2	Completed Posted online Q2
3) Online Clinical Skills Development on Comprehensive Medication Management	Delivery	Q2-3	Completed Posted Online Can be used as remedial program for Inquiry and Discipline Committees
4) Tools to support Practice Review Program	Development of Tools	Q3-4	Awaiting feedback on draft print tool from CPBC Online tool development set for Q2 next fiscal year Online, print materials based on Alberta Chat, Check, Chart
5) Clinical Skills Workshop Online – Lab Values – Renal/electrolytes	Development	Q3-4	In Development
6) Intra-professional Clinical Skills Workshop- Cardiovascular Disease	Development	Q3-4	In Development March 5, 2016 Delivery
7) Intra-professional Clinical Skills Workshop- Mental Health Disorders	Development	Q3-4	In Development March 5, 2016 Delivery
8) Live Technical Skills IP Workshop for Pharmacy Professionals on Point of Care Testing	Development	Q 3-4	In Development April 2, 2016 Delivery
Refresh online presentations		Ongoing	CPPD website undergoing upgrades in 2015/16

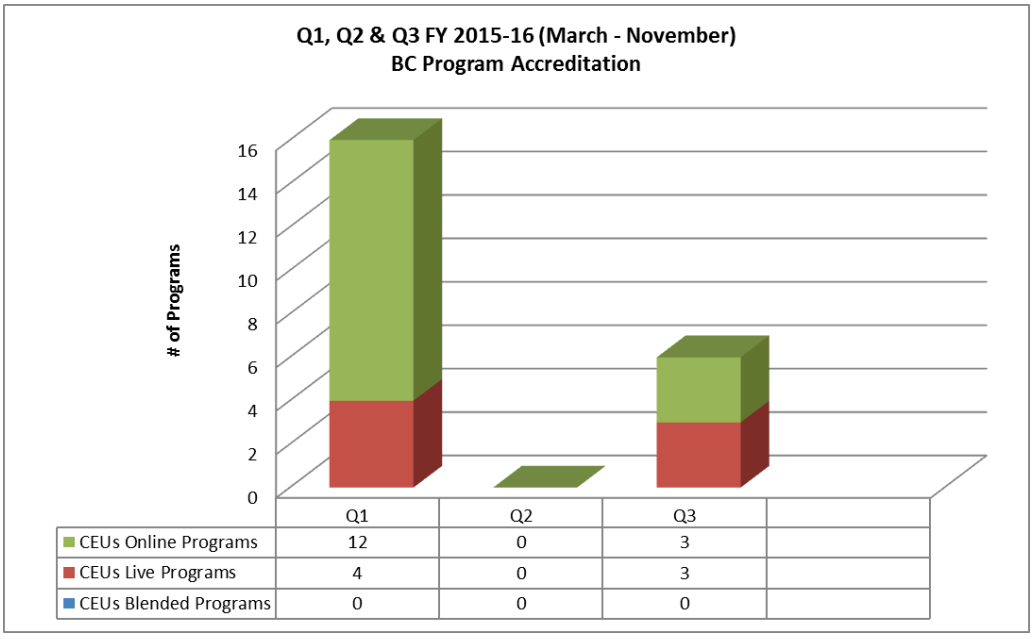
UBC CPPD Programs and Activities

UBC CPPD developed/delivered 72 programs during Q1-3, providing 65.75 CEUs of accredited learning for BC pharmacy professionals (Table 2). 22 continuing professional development programs were reviewed and evaluated to ensure they met accreditation standards, with 37.25 CEU's accredited (Figure 1). There were over 1600 registrations in programs developed/delivered by UBC CPPD during the Q1-3 period (>450 for live programs and >1200 for online programs). Provision of the National Pharmacy Technician Bridging Education Program ended in November, 2015.

Table 2: UBC CPPD Activities Q 1-3 FY 2015-16

Q1, Q2 & Q3: March 01, 2015 - November 30, 2015	Programs	Contact Hours	# of Participants		Participant Contact Hours
	No.	*No.*	*No.*	*% of Total*	*No.*
Live Programs					
ONE-Day Programs	3	45.00	304	18.3%	4,560
Canadian Pharmacy Practice Program (CP3)					
CP3 Programme	2	576.00	46	2.8%	13,248
"Getting Ready" Session	2	16.00	28	1.7%	224
National Pharm Tech Bridging Education Program					
PLAR	8	22.50	39	2.3%	110
Completed In Class Modules	3	105.00	40	2.4%	1,400
Completed Online Modules	8	288.00	284	17.1%	10,224
Distance Learning Programs					
Med Review Services Online Program	3	1.50	202	12.1%	101
Virtual Learning Centre Online Programs	43	31.47	721	43.3%	528
Total	**72**	**1,085.47**	**1,664**	100.0%	**30,394**
Programs reviewed for accreditation	22	37.25			
No. of Continuing Education Credits	**65.75**				

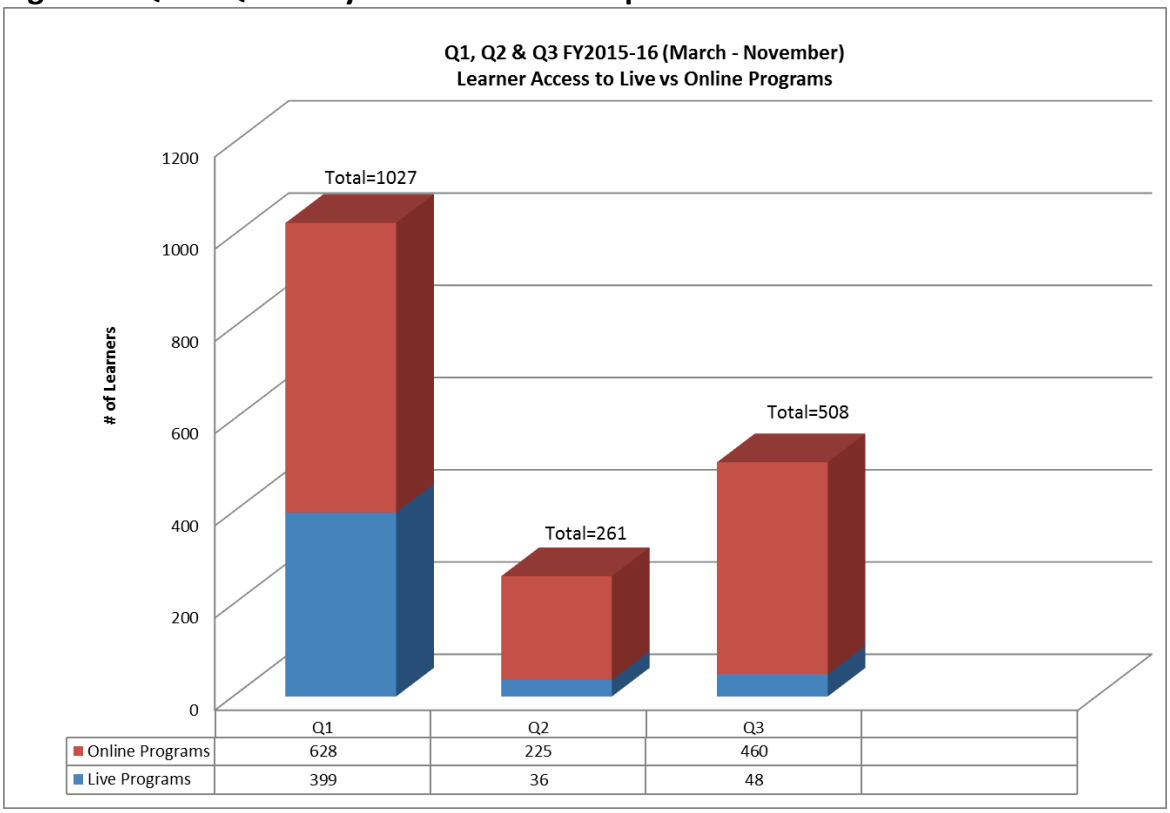
Figure 1: Q 1-3 BC Quarterly Program Accreditation



UBC CPPD Learners Quarterly and Monthly Reporting

Pharmacy professionals in British Columbia access UBC CPPD programs throughout the year- the greatest activity in Q 1-3 of the 2015-16 fiscal year was in the first quarter (March-May) (Figure 2). Online programs are the most flexible and accessible format for learners and offer continuous access to learning materials. The majority of learners access programs online (61% in Quarter 1, 86% in Quarter 2, 91% in Quarter 3). Pharmacy professionals access learning activities more frequently in the spring (Q1) and fall (Q3) than they do in the summer months (Q2). Decline in overall number of learners from Q1 to Q3 reflects completion of the National Technician Bridging Education Program.

Figure 2: Q 1-3 Quarterly Learner Access Report- Live vs Online



Live Programs

A cumulative total of four hundred and eighty three pharmacy professionals participated in live programs by the end of Q3. Live programs included conferences, workshops, the Canadian Pharmacy Practice Programme (CP3), as well as National Pharmacy Technician Bridging Education Program (NTBEP) PLARs and in-class modules and the Comprehensive Medication Management Certificate Program (MMCP)*. Individual participants are reported in each quarter for programs that span more than one quarter (CP3 and NTBEP).

* New blended (online + 5 day experiential immersion) program supporting pharmacists in the development of Comprehensive Medication Management Skills.

Online Programs

A cumulative total of 1313 learners accessed online learning through four separate means by the end of Q3:

1) UBC CPPD Virtual Learning Centre (VLC). Free, accredited, online professional development programs are posted on the UBC CPPD website and available to individuals who have created a user account (N=721)

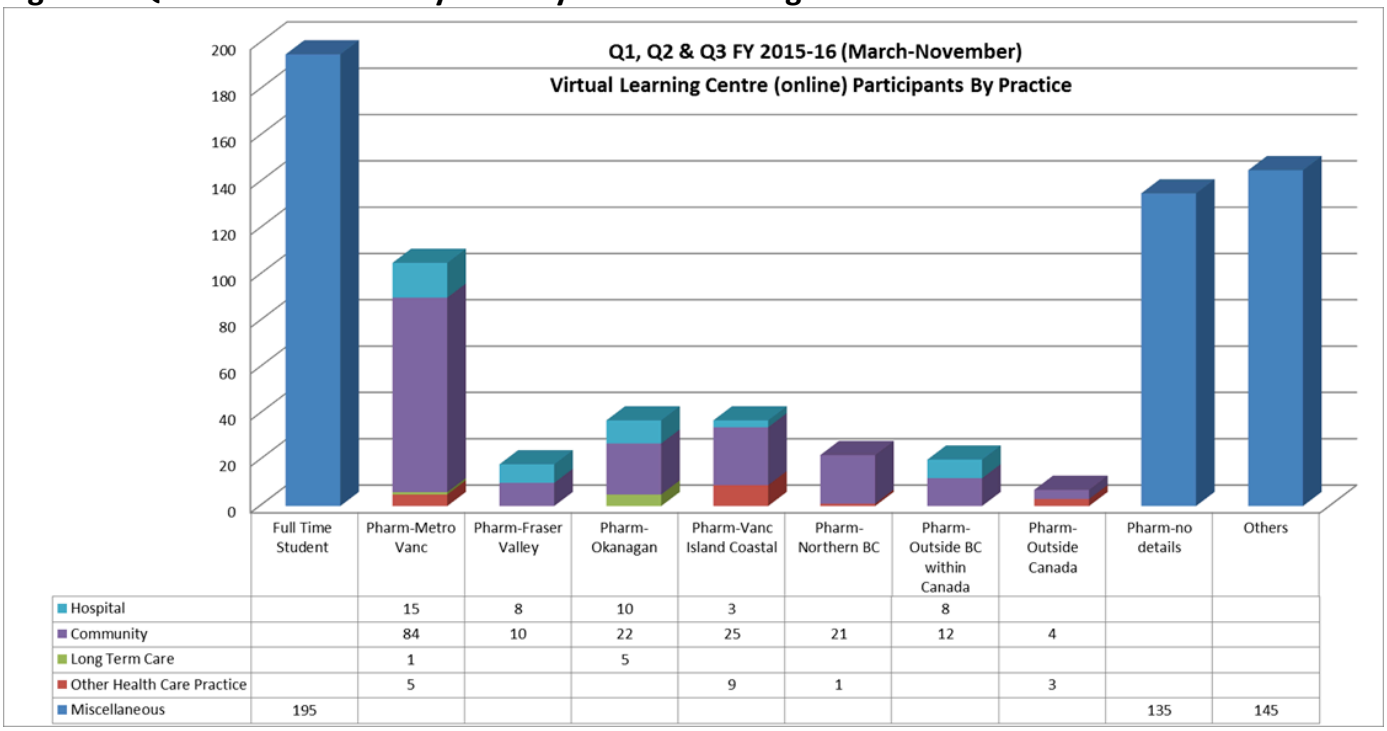
2) Medication Review Services Online Program. This free online program reviews the components and activities required for the provincial Medication Review Services Program, including completion of a Best Possible Medication History. (N=202)
3) National Pharmacy Technician Bridging Education Program (NPTBEP) online modules. All four modules were delivered online to pharmacy assistants pursuing regulation as a Pharmacy Technician. No NPTBEP online modules were provided in Q3 (N=388)
4) Medication Management Demystified. This new online program provides the fundamentals for Medication Management services (N=1)
Programs that span more than one quarter report the number of individual participants in each quarter.

At this time, due to limitations of our website data capture capability, the breakdown of online learners by pharmacy practice setting and geographic location can only be reported for the Virtual Learning Centre. Our scheduled website upgrade will address this issue.

Online Virtual Learning Centre Learners by Practice Setting

There were 721 visits to our online Virtual Learning Centre. The majority of learners accessing programs posted on our online VLC in Q 1-3 practice in community pharmacy. UBC website user accounts created prior to January 2015 did not capture learners' practice types or geographic locations. This is indicated in Figure 3 by the variable [Pharm-no details]. The proportion of hospital and community pharmacy professionals accessing our online learning activities mirrors recently published Canadian data reporting numbers of pharmacists in each practice type (CPhA 2015).

Figure 3: Q 1-3 VLC Learners by Primary Practice Setting N=721

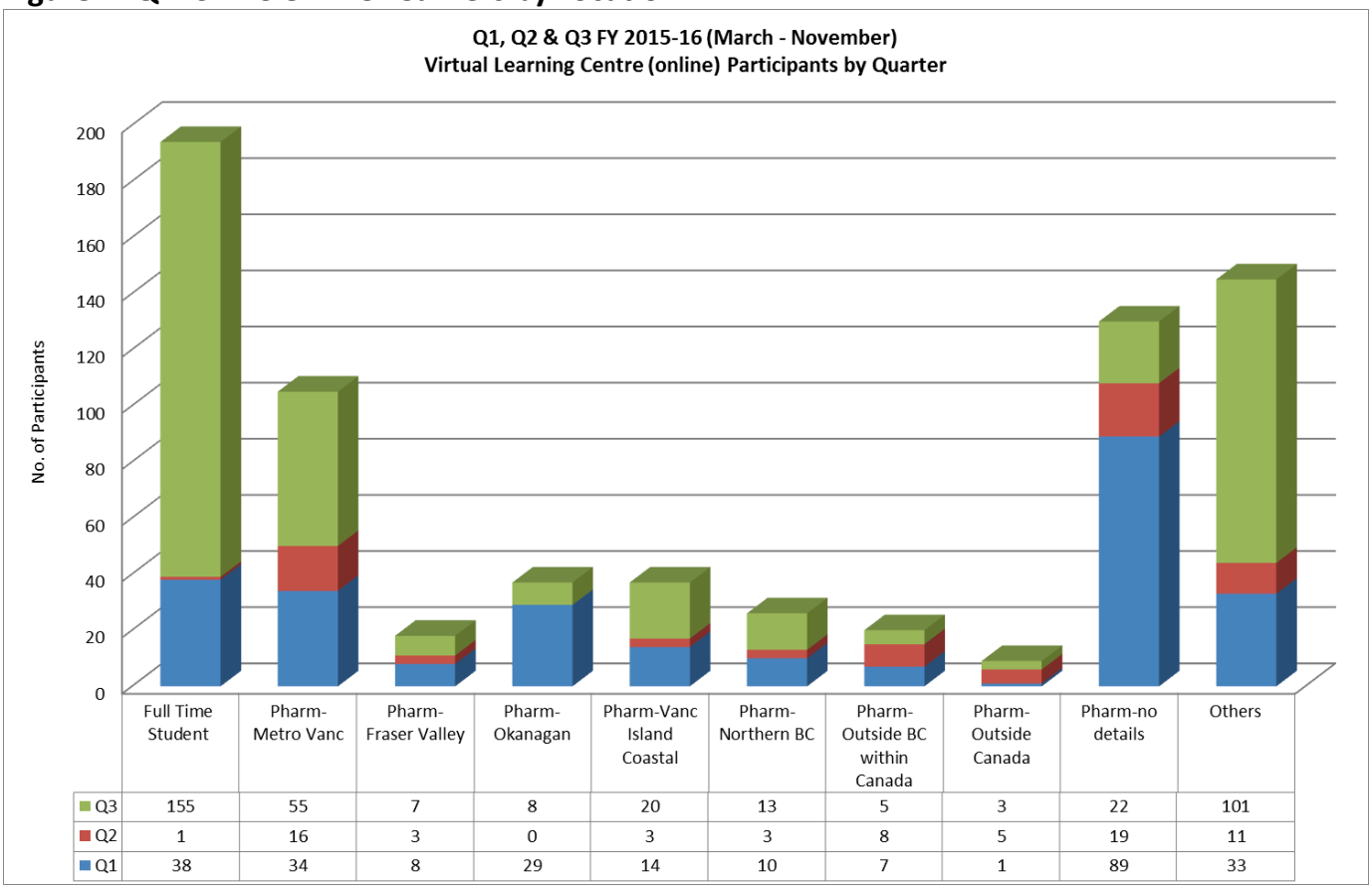


	Full Time Student	Pharm-Metro Vanc	Pharm-Fraser Valley	Pharm-Okanagan	Pharm-Vanc Island Coastal	Pharm-Northern BC	Pharm-Outside BC within Canada	Pharm-Outside Canada	Pharm-no details	Others
Hospital		15	8	10	3		8			
Community		84	10	22	25	21	12	4		
Long Term Care		1		5						
Other Health Care Practice		5			9	1		3		
Miscellaneous	195								135	145

Online Virtual Learning Centre Learners by Location

The majority of learners accessing programs posted on our online VLC in Q 1-3 practice in the Metro Vancouver Area followed equally by Vancouver Island and the Okanagan. Online programs were accessed more frequently in Quarter 3 (389) vs Q1 (263) vs Quarter 2 (69) (Figure 4). Full-time students access programs more frequently than any other group.

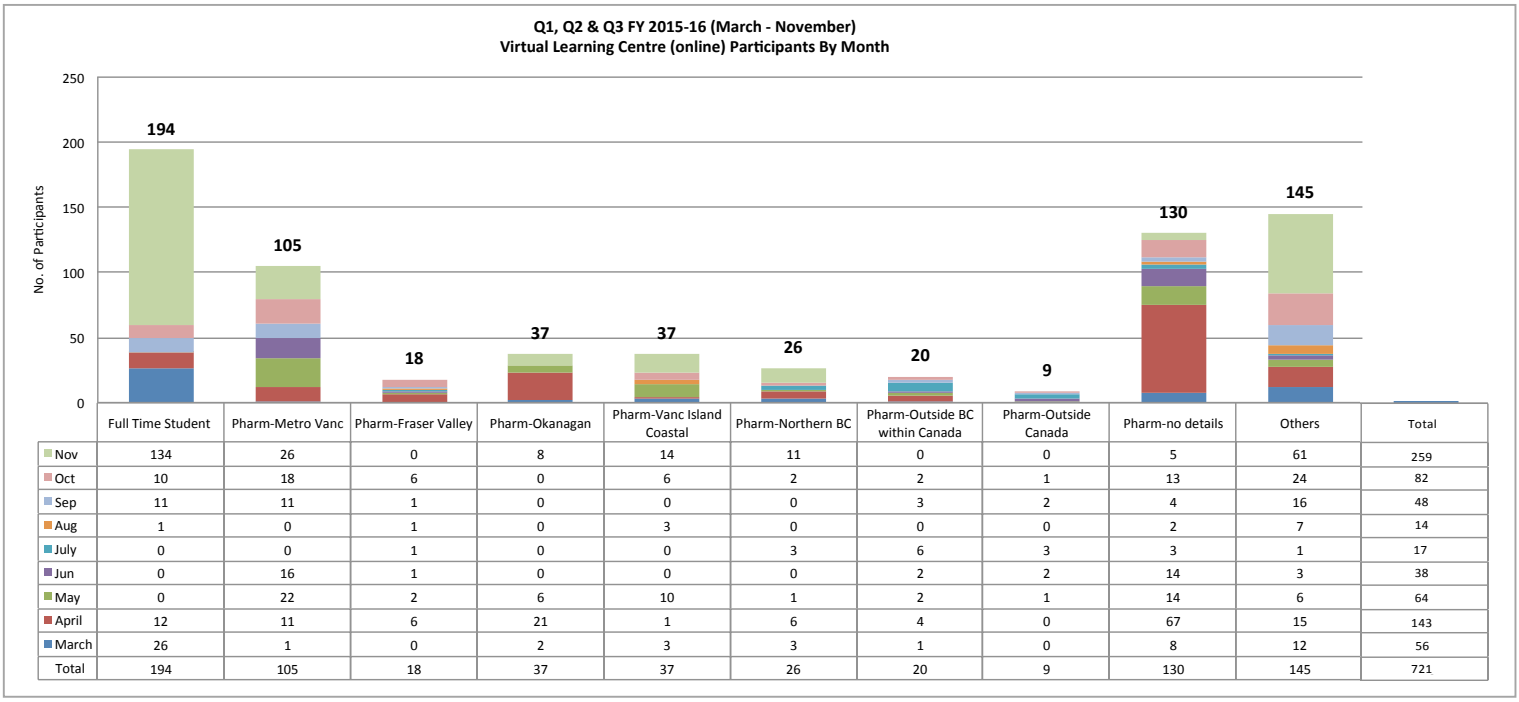
Figure 4: Q 1-3 VLC Online Learners by Location N=721



	Full Time Student	Pharm-Metro Vanc	Pharm-Fraser Valley	Pharm-Okanagan	Pharm-Vanc Island Coastal	Pharm-Northern BC	Pharm-Outside BC within Canada	Pharm-Outside Canada	Pharm-no details	Others
Q3	155	55	7	8	20	13	5	3	22	101
Q2	1	16	3	0	3	3	8	5	19	11
Q1	38	34	8	29	14	10	7	1	89	33

The months of November, April and October saw the most VLC access by pharmacy professionals, and July and August the least (Figure 5).

Figure 5: Q 1-3 Monthly VLC Online learners by Location N=721



	Full Time Student	Pharm-Metro Vanc	Pharm-Fraser Valley	Pharm-Okanagan	Pharm-Vanc Island Coastal	Pharm-Northern BC	Pharm-Outside BC within Canada	Pharm-Outside Canada	Pharm-no details	Others	Total
Nov	134	26	0	8	14	11	0	0	5	61	259
Oct	10	18	6	0	6	2	2	1	13	24	82
Sep	11	11	1	0	0	0	3	2	4	16	48
Aug	1	0	1	0	3	0	0	0	2	7	14
July	0	0	1	0	0	3	6	3	3	1	17
Jun	0	16	1	0	0	0	2	2	14	3	38
May	0	22	2	6	10	1	2	1	14	6	64
April	12	11	6	21	1	6	4	0	67	15	143
March	26	1	0	2	3	3	1	0	8	12	56
Total	194	105	18	37	37	26	20	9	130	145	721

Summary

UBC CPPD is pleased to report on our Q1-3 activities for the 2015-16 fiscal year. We continue to develop and deliver high quality continuing professional development programs for pharmacy professionals in British Columbia, and look forward to our ongoing relationship with the College of Pharmacists of British Columbia.

Respectfully submitted
The UBC CPPD Team

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Toll Free (within Canada): 1-800-663-0348
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College of Pharmacists of British Columbia

2015 CPBC Needs Assessment Survey Results

Presented by: Ashifa Keshavji

CPBC Educational Needs Assessment Survey 2015

0%

College of Pharmacists of British Columbia

CPBC Learning Needs Survey for BC Pharmacy Professionals 2015

Disclaimer:

This is a **voluntary** survey to determine educational needs and priorities for pharmacists and pharmacy technicians registered in British Columbia.

Survey results will help the College Board support continuing education initiatives that reflect current registrant learning needs.

The survey should take approximately 15-20 minutes to complete. Use the "save and continue later" button if you cannot complete the survey in one session.

Survey responses are **confidential** and will be reported **anonymously**.

We appreciate you taking the time to complete this survey.

Next

College of Pharmacists of British Columbia

Email Notification

	Date Sent	Total Sent	Total Opened	Total Click
1st Email	16 NOV 2015	6842	3756 (55.3%)	414 (11.0%)
Reminder email #1	1 DEC 2015	6838	3700 (54.5%)	308 (8.3%)
Reminder email #2	Dec 11 2015	6838	3618 (53.3%)	374 (10.3%)

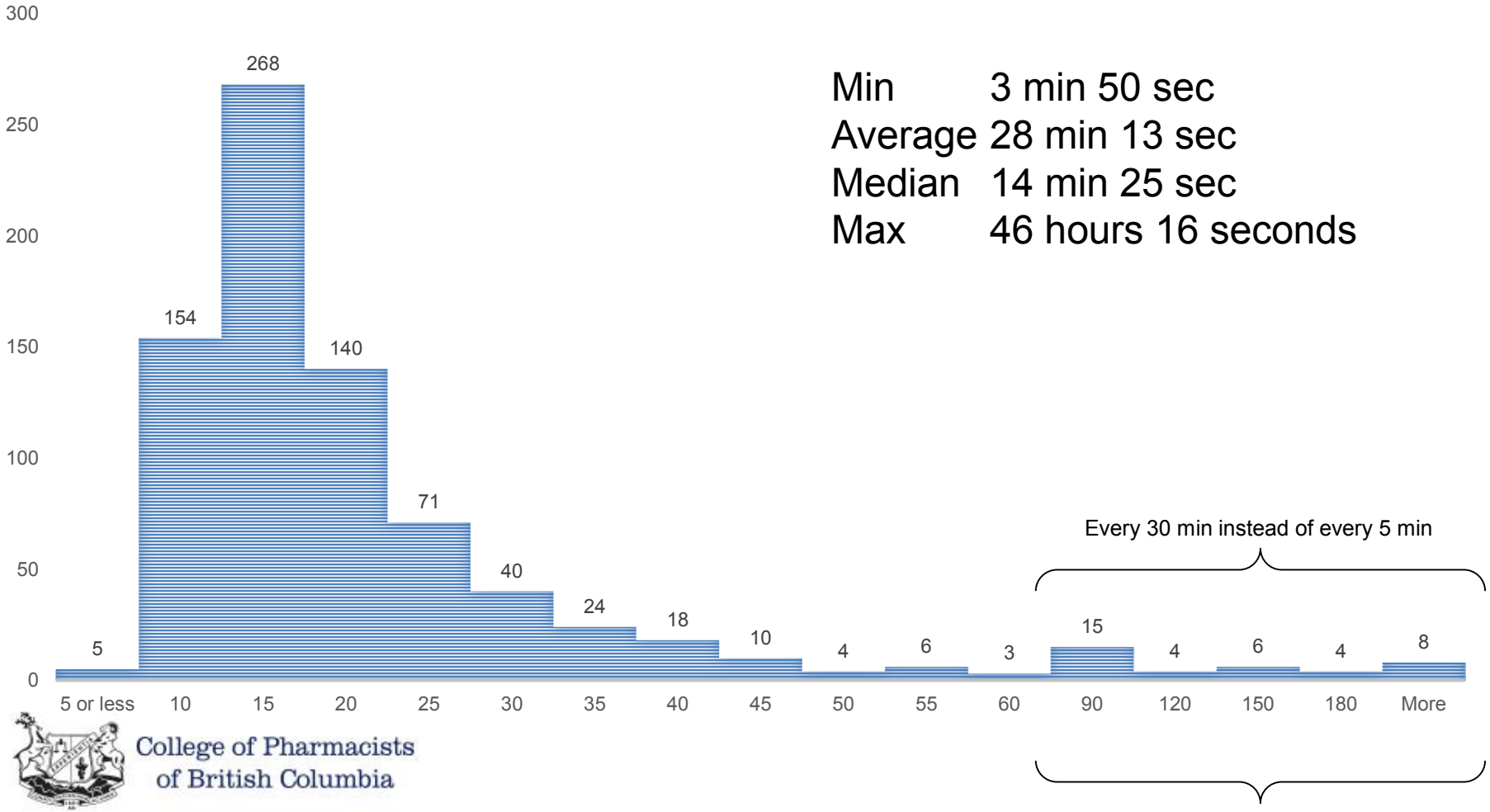
Note: total 6928 registrants but 86 had unsubscribed from our emails.

Registrant Distribution

	Total Registrants Notified of Survey	Total Completed Responses	Total Incomplete responses	Terminated
Pharmacists	5768 (83.3%)	628 (80.5%)	211 (73.5%)	
Pharmacy Technicians	1160 (16.7%)	152 (19.5%)	46 (16%)	
Not identified	-	-	30	2
TOTAL	**6928**	**780**	**287**	**2**

College of Pharmacists of British Columbia

Completion Time (Minutes)



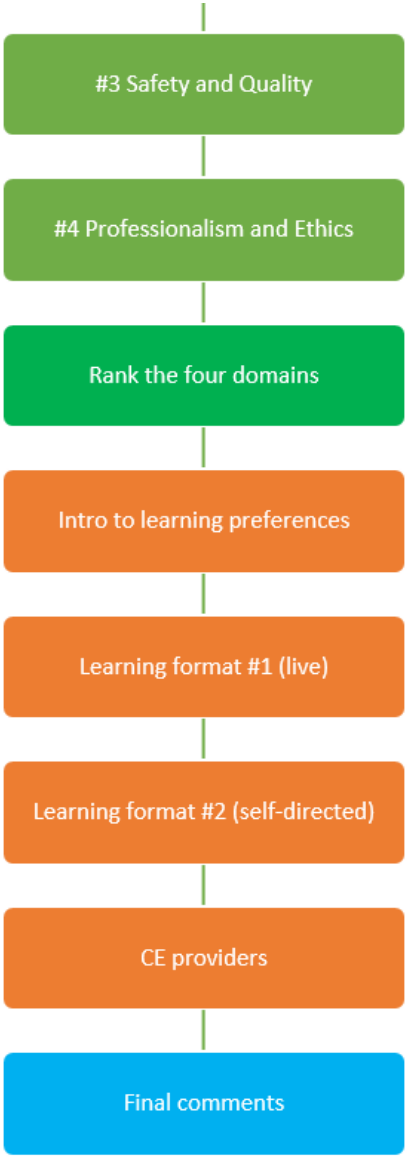
Min	3 min 50 sec
Average	28 min 13 sec
Median	14 min 25 sec
Max	46 hours 16 seconds

College of Pharmacists of British Columbia

College of Pharmacists of British Columbia

SURVEY STRUCTURE

College of Pharmacists of British Columbia



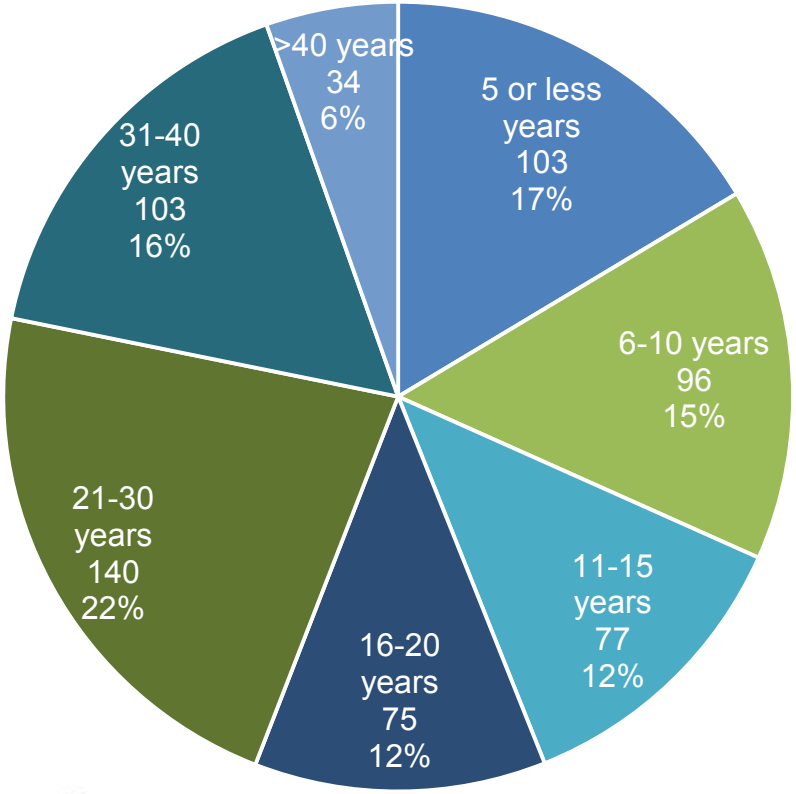
College of Pharmacists of British Columbia

College of Pharmacists of British Columbia

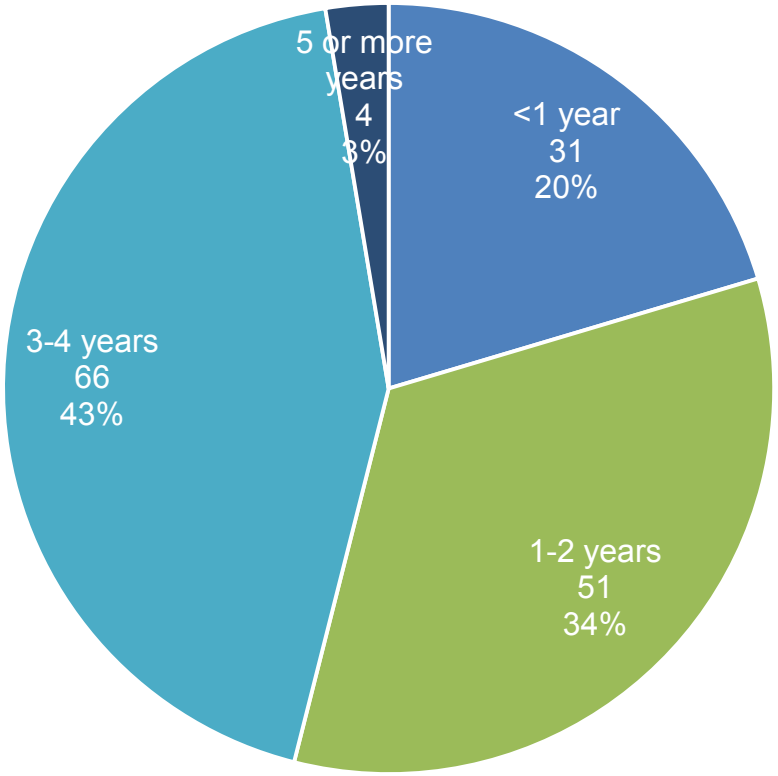
DEMOGRAPHICS

Years Licensed as a Registrant in Canada

Pharmacists



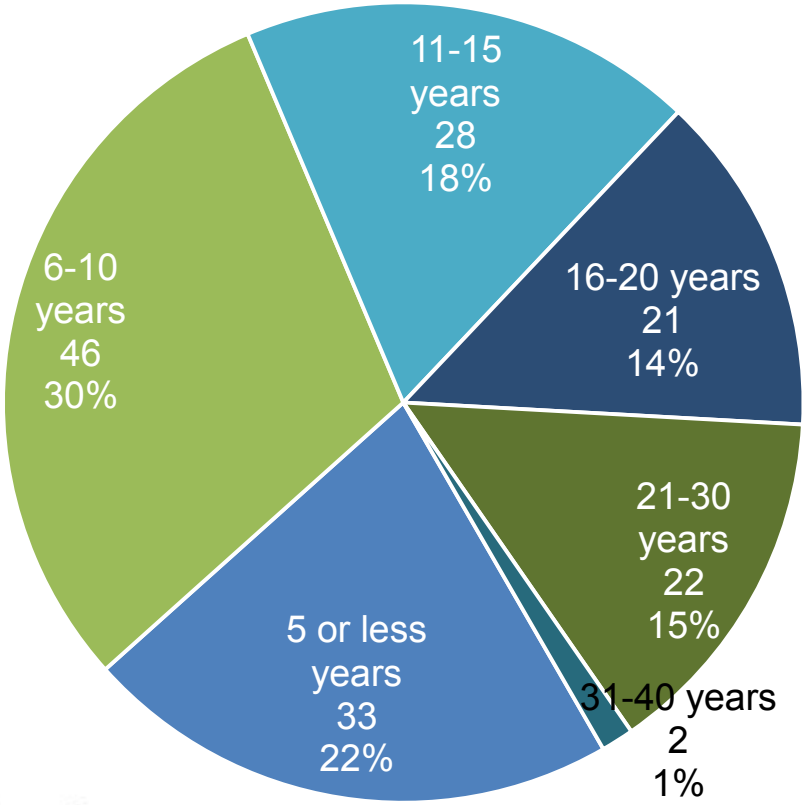
Pharmacy Technicians



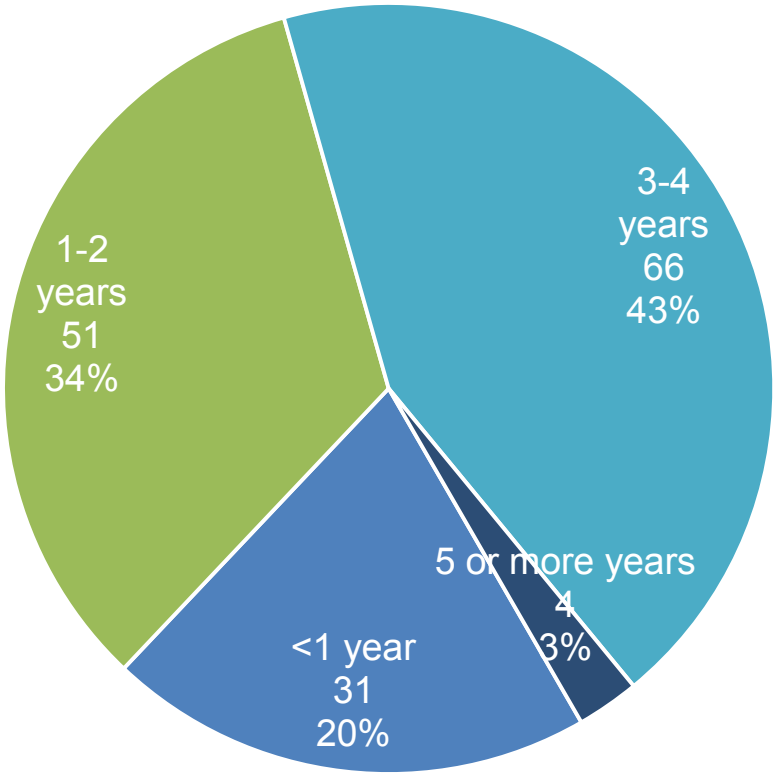
College of Pharmacists of British Columbia

Pharmacy Technicians

Years in Pharmacy before licensed



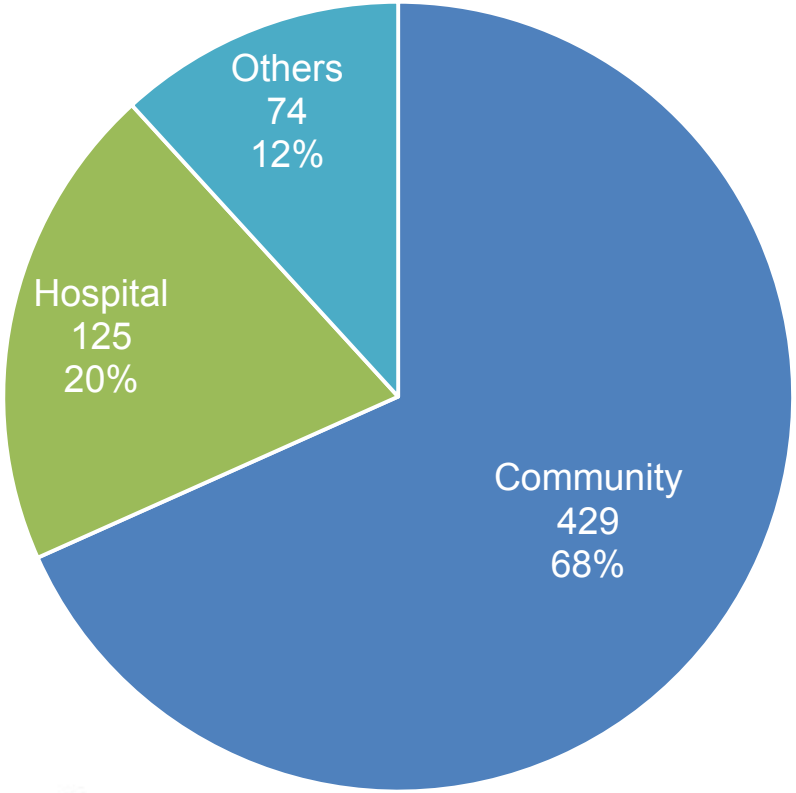
Years Licensed as RPT



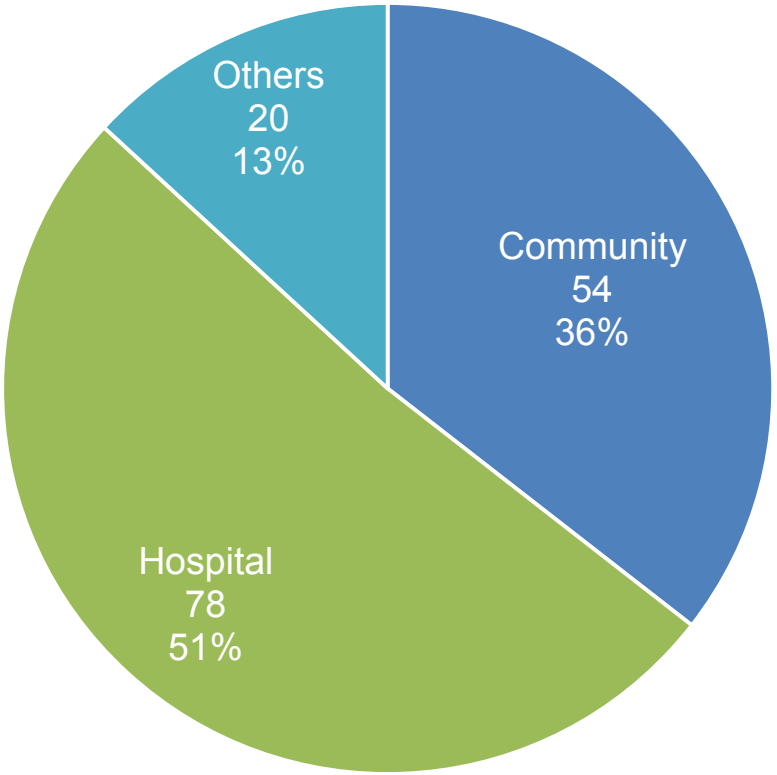
College of Pharmacists of British Columbia

Primary Practice Settings

Pharmacists



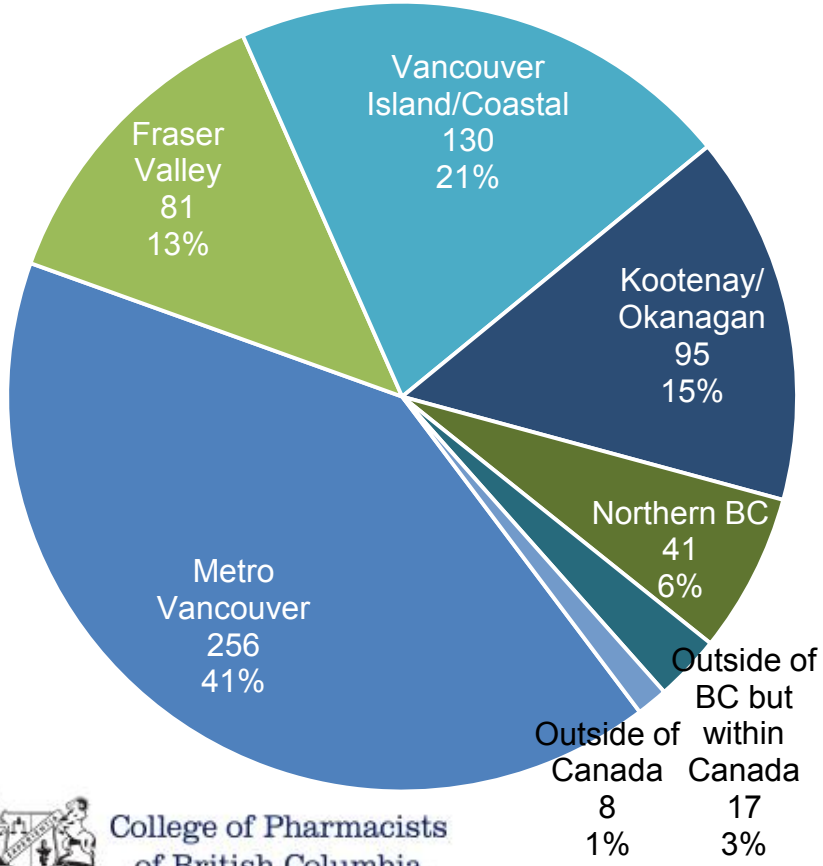
Pharmacy Technicians



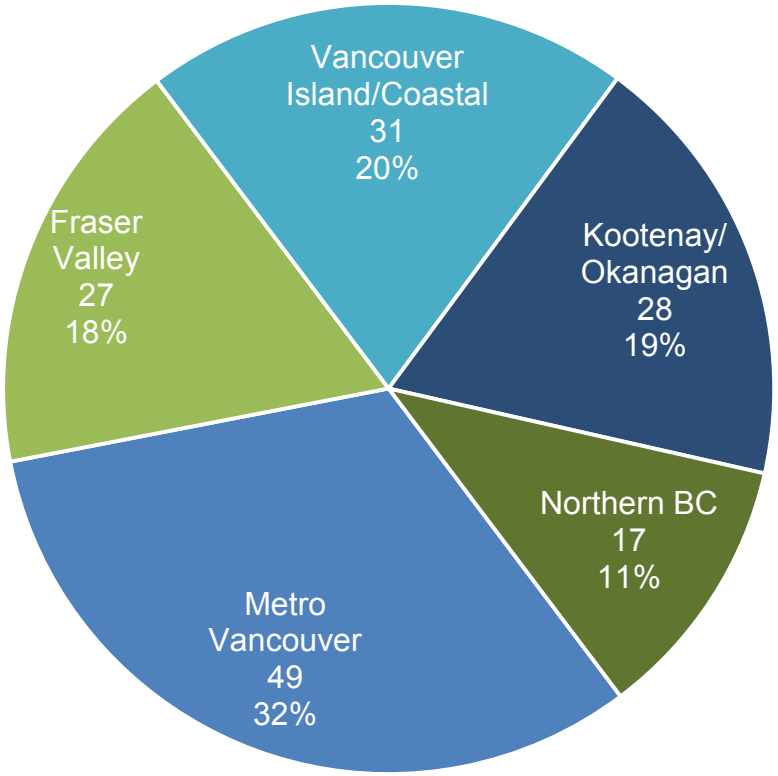
College of Pharmacists of British Columbia

Geographic Locations

Pharmacists



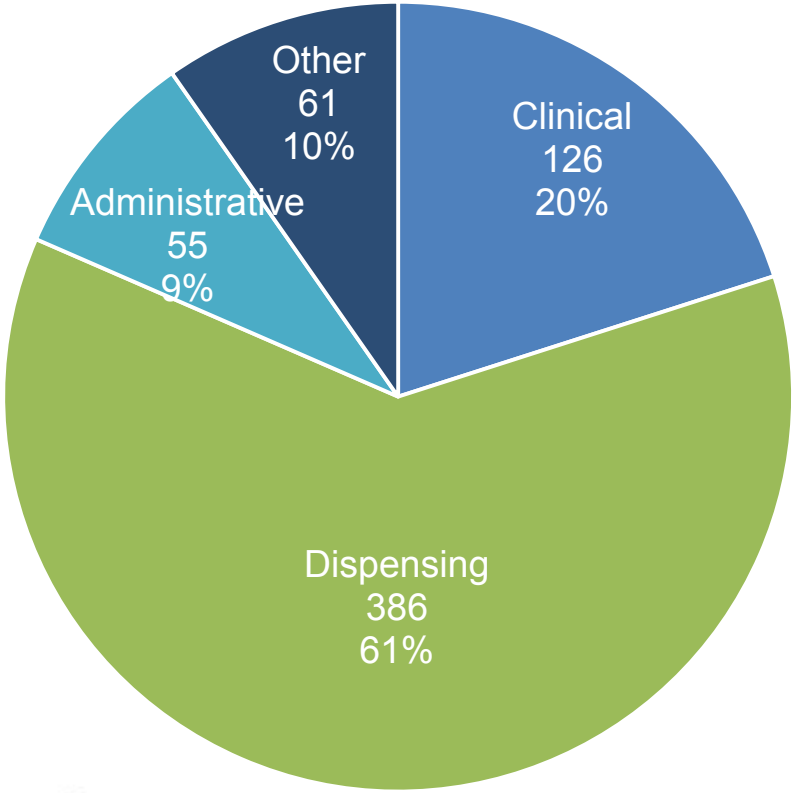
Pharmacy Technicians



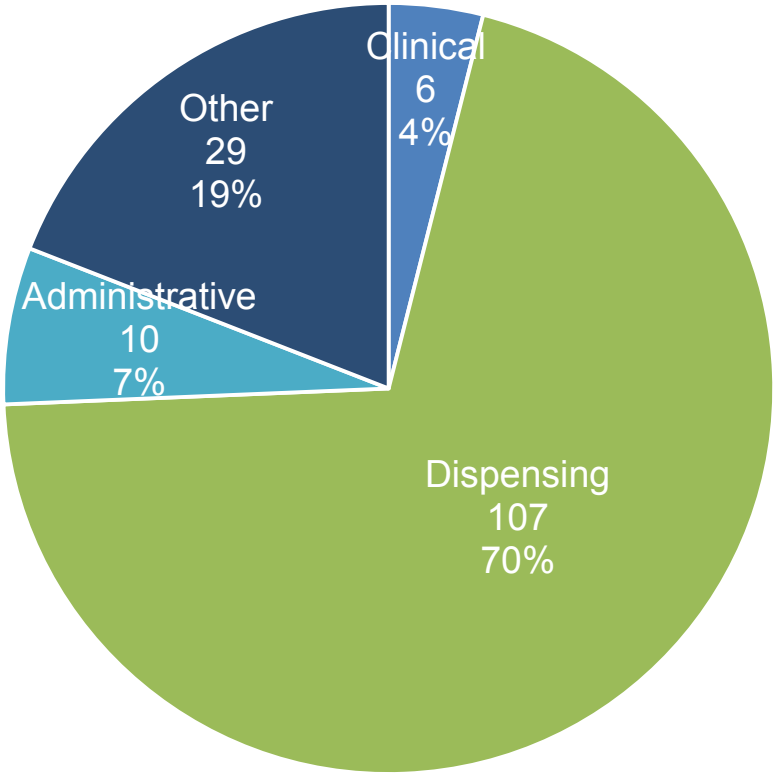
College of Pharmacists of British Columbia

Primary Role at Primary Practice Setting

Pharmacists



Pharmacy Technicians



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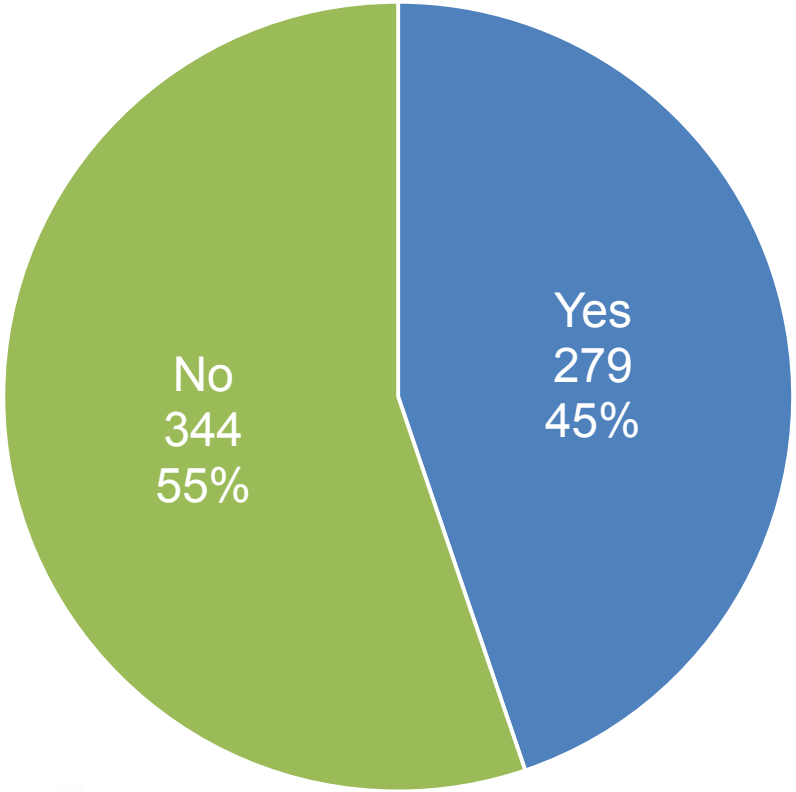
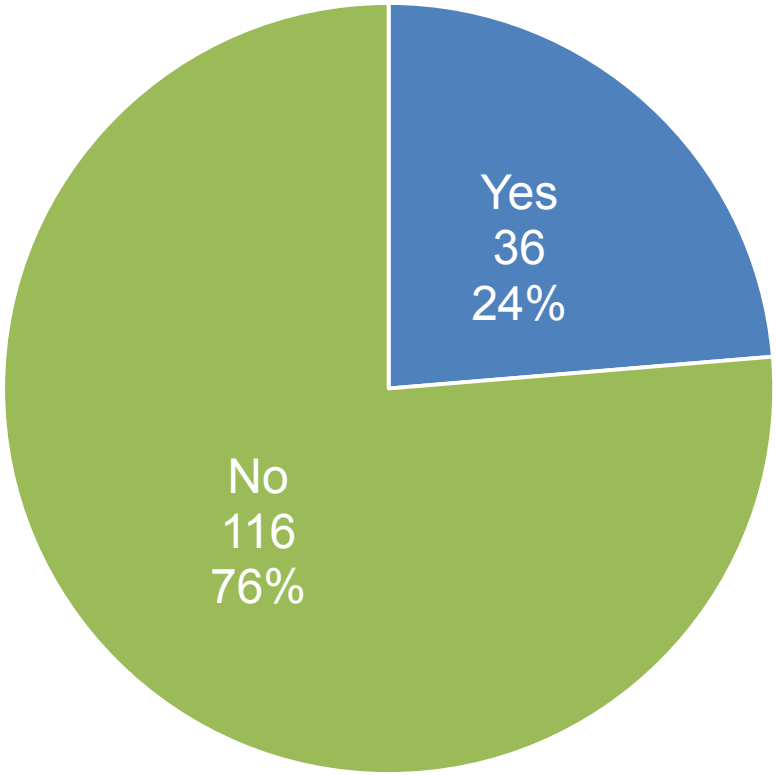
Supervisory Role at Primary Practice Setting

Pharmacists



Pharmacy Technicians



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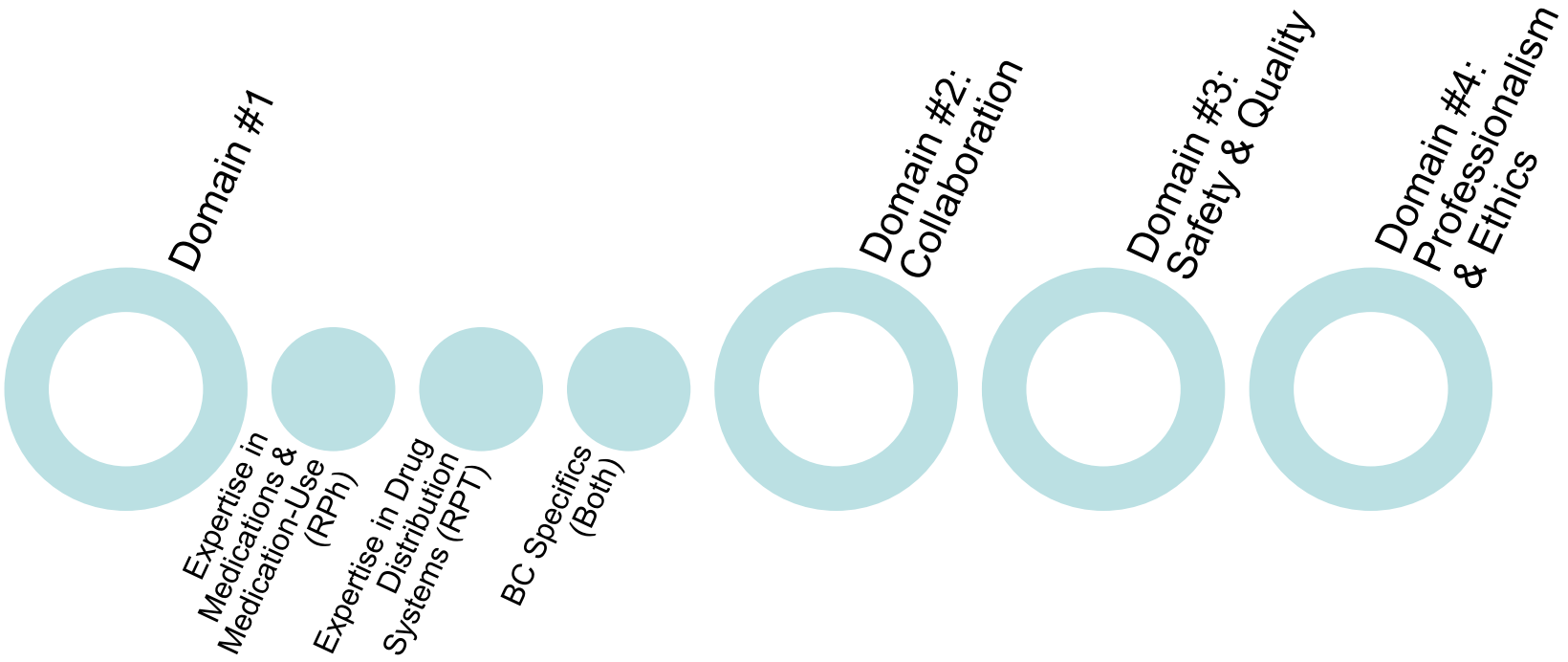
4 DOMAINS OF STANDARDS OF PRACTICE (NAPRA)



Determining Priorities

Variable	Score = 1 Not important	Score = 2 Somewhat important	Score = 3 Very important	
Ethics & Conflict of Interest	61 *7.8%*	261 *33.2%*	463 *59.0%*	*Total:* 785
Legislation & Standards Governing Pharmacy Practice	46 *5.9%*	251 *32.0%*	488 *62.2%*	*Total:* 785
Privacy & Confidentiality	67 *8.5%*	213 *27.1%*	505 *64.3%*	*Total:* 785
Roles & Responsibilities of Pharmacy Staff	72 *9.2%*	256 *32.6%*	457 *58.2%*	*Total:* 785
Scopes of Practice	41 *5.2%*	203 *25.9%*	541 *68.9%*	*Total:* 785

E.g. Total score for "Ethics & Conflict of Interest" will be:
61 x 1 + 261 x 2 + 463 x 3 = 1972

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Domain #1: BC-Specific Topics (All)

Topics	Ranking	Total Score (max 2355)
Immunization	**#2**	**1930**
Medication review	**#1**	**2023**
Methadone maintenance treatment	#4	1758
Prescription adaptation	#3	1867
Other (please specify topics below)	#5	213

Domain #1: BC-Specific Topics (RPh)

Topics	All RPh (max 1896)		Comm RPh (max 1296)		Hospital RPh (max 378)	
Immunization	**#2**	**1577**	**#1**	**1158**	**#2**	**250**
Medication review	**#1**	**1640**	**#2**	**1152**	**#1**	**315**
Methadone maintenance treatment	#4	1420	#4	1059	#4	213
Prescription adaptation	#3	1527	#3	1127	#3	237
Other (please specify topics below)	#5	165	#5	113	#5	27

Domain #1: BC-Specific Topics (RPT)

Topics	All RPT (max 459)		Comm RPT (max 162)		Hospital RPT (max 237)	
Immunization	#2	353	#2	135	#3	170
Medication review	#1	383	#3	132	#1	200
Methadone maintenance treatment	#4	338	#4	121	#2	172
Prescription adaptation	#3	340	#1	137	#4	158
Other (please specify topics below)	#5	48	#5	25	#5	20

Domain #1: Expertise in Medications & Medication-Use (RPh)

Topics	All RPh (max 1896)		Comm RPh (max 1296)		Hospital RPh (max 378)	
Medical topics (acute diseases)	**#2**	**1740**	**#2**	**1211**	**#2**	**346**
Medical topics (chronic diseases)	**#1**	**1811**	**#1**	**1261**	**#1**	**349**
Medical topics (minor ailments)	#7	1573	**#4**	**1164**	#9	247
Medical topics (rare diseases)	#13	1201	#13	832	#11	236
Medical topics (preventable diseases)	**#5**	**1613**	**#5**	**1152**	#8	286
Natural health products	#11	1418	#10	1020	#13	233
Pharmacokinetics	#12	1315	#12	872	#6	303
Special populations (geriatrics)	**#3**	**1674**	**#3**	**1168**	**#4**	**320**
Special populations (kidney and liver impairment)	#6	1576	#9	1055	**#3**	**334**
Special populations (immunocomprised)	#8	1482	#11	1009	**#5**	**305**
Special populations (mental health)	**#4**	**1630**	**#5**	**1152**	#7	297
Special populations (pregnancy and lactation)	#9	1476	#7	1084	#10	243
Special populations (pediatrics)	#10	1455	#8	1071	#12	234
Other (please specify topics below)	#14	382	#14	250	#14	78

Domain #1: Expertise in Medications & Medication-Use (RPh)

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Total 328 responses:
#1 (79) Diabetes
#2 (67) Asthma
#3 (55) COPD
#4 (42) Vaccines
#5 (34) Mental health

Domain #1: Expertise in Medications & Medication-Use (RPh)

Topics	All RPh (max 1896)		Comm RPh (max 1296)		Hospital RPh (max 378)	
Critical literature appraisal	#4	1441	#5	942	#4	317
Using physical assessment techniques & tools	#5	1402	#4	981	#5	261
Interpreting laboratory values	**#3**	**1625**	**#3**	**1080**	**#2**	**352**
Identifying & resolving drug therapy problems	**#1**	**1794**	**#1**	**1245**	**#1**	**354**
Developing follow-up & monitoring plans	**#2**	**1642**	**#2**	**1122**	**#3**	**338**
Other (please specify topics below)	#6	191	#6	125	#6	38

Domain #1: Expertise in Drug Distribution Systems (RPT)

Topics	All RPT (max 459)		Comm RPT (max 162)		Hospital RPT (max 237)	
Medical topics (acute diseases)	#2	390	#4	140	#1	203
Medical topics (chronic diseases)	#1	405	#1	151	#2	202
Medical topics (minor ailments)	#5	346	#6	133	#5	172
Medical topics (rare diseases)	#9	297	#10	101	#6	159
Medical topics (preventable diseases)	#3	380	#4	140	#3	192
Natural health products (e.g. vitamins, herbals, homeopathy etc)	#7	321	#8	122	#7	158
Drug delivery devices (e.g. MDI, eye/ear drops)	#4	377	#2	142	#4	184
Home monitoring devices (e.g. BP/BG monitors)	#6	331	#3	141	#8	144
Medical supplies & equipment (e.g. syringes, compression stocking, cane, walker)	#8	307	#7	126	#9	137
Screening tests (e.g. pregnancy test, ovulation test)	#10	277	#9	111	#10	129
Other (please specify topics below)	#11	98	#11	41	#11	47

Domain #1: Expertise in Drug Distribution Systems (RPT)

Top 5 topics:

- OTC products
- Natural health products
- Wound care
- Ostomy supplies
- Chemotherapy

Domain #1: Expertise in Drug Distribution Systems (RPT)

Topics	All RPT (max 459)		Comm RPT (max 162)		Hospital RPT (max 237)	
Compounding hazardous drugs	#3	378	#3	103	#2	226
Non-sterile compounding	#2	401	#2	142	#5	210
Pharmaceutical calculations	#1	413	#1	150	#4	212
Preparation of parenteral medications (e.g. TPNs, IV admixture compatibility)	#5	352	#6	87	#3	222
Specialty compounding (hormones, troches)	#6	301	#4	99	#6	161
Sterile Compounding (e.g. aseptic technique, infection control, USP 797)	#4	371	#5	93	#1	230
Other (please specify topics below)	#7	56	#7	21	#7	28

Domain #2: Collaboration (All)

Topics	Ranking	Total Score (max 2355)
Counseling skills (for pharmacists)/Patient teaching skills (for pharmacy technicians)	**#3**	**2067**
Critical-thinking/Problem-solving skills	**#1**	**2173**
Dealing with patient diversity	#8	1928
Dealing with workplace and interprofessional conflicts	#9	1906
Ethical decision-making	**#4**	**2026**
Leadership and preceptorship	#11	1874
Patient interviewing skills	#6	1981
Team building	#10	1880
Verbal communication skills (e.g. use of empathy, strategies for language barriers)	**#5**	**2003**
Working with other healthcare professionals	**#2**	**2097**
Written communication skills	#7	1978
Other (please specify topics below)	#12	208

Domain #2: Collaboration (RPh)

Topics	All RPh (max 1896)		Comm RPh (max 1296)		Hospital RPh (max 378)	
Counseling skills (for pharmacists)/Patient teaching skills (for pharmacy technicians)	**#2**	**1684**	**#1**	**1201**	#6	309
Critical-thinking/Problem-solving skills	**#1**	**1741**	**#2**	**1190**	**#1**	**356**
Dealing with patient diversity	#8	1547	#7	1073	#10	292
Dealing with workplace and interprofessional conflicts	#9	1495	#9	1021	#9	295
Ethical decision-making	**#5**	**1604**	**#5**	**1113**	#7	305
Leadership and preceptorship	#10	1485	#11	1007	#8	301
Patient interviewing skills	**#4**	**1616**	**#4**	**1139**	**#5**	**310**
Team building	#11	1472	#10	1009	#11	291
Verbal communication skills (e.g. use of empathy, strategies for language barriers)	#6	1591	#6	1100	**#4**	**311**
Working with other healthcare professionals	**#3**	**1678**	**#3**	**1144**	**#2**	**335**
Written communication skills	#7	1569	#8	1061	**#3**	**322**
Other (please specify topics below)	#12	166	#12	107	#12	27

Domain #2: Collaboration (RPT)

Topics	All RPT (max 459)		Comm RPT (max 162)		Hospital RPT (max 237)	
Counseling skills (for pharmacists)/Patient teaching skills (for pharmacy technicians)	#9	383	**#1**	**155**	#9	179
Critical-thinking/Problem-solving skills	**#1**	**432**	**#2**	**154**	**#1**	**222**
Dealing with patient diversity	#10	381	#6	149	#10	177
Dealing with workplace and interprofessional conflicts	**#5**	**411**	#7	147	#6	206
Ethical decision-making	**#2**	**422**	**#3**	**152**	**#3**	**212**
Leadership and preceptorship	#8	389	#11	133	#8	203
Patient interviewing skills	#11	365	#10	142	#11	174
Team building	#7	408	#8	144	#6	206
Verbal communication skills (e.g. use of empathy, strategies for language barriers)	**#4**	**412**	**#5**	**150**	**#5**	**208**
Working with other healthcare professionals	**#3**	**419**	**#4**	**151**	**#2**	**213**
Written communication skills	#6	409	#9	143	**#3**	**212**
Other (please specify topics below)	#12	42	#12	16	#12	20

Domain #3: Safety & Quality (All)

Topics	Ranking	Total Score (max 2355)
Documentation skills and tools (e.g. BPMH*, MAR)**	**#3**	**2029**
Drug disposal	#10	1684
Emergency preparedness	#9	1751
Hand hygiene	#8	1812
Reporting adverse drug reactions and medical device problems	#6	1866
Handling hazardous drugs	#7	1854
Identifying reliable references and resources	**#4**	**2003**
Inventory management	#11	1670
Patient safety and quality improvement	**#2**	**2103**
Performance reviews	#12	1631
Preventing and managing dispensing errors and incidents	**#1**	**2119**
Workflow management	**#5**	**1937**
Other (please specify topics below)	#13	205

Domain #3: Safety & Quality (RPh)

Topics	All RPh (max 1896)		Comm RPh (max 1296)		Hospital RPh (max 378)	
Documentation skills and tools (e.g. BPMH*, MAR)**	**#3**	**1626**	**#4**	**1121**	**#1**	**319**
Drug disposal	#10	1292	#10	951	#11	204
Emergency preparedness	#9	1356	#9	968	#9	238
Hand hygiene	#8	1390	#8	992	#8	256
Reporting adverse drug reactions and medical device problems	#6	1469	#6	1031	**#5**	**276**
Handling hazardous drugs	#7	1425	#7	1000	#6	272
Identifying reliable references and resources	**#4**	**1606**	**#3**	**1123**	**#3**	**305**
Inventory management	#12	1270	#11	945	#12	200
Patient safety and quality improvement	**#2**	**1662**	**#2**	**1164**	**#2**	**312**
Performance reviews	#11	1285	#12	919	#10	229
Preventing & managing dispensing errors & incidents	**#1**	**1674**	**#1**	**1197**	**#4**	**299**
Workflow management	**#5**	**1511**	**#5**	**1089**	#7	265
Other (please specify topics below)	#13	161	#13	115	#13	21

Domain #3: Safety & Quality (RPT)

Topics	All RPT (max 459)		Comm RPT (max 162)		Hospital RPT (max 237)	
Documentation skills and tools (e.g. BPMH*, MAR**)	#6	403	#11	131	#6	217
Drug disposal	#11	392	#10	133	#7	206
Emergency preparedness	#10	395	#9	137	#7	206
Hand hygiene	**#5**	**422**	**#4**	**145**	**#4**	**225**
Reporting adverse drug reactions and medical device problems	#8	397	**#4**	**145**	#11	199
Handling hazardous drugs	**#3**	**429**	#8	142	**#1**	**233**
Identifying reliable references and resources	#8	397	#7	143	#9	204
Inventory management	#7	400	**#4**	**145**	#10	202
Patient safety and quality improvement	**#2**	**441**	**#1**	**154**	**#3**	**230**
Performance reviews	#12	346	#12	119	#12	177
Preventing & managing dispensing errors & incidents	**#1**	**445**	**#1**	**154**	**#2**	**231**
Workflow management	**#4**	**426**	**#3**	**149**	**#5**	**219**
Other (please specify topics below)	#13	44	#13	11	#13	23

Domain #4: Professionalism & Ethics (All)

Topics	Ranking	Total Score (max 2355)
Ethics & Conflict of Interest	#4	1972
Legislation & Standards Governing Pharmacy Practice	**#2**	**2012**
Privacy & Confidentiality	**#3**	**2008**
Roles & Responsibilities of Pharmacy Staff	#5	1955
Scopes of Practice	**#1**	**2070**
Other (please specify topics below)	#6	193

Domain #4: Professionalism & Ethics (RPh)

Topics	All RPh (max 1896)		Comm RPh (max 1296)		Hospital RPh (max 378)	
Ethics & Conflict of Interest	#4	1038	#5	1079	#3	294
Legislation & Standards Governing Pharmacy Practice	#3	1125	#1	1139	#5	278
Privacy & Confidentiality	#2	1146	#3	1110	#2	297
Roles & Responsibilities of Pharmacy Staff	#5	987	#4	1084	#4	279
Scopes of Practice	#1	1212	#2	1126	#1	314
Other (please specify topics below)	#6	63	#6	110	#6	22

Domain #4: Professionalism & Ethics (RPT)

Topics	All RPT (max 459)		Comm RPT (max 162)		Hospital RPT (max 237)	
Ethics & Conflict of Interest	#4	420	#4	150	#4	214
Legislation & Standards Governing Pharmacy Practice	#5	416	**#2**	**154**	#5	206
Privacy & Confidentiality	**#3**	**427**	**#3**	**151**	**#3**	**219**
Roles & Responsibilities of Pharmacy Staff	**#2**	**432**	#5	149	**#2**	**226**
Scopes of Practice	**#1**	**443**	**#1**	**159**	**#1**	**228**
Other (please specify topics below)	#6	44	#6	18	#6	17

Ranking the Four Domains

Variable	Score = 4 Very important	Score = 3 Important	Score = 2 Somewhat important	Score = 1 Least important	
Expertise in medications and medication-use (RPh)/Expertise in drug distribution systems (RPT)	29 *36.7%*	25 *31.6%*	17 *21.5%*	8 *10.1%*	*Total:* 79
Collaboration	4 *5.1%*	5 *6.3%*	19 *24.1%*	51 *64.6%*	*Total:* 79
Safety and Quality	36 *45.6%*	33 *41.8%*	8 *10.1%*	2 *2.5%*	*Total:* 79
Professionalism and Ethics	10 *12.7%*	16 *20.3%*	35 *44.3%*	18 *22.8%*	*Total:* 79

E.g. Total score for "Collaboration" will be:
4 x 4 + 5 x 3 + 19 x 2 + 51 x 1 = 120

Weight % = Total Score/Max Score
= 120 / (79 x 4) = 15.2%

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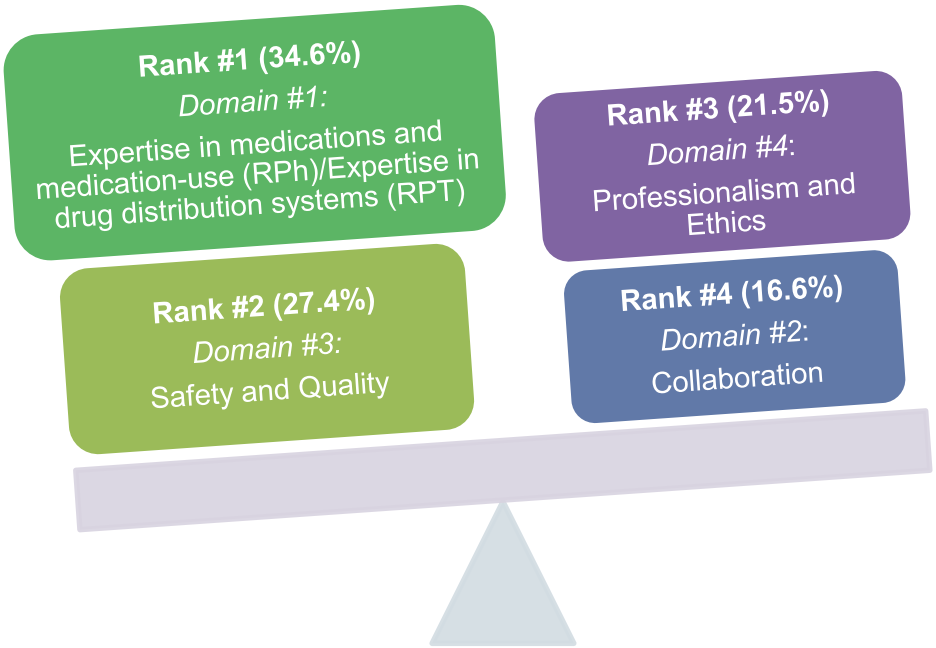
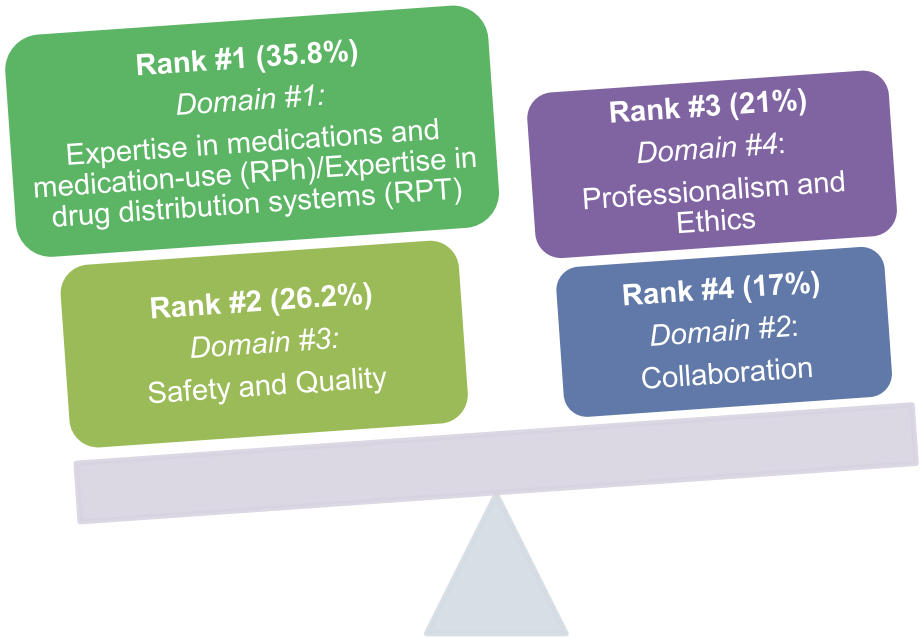
Ranking the Four Domains (All)

62% 38%



Ranking the Four Domains (RPh)

62% 38%



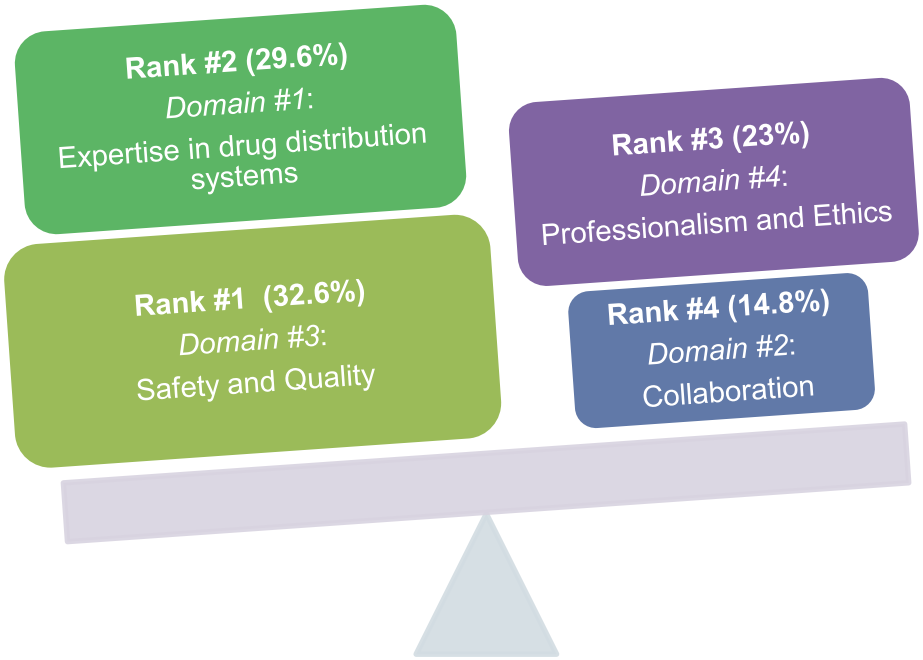
Hospital RPh:

Rank #4 (17.1%): *Domain #4:* Professionalism and Ethics

Rank #3 (19.7%): *Domain #2:* Collaboration

Ranking the Four Domains (RPT)

62% 38%



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LEARNING PREFERENCES

Determining Minimum Learning Hours Per Registrant

Variable	Hrs = 0 0 hours	Hrs = 0.25 0.25 to 5 hours	Hrs = 5.25 5.25 to 10 hours	Hrs = 10.25 10.25 to 15 hours	Hrs = 15.25 >15 hours	
Case study/problem-based learning	184 *23.4%*	348 *44.3%*	124 *15.8%*	68 *8.7%*	61 *7.8%*	*Total:* 785
Conferences (multiple lectures)	218 *27.8%*	254 *32.4%*	193 *24.6%*	66 *8.4%*	54 *6.9%*	*Total:* 785
Journal club	525 *66.9%*	173 *22.0%*	49 *6.2%*	22 *2.8%*	16 *2.0%*	*Total:* 785
Lecture (one topic)	211 *26.9%*	425 *54.1%*	106 *13.5%*	24 *3.1%*	19 *2.4%*	*Total:* 785
One-on-one sessions (peer mentoring)	540 *68.8%*	186 *23.7%*	36 *4.6%*	11 *1.4%*	12 *1.5%*	*Total:* 785

E.g. Estimated min learning hours for "Case study/PBL" will be:
184 x 0 + 348 x 0.25 + 124 x 5.25 + 68 x 10.25 + 61 x 15.25
= 2365.25
Average min learning hours per registrant will be:
2365.25 / 785 = 3.01 hrs

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Learning Format #1: Live Programs (All)

Topics	Ranking	Min Learning Hrs per registrant
Case study/problem-based learning	**#2**	**3.01**
Conferences (multiple lectures)	**#1**	**3.28**
Journal club	#5	0.98
Lecture (one topic)	**#3**	**1.53**
One-on-one sessions (peer mentoring)	#8	0.68
Online live webinars	#4	1.34
Role playing	#11	0.24
Teleconference	#10	0.41
Video-conference	#9	0.52
Workshop with small group discussions	#7	0.82
Other (please specify below)	#6	0.86

Learning Format #1: Live Programs (RPh)

Topics	All RPh (n = 632)		Comm RPh (n = 432)		Hospital RPh (n =126)	
Case study/problem-based learning	**#2**	**3.14**	**#1**	**3.25**	**#2**	**3.06**
Conferences (multiple lectures)	**#1**	**3.60**	**#2**	**3.05**	**#1**	**4.83**
Journal club	#5	1.16	#5	1.16	#4	1.46
Lecture (one topic)	**#3**	**1.71**	**#3**	**1.59**	**#3**	**2.32**
One-on-one sessions (peer mentoring)	#8	0.68	#8	0.53	#7	0.91
Online live webinars	#4	1.49	#4	1.57	#6	1.06
Role playing	#11	0.28	#9	0.35	#11	0.13
Teleconference	#10	0.48	#11	0.32	#10	0.84
Video-conference	#9	0.61	#10	0.34	#5	1.19
Workshop with small group discussions	#6	0.87	#6	0.75	#8	0.90
Other (please specify below)	#7	0.72	#7	0.74	#8	0.90

Learning Format #1: Live Programs (RPT)

Topics	All RPT (n = 153)		Comm RPT (n = 54)		Hospital RPT (n = 79)	
Case study/problem-based learning	**#1**	**2.50**	**#1**	**3.32**	**#2**	**1.88**
Conferences (multiple lectures)	**#2**	**1.96**	**#3**	**1.24**	**#1**	**2.25**
Journal club	#8	0.24	#6	0.41	#10	0.11
Lecture (one topic)	**#4**	**0.77**	#8	0.38	**#4**	**0.93**
One-on-one sessions (peer mentoring)	#6	0.66	**#4**	**0.65**	#6	0.73
Online live webinars	#5	0.72	#5	0.50	#7	0.57
Role playing	#11	0.07	#9	0.13	#11	0.03
Teleconference	#9	0.14	#11	0.02	#8	0.18
Video-conference	#10	0.12	#10	0.02	#9	0.13
Workshop with small group discussions	#7	0.61	#7	0.39	#5	0.75
Other (please specify below)	**#3**	**1.45**	**#2**	**2.30**	**#3**	**1.11**

Learning Format #2: Self-Directed Programs (All)

Topics	Ranking	Min Learning Hrs per registrant
DVDs	#6	0.73
Online interactive modules requiring the use of a web-based Learning Management System (e.g. Blackboard Learn or Moodle)	**#3**	**1.49**
Online text-based learning	**#1**	**4.48**
Printed material (e.g. journals, newsletters, pamphlets, workbooks)	**#2**	**3.87**
Podcasts (audio) streaming directly from a website	#5	0.89
Recorded presentations (video+audio) streaming directly from a website	#4	1.27
Other (please specify below)	#7	0.28

Learning Format #2: Self-Directed Programs (RPh)

Topics	All RPh (n = 632)		Comm RPh (n = 432)		Hospital RPh (n =126)	
DVDs	#6	0.78	#6	0.86	#6	0.58
Online interactive modules requiring the use of a web-based Learning Management System (e.g. Blackboard Learn or Moodle)	**#3**	**1.60**	**#3**	**1.72**	**#3**	**1.39**
Online text-based learning	**#1**	**4.60**	**#1**	**5.05**	**#2**	**3.69**
Printed material (e.g. journals, newsletters, pamphlets, workbooks)	**#2**	**4.09**	**#2**	**4.07**	**#1**	**4.16**
Podcasts (audio) streaming directly from a website	#5	0.98	#5	1.06	#5	0.72
Recorded presentations (video+audio) streaming directly from a website	#4	1.40	#4	1.48	#4	1.36
Other (please specify below)	#7	0.28	#7	0.18	#7	0.57

Learning Format #2: Self-Directed Programs (RPT)

Topics	All RPT (n = 153)		Comm RPT (n = 54)		Hospital RPT (n = 79)	
DVDs	#5	0.50	#6	0.41	#5	0.43
Online interactive modules requiring the use of a web-based Learning Management System (e.g. Blackboard Learn or Moodle)	**#3**	**1.07**	**#3**	**1.28**	**#3**	**0.84**
Online text-based learning	**#1**	**4.01**	**#1**	**5.12**	**#1**	**2.94**
Printed material (e.g. journals, newsletters, pamphlets, workbooks)	**#2**	**2.95**	**#2**	**2.87**	**#2**	**2.56**
Podcasts (audio) streaming directly from a website	#6	0.49	#7	0.34	#6	0.31
Recorded presentations (video+audio) streaming directly from a website	#4	0.74	#5	0.57	#4	0.63
Other (please specify below)	#7	0.30	#4	0.76	#7	0.00

Top 10 CE Providers where Registrants got their CE hours from (All)

Topics	Ranking	Min Learning Hrs per registrant
Canadian Healthcare Network	#1	3.39
Workplace Learning	#2	2.79
Canadian Council on Continuing Education In Pharmacy (CCCEP)	#3	2.74
RxBriefcase	#4	1.90
Pharmacist's Letter/Pharmacy Technician's Letter	#5	1.90
Canadian Pharmacists Association (CPhA) [e.g. ADAPT, e-therapeutics highlights]	#6	1.60
British Columbia Pharmacy Association (BCPhA)	#7	1.20
Drug Manufacturers including TechTalk	#8	1.13
Canadian Society of Hospital Pharmacists (CSHP)	#9	0.69
Medscape Pharmacists	#10	0.64

Other CE Providers where Registrants got their CE hours from (All)

Topics	Ranking	Min Learning Hrs per registrant
UBC Faculty of Pharmaceutical Sciences/UBC-CPPD (Continuing Pharmacy Professional Development)	#11	0.59
Provincial Pharmacy Regulatory Bodies [e.g. CPBC, Alberta College of Pharmacists]	#12	0.58
Pear Health eLearning	#12	0.58
UBC Therapeutics Initiative [e.g. Therapeutics Letters]	#14	0.48
American Society of Health System Pharmacists (ASHP)	#15	0.46
UBC Faculty of Medicine/UBC-CPD (Continuing Professional Development)	#15	0.46
Institute For Safe Medication Practices (ISMP)	#17	0.38
Other (please specify below)	#17	0.38
Canadian Association of Pharmacy Technicians (CAPT)	#19	0.35
Universities outside of Canada	#20	0.29
Universities outside of BC but within Canada	#21	0.28
Board of Pharmacy Specialties (BPS)	#22	0.25
Pharmacy Technician Society of BC (PTSBC)	#23	0.21
UBC College of Health Disciplines	#24	0.21

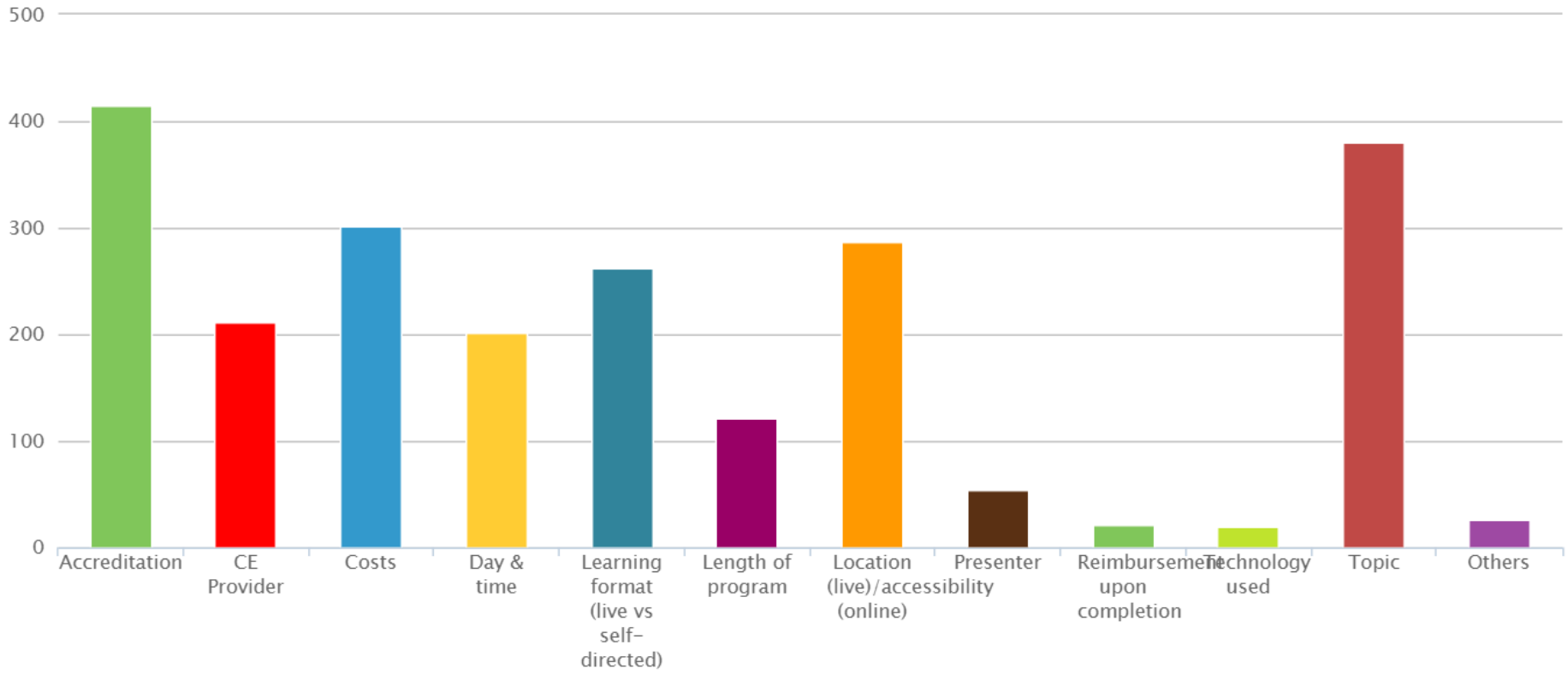
Top 10 CE Providers where Pharmacists got their CE hours from

All RPh (n = 632)			Community RPh (n = 432)			Hospital RPh (n = 126)		
Canadian Council on Continuing Education In Pharmacy (CCCEP)	#1	3.15	Canadian Council on Continuing Education In Pharmacy (CCCEP)	#1	3.77	Workplace Learning	#1	5.34
Canadian Healthcare Network	#2	3.02	Canadian Healthcare Network	#2	3.74	Canadian Society of Hospital Pharmacists (CSHP)	#2	2.63
Workplace Learning	#3	2.86	RxBriefcase	#3	2.70	Canadian Healthcare Network	#3	1.53
RxBriefcase	#4	2.14	Pharmacist's Letter/Pharmacy Technician's Letter	#4	2.68	Canadian Council on Continuing Education In Pharmacy (CCCEP)	#4	1.53
Pharmacist's Letter/Pharmacy Technician's Letter	#5	2.10	Canadian Pharmacists Association (CPhA) [e.g. ADAPT, e-therapeutics highlights]	#5	2.13	Canadian Pharmacists Association (CPhA) [e.g. ADAPT, e-therapeutics highlights]	#5	1.07
Canadian Pharmacists Association (CPhA) [e.g. ADAPT, e-therapeutics highlights]	#6	1.85	British Columbia Pharmacy Association (BCPhA)	#6	1.71	RxBriefcase	#6	0.99
British Columbia Pharmacy Association (BCPhA)	#7	1.32	Workplace Learning	#7	1.66	Other (please specify below)	#7	0.90
Canadian Society of Hospital Pharmacists (CSHP)	#8	0.81	Pear Health eLearning	#8	0.84	Pharmacist's Letter/Pharmacy Technician's Letter	#8	0.88
Medscape Pharmacists	#9	0.77	Medscape Pharmacists	#9	0.81	American Society of Health System Pharmacists (ASHP)	#9	0.83
UBC Faculty of Pharmaceutical Sciences/UBC-CPPD (Continuing Pharmacy Professional Development)	#10	0.67	Provincial Pharmacy Regulatory Bodies [e.g. CPBC, Alberta College of Pharmacists]	#10	0.77	UBC Faculty of Medicine/UBC-CPD (Continuing Professional Development)	#10	0.83

Top 10 CE Providers where Pharmacy Technicians got their CE hours from

All RPT (n = 153)			Community RPT (n = 54)			Hospital RPT (n = 79)		
Canadian Healthcare Network	#1	4.93	Canadian Healthcare Network	#1	5.59	Canadian Healthcare Network	#1	4.33
Drug Manufacturers including TechTalk	#2	3.78	Drug Manufacturers including TechTalk	#2	4.49	Drug Manufacturers including TechTalk	#2	3.12
Workplace Learning	#3	2.48	Pharmacist's Letter/Pharmacy Technician's Letter	#3	2.10	Workplace Learning	#3	2.49
Canadian Association of Pharmacy Technicians (CAPT)	#4	1.16	Workplace Learning	#4	2.02	Pharmacy Technician Society of BC (PTSBC)	#4	1.08
Pharmacist's Letter/Pharmacy Technician's Letter	#5	1.09	Canadian Council on Continuing Education In Pharmacy (CCCEP)	#5	1.61	Canadian Association of Pharmacy Technicians (CAPT)	#5	0.76
Canadian Council on Continuing Education In Pharmacy (CCCEP)	#6	1.08	RxBriefcase	#6	1.58	Canadian Council on Continuing Education In Pharmacy (CCCEP)	#6	0.70
RxBriefcase	#7	0.94	Canadian Association of Pharmacy Technicians (CAPT)	#7	1.55	British Columbia Pharmacy Association (BCPhA)	#7	0.61
Pharmacy Technician Society of BC (PTSBC)	#8	0.89	Canadian Pharmacists Association (CPhA) [e.g. ADAPT, e-therapeutics highlights]	#8	0.82	RxBriefcase	#8	0.59
British Columbia Pharmacy Association (BCPhA)	#9	0.71	British Columbia Pharmacy Association (BCPhA)	#9	0.79	Institute For Safe Medication Practices (ISMP)	#9	0.37
Canadian Pharmacists Association (CPhA) [e.g. ADAPT, e-therapeutics highlights]	#10	0.58	Provincial Pharmacy Regulatory Bodies [e.g. CPBC, Alberta College of Pharmacists]	#10	0.55	Canadian Pharmacists Association (CPhA) [e.g. ADAPT, e-therapeutics highlights]	#10	0.34

Considerations when choosing a learning activity (All)



#1 **#3** **#5** **#4** **#2**

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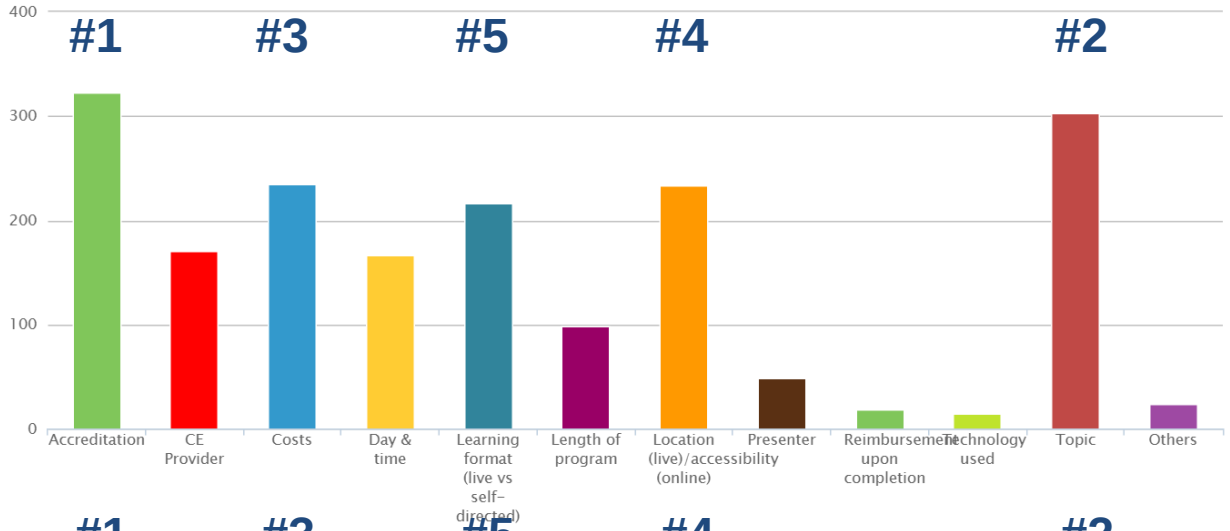
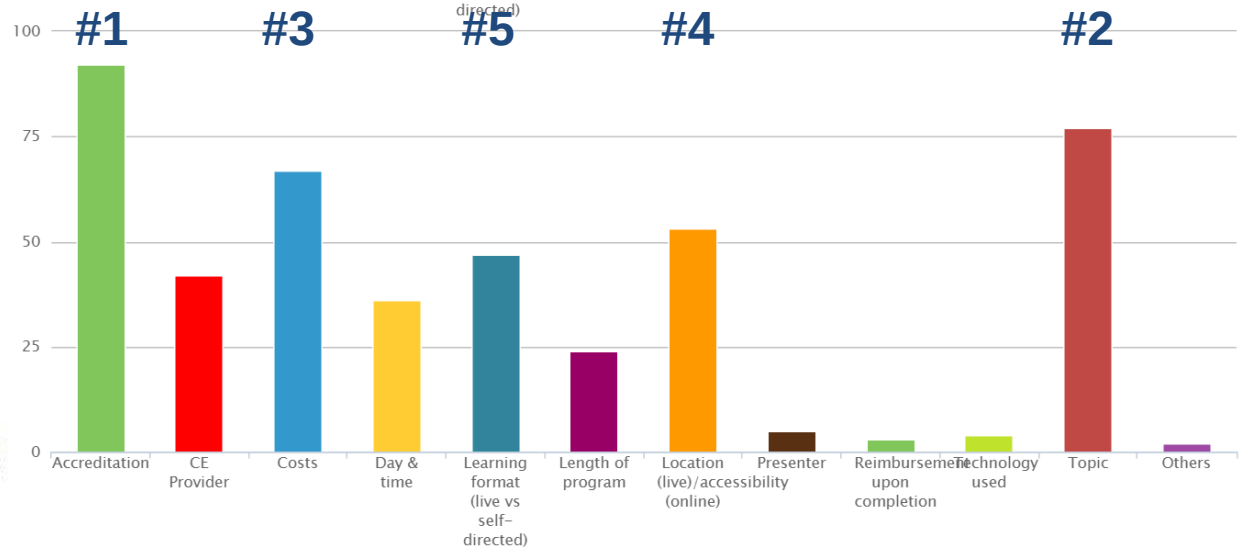
Top considerations when choosing a learning activity

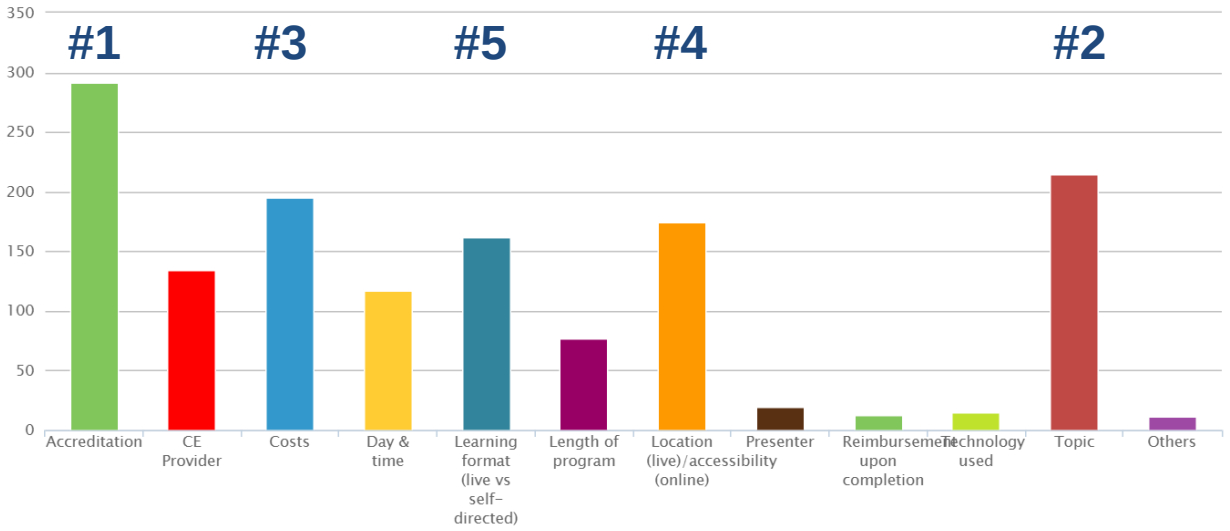


Pharmacists

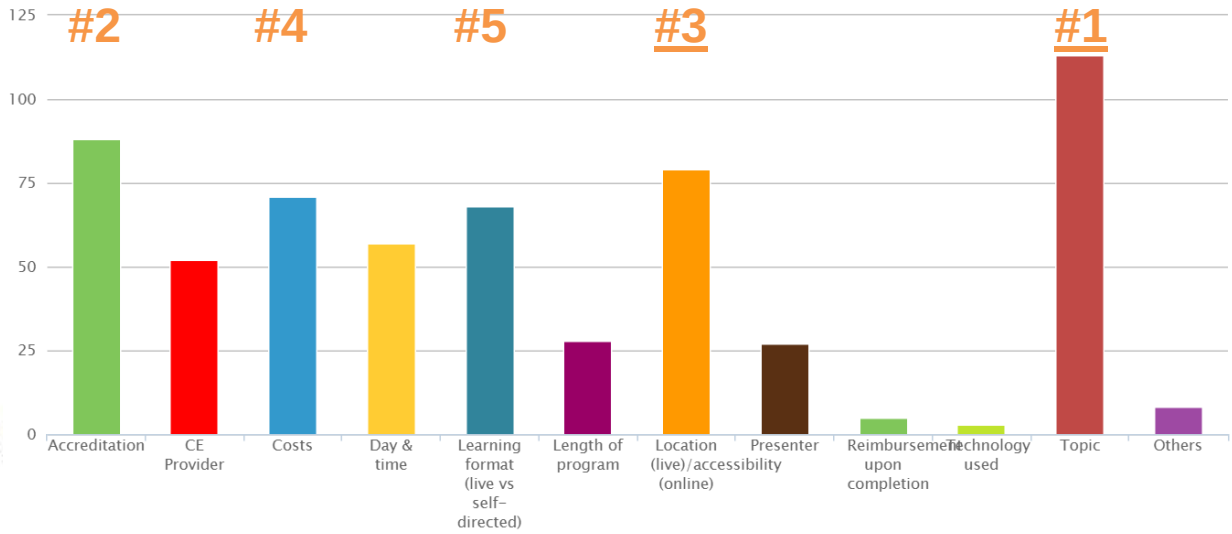


Pharmacy Technicians

Top considerations when choosing a learning activity

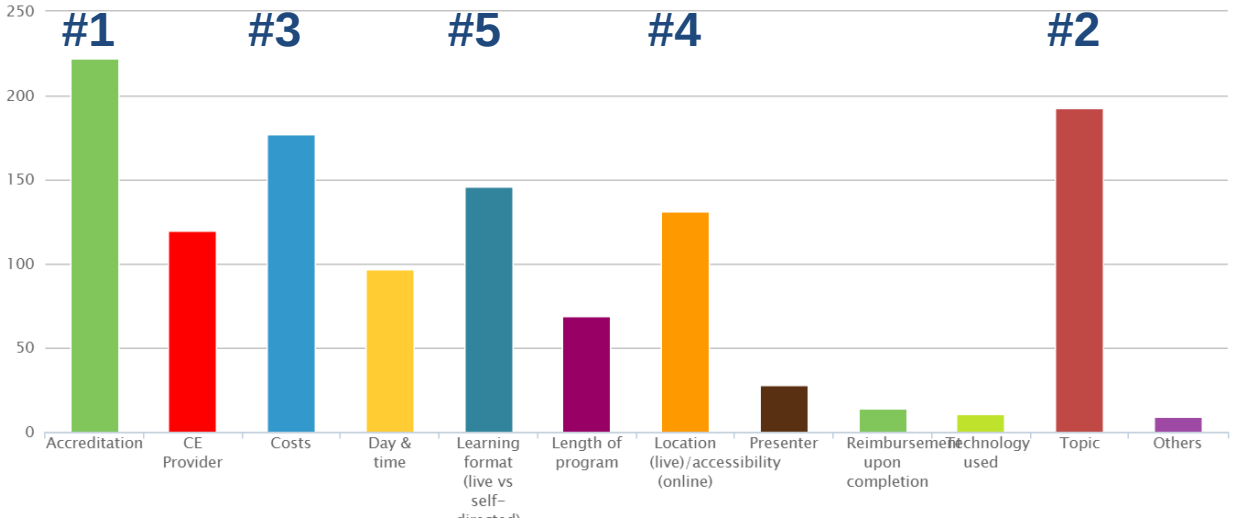


Community

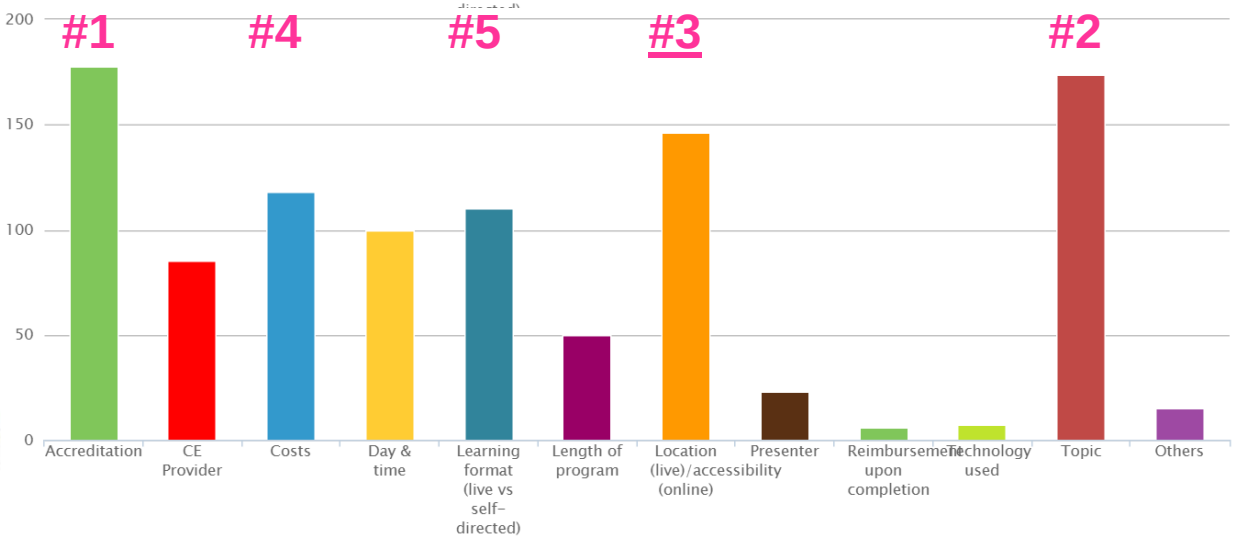


Hospital

Top considerations when choosing a learning activity



Lower Mainland Districts 1&2



Outside Lower Mainland Districts 3-5

Did the learning activities you completed meet your learning needs for your current practice?

YES	Community	Hospital	ALL
RPh	88.7%	84.8%	87.7%
RPT	77.4%	75.9%	75.0%
ALL	**87.5%**	**81.4%**	**85.2%**

SOMEWHAT	Community	Hospital	ALL
RPh	10.1%	14.4%	11.4%
RPT	18.9%	22.8%	22.4%
ALL	**11.1%**	**17.6%**	**13.5%**

NO	Community	Hospital	ALL
RPh	1.2%	0.8%	1.0%
RPT	3.8%	1.3%	2.6%
ALL	**7.0%**	**1.0%**	**1.3%**

Suggestions to improve their learning needs (RPh)

Pharmacists want more CEs that are:

- Diverse in topics…[and] more topics…more specific topics…new medications…new treatment protocols…[but also] review of diseases & treatments
- Relevant to their needs, practice, and/or role
- Web-based learning…[and] live presentations/conferences/workshops in their local areas…more free ones…and frequently held…held at times that suit their work and live schedules

Suggestions to improve their learning needs (RPh) con't

Pharmacists want more CEs that are:

- Delivered in a way that the registrants can retain the information after 6 months…[e.g.] have written learning summaries
- Delivered using user-friendly technology
- Comprehensive on broad disease states, drug therapies (old and new), their place in treatment, and how to improve the life of the individual patient with this disease state…
- Evidence-based, concise, bias-free articles

Suggestions to improve their learning needs (RPT)

Pharmacy Technicians want more CEs that are:

- accredited and specific for pharmacy technicians
- relevant to and will enhance their scope of practice and/or role
- hospital-based topics or journal articles…[such as] sterile compounding and safety
- web-based learning…[and] live presentations/conferences/workshops in their local areas…at a reasonable cost

What RPh want to see more in BC

College of Pharmacists of British Columbia

What RPh want to see more in BC

- **More live presentations/workshops/seminars/ webinars/interactive sessions with group discussion and learning… in the evening…[or] day-long in length… in local areas…out of Vancouver…[including] the Island…the Okanagan-Kootenays…Northern BC….and the rural areas**
- Live presentations that are also recorded and able to be completed online later
- Case studies…from BC pharmacists
- In-depth programs…[like] specialized programs…certificate programs…[for] advanced practices

What RPh want to see more in BC

- Programs organized/offered by the College…like those offered by OCP and ACP
- Preferably free…[or] at an affordable…reasonable cost
- Self-directed studies: easily accessible, time independent, preferably free, unbiased online learning…practical and case based studies that can be applied in the workplace
- [Non-clinical pharmacy practice topics]…hospital: drug distribution, automation, technology, safety, risk management, project management…regulatory and government…business management: human resources, time efficiencies, workflow issues…team building

What RPT want to see more in BC

College of Pharmacists of British Columbia

What RPT want to see more in BC

- **More technician-specific, in-depth information and topics…more Tech Talks…more hospital-based ones**
- **More live presentation/workshops/conferences for technicians**…[especially] on the island…
- More free, accredited CEs for technicians
- More interactive learning with other technicians
- Support from workplace for learning
- More pharmacist/technician joint courses
- More online (longer duration, more CEU's per lesson)…easy to access
- Compounding

Questions?

Next Steps / Timeline

Dates	Activities

January 2016	• QAC Meeting
	  ○ Make recommendation to the Board on CE Tools and Programs
	• Implement PDAP Portal Changes
	  ○ New CE requirements for registration renewal
	  ○ New CE requirements for reinstatement (return to practice)

February 2016	• Board Meeting ○ Presentation of recommendation on CE Tools and Programs
March 2016 and Onwards	• QAC Meeting • Board Meeting

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.vii. Criminal Record Check Process

INFORMATION ONLY

Purpose

To update the Board on the Criminal Record Check process related to registration renewal and outline the next steps in this process.

Background

Since the transition to the *Health Professions Act (HPA)* in April 2009*,* registrants are required to "authorize a criminal record check or a criminal record check verification, as applicable, under the Criminal Records Review Act" (CRRA). Section 15 of the CRRA, under the Ministry of Justice (MOJ) makes it mandatory for all registrants to undergo a criminal record check (CRC) at the time of initial registration and provide the College authorization to do so at least once every 5 years thereafter. The CRC authorization is consent for the MOJ to conduct a vulnerable sector check and they administer all aspects of the CRC.

The purpose of the CRRA is to help protect children from individuals whose criminal record indicates they pose a risk of physical or sexual abuse, and to protect vulnerable adults from individuals whose criminal record indicates they pose a risk of physical, sexual or financial abuse.

In 2013, the CRRA was revised to include fingerprinting for selected individuals as an additional verification step of a CRC. This additional step is mandatory for those who have been selected. Selection is determined at the discretion of the MOJ and is based on characteristics such as gender and birth date. The MOJ notifies registrants by mail if they have been selected to complete the fingerprinting verification step and requests that it be completed as soon as possible. The MOJ then sends two additional notification letters over a 90-day period, to registrants who have yet to comply with the fingerprint requirements. After this time period, if the fingerprint requirements still have not been completed, the Deputy Registrar of the Criminal Records Review Program notifies the College that the registrant has not been cleared to work under the CRRA. The College is not notified of which registrants have been identified to complete fingerprinting requirements until this final notification.

Current Process

Since the CRC requirement came into force in 2009, the registration renewal process has allowed registrants to renew their registration after simply completing a 'CRC authorization'. Meaning, the act of authorizing the CRC satisfied the requirement and allowed registrants to renew their registration without having received CRC results. Now that there is an additional mandatory step imposed on selected registrants under the CRRA, it has been identified that a number of registrants have renewed their registration without having satisfied all of the CRC requirements. This is due to the fact that registrants aren't notified that they have been selected to complete the fingerprint requirements until after they have authorized the CRC, and in some circumstances, after their registration renewal has been completed.

Consultation with the MOJ on the CRC process and an internal review of the registration renewal process was conducted. Through the consultation process with the MOJ, it was identified that their reporting process with registrants required changes and streamlining. While the MOJ is finalizing their process, the College will receive monthly reports of registrants who do not comply with the fingerprint requirement.

The College's Complaints Resolution Team (CRT) follows up with registrants, based on their registration renewal date, through the following process:

1. The MOJ notifies the College that a registrant did not comply with the CRRA requirement.
2. The CRT sends a letter notifying the registrant of their non-compliance 2.5 months prior to the registrant's next registration renewal date, requesting that s/he comply within two weeks.
3. A second notification is sent 2 months prior to the registration renewal date requesting that s/he comply within two weeks. When the two weeks expire, the CRT requests direction from IC to conduct an own-motion investigation. The request occurs at the next IC meeting.
4. Once the IC directs an investigation, the CRT sends the registrant a letter notifying her/him that they are being investigated under the *HPA.* The investigation follows the usual IC process for disposing of a complaint.
5. The CRT notifies the Registration Department to remove the registrant's online registration renewal option.

Since starting this process, the College has been notified that 17 registrants have not complied with the CRC requirements. Two registrants complied after receiving notification from the CRT and prior to requesting IC direction to investigate. One registrant's file is currently being investigated under the *HPA* and the matter is scheduled to be disposed of at the September 21, 2016 IC meeting. The remaining fourteen registrants will be notified by the CRT 2.5 months prior to their next registration renewal date (per step #2).

This process will continue on a rolling basis until a proactive process is established.

Next Steps

The Registration Department will conduct a further review to implement proactive processes to ensure the CRC requirements are met prior to individual registration renewal dates. This will be done in parallel with the anticipated changes to the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, which will require a CRC for owners.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2b.ix. Practice Review Committee - Phase 1 Update

INFORMATION ONLY

Purpose

To provide the Board with an update on the Practice Review Program, Phase 1 Community Practice.

Business Stream:

Update	Next Steps
Phase 1 Community Practice • Conducted June, July and August 2016 reviews (Appendix 1) • Scheduled pharmacies for September and October 2016 reviews • New Registrant Feedback Survey implemented	Phase 1 Community Practice • Schedule pharmacies for November 2016 reviews • Enhance Pharmacy Professional Reviews for Pharmacy Technicians • Continue to develop Release 2 of Phase 1: Residential Care, packaging, compounding and other ancillary forms

Communications / Stakeholder Stream:

Update	Next Steps
• New Practice Review Program Insights article released in Readlinks (Appendix 2)	• Continue to develop monthly Readlinks articles for Practice Review Program Insights

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

Legislation Stream:

Update	Next Steps
• Meetings with director to discuss issues arising from reviews	• Continue ongoing meetings to discuss issues arising from reviews • Continue to monitor non-compliance items from reviews for feedback on bylaw review process • Review updated Legislation Change Schedule (Phase 1 Release 2)

Enforcement Stream:

Update	Next Steps
• Sharing PRP Information • Working with Complaints Resolution team to review selected pharmacies (to prevent overlap)	• Continue to share PRP information as needed • Continue to refer to Inquiry Committee as needed • Continue to work with Complaints Resolution team to review selected pharmacies (to prevent overlap)

Human Resources / Operations Stream:

Update	Next Steps
• New Compliance Officer hired and trained • One Compliance Officer resigned due to an opening in a another College department • Phase 2 Compliance Officer training to conduct community practice reviews	• Hire Phase 1 Compliance Officer to replace the one who resigned • Phase 2 Compliance Officer to conduct community practice reviews

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

IT Stream:

Update	Next Steps
• Held session to gather feedback from all application users • Data migration of reviews conducted on excel forms (Prior to April 18th, 2016)	• IT to resolve issues identified by application users • Validate/verify data migration of reviews conducted on excel forms • Build reports for administrative use

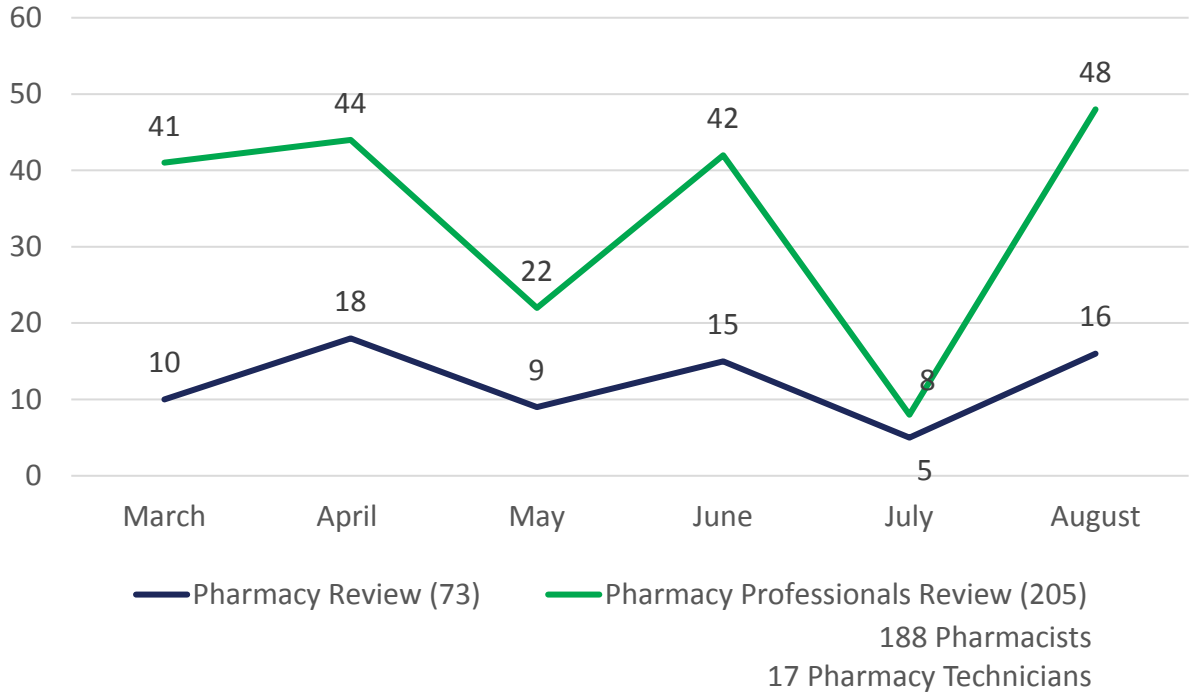
Appendix	
1	Phase 1 – Community Practice Operational Statistics
2	PRP Insights Articles in Readlinks

Appendix 1

PRP Phase 1 - Community Practice Operational Statistics

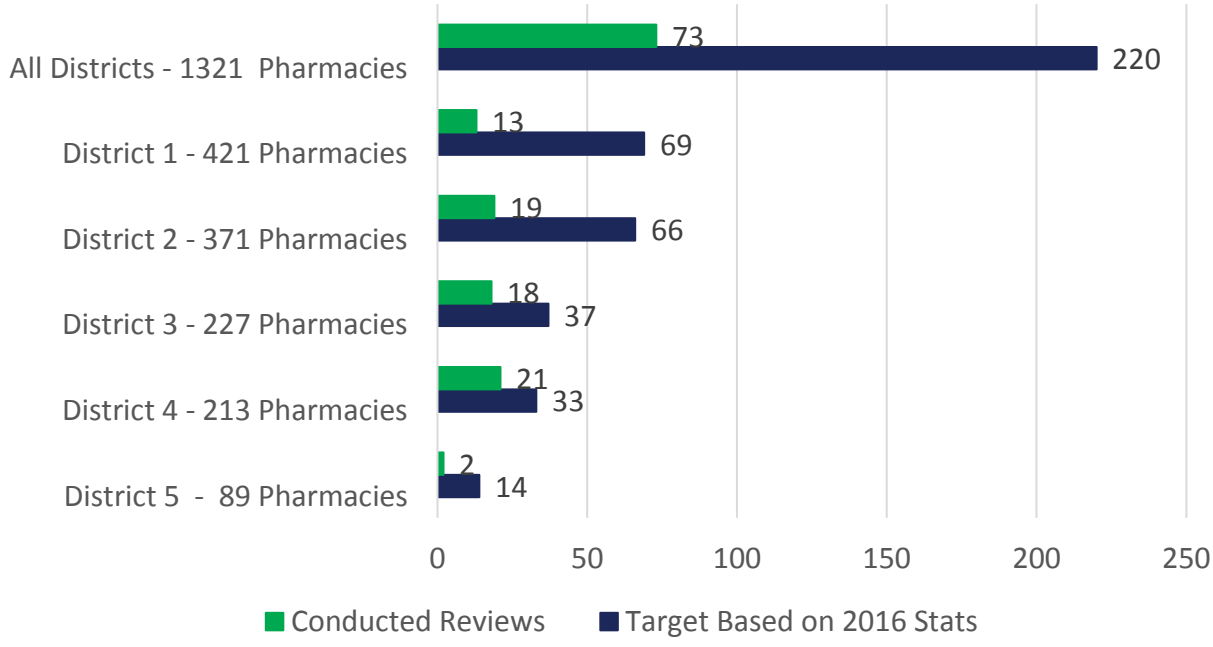
2016-17 Fiscal Year Progress: March 1st, 2016 – August 31st, 2016

Conducted Pharmacy Reviews and Pharmacy Professionals Reviews



2016-17 Fiscal Year Progress: March 1st, 2016 – August 31st, 2016

Conducted Pharmacy Reviews by District



Appendix 2

Practice Review Program Insights Articles

March 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Home > Practice Review Program Insights: Drug Product Distribution Requirements

Practice Review Program Insights: Drug Product Distribution Requirements

The Practice Review Program is picking up steam. College Compliance Officers are completing more and more practice reviews every week.

As a result, there will be a new series of ReadLinks articles that focus on topics related to either the Pharmacy Review or the Pharmacy Professionals Review.

This first installment of Practice Review Program Insights is on the topic of Drug Product Distribution Requirements.

Compliance Officers have been finding some non-prescription products placed in an incorrect area of a community pharmacy. The following table contains the correct drug schedules for non-prescription products that were found to be misplaced during the Pharmacy Reviews. Please review your pharmacy product storage and correct any misplaced products in order to meet compliance measures during a Pharmacy Review.

Drug	Drug Schedule
Antipyrine for otic or topical use	2
Dimenhydrinate and its salts (for oral use when sold in packages of greater than 30 dosage units or for parenteral use) Dimenhydrinate and its salts (for oral use when sold in packages of 30 dosage units or less or for rectal use)	2 3
Magnesium citrate (cathartics)	3
Sodium biphosphate (cathartic)/ Sodium phosphate (cathartics)	3
Famotidine and its salts (when sold in concentrations of 20 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 600 mg of famotidine)	3
Ranitidine and its salts (when sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 4 500 mg of ranitidine)	3
Pramoxine and its salts (for topical use on mucous membranes, except lozenges)	3
Hydrocortisone (when sold as a single medicinal ingredient in a concentration that provides 0.5% hydrocortisone in pre10parations for topical use on the skin)	3
Fluconazole	3

Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the professional service area of the pharmacy where there is no public access and no opportunity for patient self-selection.

Exempted codeine products must be kept within the professional service area where they are inaccessible and not visible to the public.

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.

Schedule III drugs may be sold by a pharmacist to any person from the self-selection professional products area of a licensed pharmacy.

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

In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the pharmacy manager must ensure that:

- the professional products area extends not more than 25 feet from the perimeter of the dispensary, and
- the professional products area is visually distinctive from the remaining areas of the premises by signage, and
- all non-prescription medications in this drug schedule must be either secured behind the "lock-and-leave" barrier or removed into the dispensary when the pharmacist is not on duty.

The Drug Product Distribution Requirements for Community Pharmacies document is a resource for pharmacy staff to help identify Schedule 2 and 3 products.

Note: As of February 25, 2015, the following products are still under Schedule 1 (i.e. requires a prescription) in British Columbia although they are listed as schedule 2 or 3 in other jurisdictions in Canada:

- Voltaren Emugel Extra Strength 2.32%
- Omeprazole 20mg

Read more information about the Drug Schedule Regulation under the *Pharmacy Operations and Drug Scheduling Act*.

You can also review the updated Prescription Regulation Table on the College website.

Have a question about the Practice Review Program? Email PRP@bcpharmacists.org.

May 15, 2015

Source URL: http://www.bcpharmacists.org/readlinks/practice-review-program-insights-drug-product-distribution-requirements

June 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Home > Practice Review Program Insights: Retaining Prescriptions

Practice Review Program Insights: Retaining Prescriptions

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

The second installment of Practice Review Program Insights focuses on the requirements of retaining a prescription.

When conducting the Pharmacy Review, Compliance Officers have found that a number of pharmacies are not retaining prescriptions for the minimum required time period due to misinterpretation of the legislation.

The *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaw section 8(1)(a) states that "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 drug referred to in a prescription was last dispensed**."

Professional Practice Policy-12: Prescription Hard Copy File Coding System also states that "Prescriptions must be retained for **a period of three years** after their most recent activity, including refill transactions."

Pharmacies are required to retain hard copies of all written prescriptions and a written record of verbal prescriptions **for three years** from the last dispensing date. Refills for all drugs – with the exception of oral contraceptives – are valid for a maximum of one year from the prescribing date and refills for oral contraceptives are valid for a maximum of two years from the prescribing date.

The date of last activity may be one or two years from the original dispensing date. When you add three years (as per the bylaw) to the date you last refilled a prescription, this can translate into keeping records for **four years** (one plus three) or **five years** (two plus three for oral contraceptives). At the time of destruction, if oral contraceptive prescriptions are not removed and retained, **ALL** prescription hard copies must be retained for a minimum of **five years** to meet the College of Pharmacists of BC requirements.

Have a practice question? Email practicesupport@bcpharmacists.org

Jun 01, 2015

Source URL: http://www.bcpharmacists.org/readlinks/practice-review-program-insights-retaining-prescriptions

August 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Practice Review Program Insights: Policy and Procedure Manual

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

This installment of Practice Review Program Insights focuses on the requirement of keeping an up-to-date policy and procedure manual.

The policy and procedure manual is the cornerstone document for a pharmacy. It serves as a communication and training tool, a reference for operational standards to help ensure consistent delivery of pharmacy services, and it guides staff in the event of an unfamiliar situation. A good manual also helps regular and relief staff recognize potential issues and outlines the steps to resolve issues when they arise. Whether you are operating a one-man shop or managing a larger pharmacy, a properly documented policy and procedure manual promotes compliance with operational and practice standards and ensures patient safety.

A comprehensive policy and procedure manual for community pharmacy should include but not be limited to the following areas:

- verification of the identity and registration status of individuals applying for pharmacist or pharmacy technician positions prior to employment;
- specific duties to be performed by registrants and pharmacy assistants;
- inventory management, product selection, and proper destruction of unusable drugs and devices;
- reporting and documentation on known, alleged and suspected errors, incidents and discrepancies.
- written drug recall procedure in place for pharmacy inventory;
- confidentiality with respect to all pharmacy and patient records in accordance with all applicable legislation; and
- reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises.

Additional policies and procedures must be established for telepharmacies, pharmacies that perform centralized prescription processing, and/or compounding. Please refer to the College's Professional Practice Policies for more information on these practice areas.

November 2015:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

Practice Review Program Insights: Signing Narcotic Records

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

This installment of Practice Review Program Insights focuses on the importance of signing for narcotic invoices.

It is the responsibility of the pharmacy manager to ensure that all records related to the purchase and receipt of controlled drug substances are signed by a pharmacist.

Pharmacists are able to sign orders for the pharmacy in which they are practising, which can include more than one pharmacy if they practice at multiple sites.

It is important to note that regulated pharmacy technicians, pharmacy students and/or pharmacy assistants are not authorized to sign narcotic records.

A pharmacist's signature is required on the electronic or hardcopy Narcotic Acknowledgement Form from the wholesaler (if any), and on all narcotic invoices that must be retained at the pharmacy until they can be destroyed.

According to PODSA Bylaws, the purchase and receipt of controlled drug substances must be retained for a period of not less than three years from the date an invoice was received for pharmacy stock. However, some third parties, such as the Canada Revenue Agency, may have a longer storage requirement for invoices. Please check with your accounting professional for more information.

Source URL: http://www.bcpharmacists.org/readlinks/practice-review-program-insights-signing-narcotic-records

March 2016:

College of Pharmacists of British Columbia

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

PRP Insights: Expiry Dates of Compounding Materials and Products

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

This installment of Practice Review Program Insights focuses on inventory management of compounding materials and products.

Many pharmacies have established procedures in their inventory management process to account for expiry dates. These processes include tagging soon-to-expired products and routinely checking for and pulling off expired products in the inventory. During a Pharmacy Review, Compliance Officers have found that some pharmacies do not account for expiry dates of the raw materials used in compounding. It is important that these products are also checked as part of the routine inventory management process.

Pharmacies may occasionally prepare compounds in advance for anticipated prescriptions. It is important the following be recorded on the label: all ingredients and their strengths, the date the compound was prepared, the total quantity prepared, the expected expiry date, and the appropriate lot number. It is strongly advised that pharmacies use a compounding log in this situation. Please refer to NAPRA's *Guidelines to Pharmacy Compounding (2006)* and *Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations (2015)* for more information on record keeping for on non-sterile and sterile preparations. To determine the stability of a compound, please consult an appropriate compounding reference.

Return-to-stock compounds must also have the expiry date and lot number recorded on the label with all patient identifiers removed (in accordance with all other return-to-stock drug products). Once return-to-stock compounds have expired, they must be identified, removed, and stored in a separate area of the pharmacy or a secure storage area until final disposal.

Mar 11, 2016

Source URL: http://www.bcpharmacists.org/readlinks/prp-insights-expiry-dates-compounding-materials-and-products

June 2016:

Published on *College of Pharmacists of British Columbia* (http://www.bcpharmacists.org)

PRP Insights: Privacy, Confidentiality and Security of Patient Health Information

PRP Insights: Privacy, Confidentiality and Security of Patient Health Information

The Practice Review Program is fully underway in community pharmacies across the province. As Compliance Officers conduct more practice reviews, they are noticing opportunities for the College to provide clarification to pharmacy professionals on selected areas of common concern.

This installment of Practice Review Program Insights focuses on properly maintaining patient information in accordance with College standards.

The patient health information that pharmacists and pharmacy technicians collect, use, disclose, store, and dispose of is considered confidential. In addition to requirements set out in the Bylaws, the College's Code of Ethics states that registrants must respect their patient's right to privacy and confidentiality.

Compliance Officers have seen the following examples of non-compliance related to confidentiality during a *Pharmacy Review*:

1. Pharmacy Pick-Up Counter

Patient health information (on a prescription) is visible to the public from outside of the pharmacy. In addition, the filled prescriptions are stored in clear bags/bundles and – despite being stored behind the pharmacy counter – are visible to the public.

This pharmacy is not compliant as HPA Bylaw Part VII – 74(a) states that a registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored at the pharmacy, and are not visible by the public.

2. Dispensary Area

Registrants would regularly have conversations about a patient and/or prescription within the dispensary that was clearly heard by the public. In addition, registrants would also continue conversations at the Drop-Off and Pick-Up counter.

This pharmacy is not compliant as HPA Bylaw Part VII – 77(1) states that a registrant must make reasonable security arrangements to protect personal information, including ensuring that dispensary staff are aware of the level of volume of conversations and cannot be heard from outside of the dispensary area.

Be mindful when speaking with patients about their medications. If a patient is hard of hearing, it would be best to take them aside or to a more private area.

3. Transferring Patient Health Information

A pharmacy uses an external document disposal / shredding service for all pharmacy generated documents that are discarded. The pharmacy manager was unable to produce a contract for the processing, storage or disposal of the transferred patient's personal health information.

This pharmacy is not compliant as HPA Bylaw Part VII – 78 states that a registrant must ensure that a contract is made when transferring patient information, which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

4. Receipts and Mini-Medication Profile

A pharmacy provides receipts to all patients with a mini-medication history and profile.

While this practice may be helpful, it is important to consider the following questions:

- Is this mini-medication profile provided directly to the patient or to the patient's representative?
- Has the patient given consent to provide such information?

This pharmacy would be compliant with College standards as long as, under HPA Bylaw Part VII – 72(a), a registrant maintains confidentiality of the patient's health information and may disclose that information only if the patient has consented to the disclosure.

Privacy, confidentiality and security go hand-in-hand when it comes to protecting a patient's personal health information. In pharmacy practice, pharmacists and pharmacy technicians provide vital services to the public on a daily basis and need to ensure that they protect confidential patient information at all times.

- Practice Review Program

Jun 09, 2016

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.x. Certified Pharmacist Prescriber - Update on Stakeholder Engagement

INFORMATION ONLY

Purpose

To update the Board on the Certified Pharmacist Prescriber Engagement and next steps in this initiative.

Background

Under the direction of the Board, the College has been working towards forming a proposal for pharmacist prescribing in British Columbia.

Work towards forming a framework and proposal for pharmacist prescribing stretches back to 2010 when the Board first directed the College to move forward with a feasibility study. It was later included in the College's 2014/15 – 2016/17 Strategic Plan and a dedicated task group was formed to lead the initiative.

In May 2015, the Task Group developed "Establishing Advanced Practice Pharmacists in British Columbia" which proposed pharmacist prescribing in response to the Ministry of Health's call for feedback on several cross sector policy discussion papers. In response to the College's submission, the Ministry of Health requested additional information on societal need, eligibility criteria, and managing perverse incentive to prescribe in addition to further stakeholder engagement.

The task group developed the Certified Pharmacist Prescriber Draft Framework in response to the Ministry of Health's feedback and to help facilitate stakeholder engagement – it includes information on societal need, proposed eligibility criteria and standards limits and conditions, as well as practical use cases.

The Certified Pharmacist Prescriber Draft Framework was approved for stakeholder engagement at the College's November 2015 Board meeting, and a series of consultations on the draft framework were held in Spring/Summer 2016.

The College has now completed its Certified Pharmacist Prescriber Engagement and is working on analyzing the extensive feedback received. The College had initially hoped to present the results of the stakeholder engagement at the September Board Meeting, however as a result of

the large amount of stakeholder feedback received, additional time is required to analyze the feedback. The College now plans to present the report on engagement at the November 2016 Board Meeting together with the recommendations from the Certified Pharmacist Prescriber Task Group.

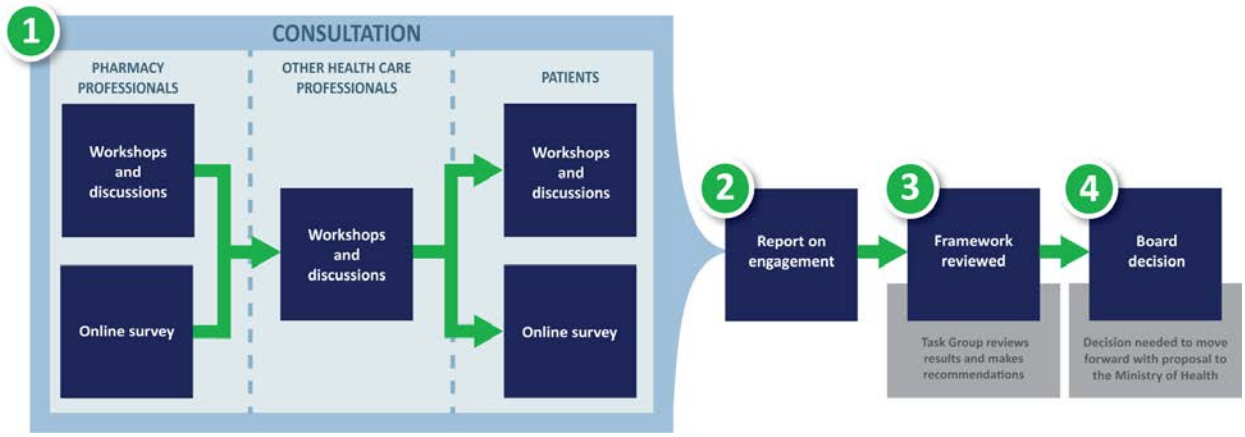
Discussion

Consultation Process

Stakeholder engagement is an essential part of moving forward with pharmacist prescribing.

Using the Certified Pharmacist Prescriber Draft Framework as a discussion document, the College engaged with pharmacy professionals, other prescribers and patients to solicit feedback to inform the proposal for pharmacist prescribing in BC.

The College also clearly communicated the engagement process to its stakeholders and identified how the feedback received would be used – this is an essential part an effective and transparent engagement strategy.



All stakeholder feedback is being gathered in a consolidated engagement report. The Certified Pharmacist Prescriber Task Group will review the feedback and prepare recommendations on next steps for the College Board. The report on engagement and the Task Group's recommendations will be presented to the Board during the November Board Meeting. The report on engagement will also be published on the College's website.

Engagement Reach

The level of participation during the Certified Pharmacists Prescriber Engagement was one of the largest the College has ever experienced. We would like to thank everyone who provided feedback during the consultation period as well as those who helped build awareness of the opportunity to provide input.

Throughout February to June 2016, the College held 15 different workshops and stakeholder meetings with pharmacy professionals, other prescribers and patients - we heard from over 200 individuals and over 25 different groups and organizations.

Organizations the College heard from through the Pharmacist Prescribing Engagement

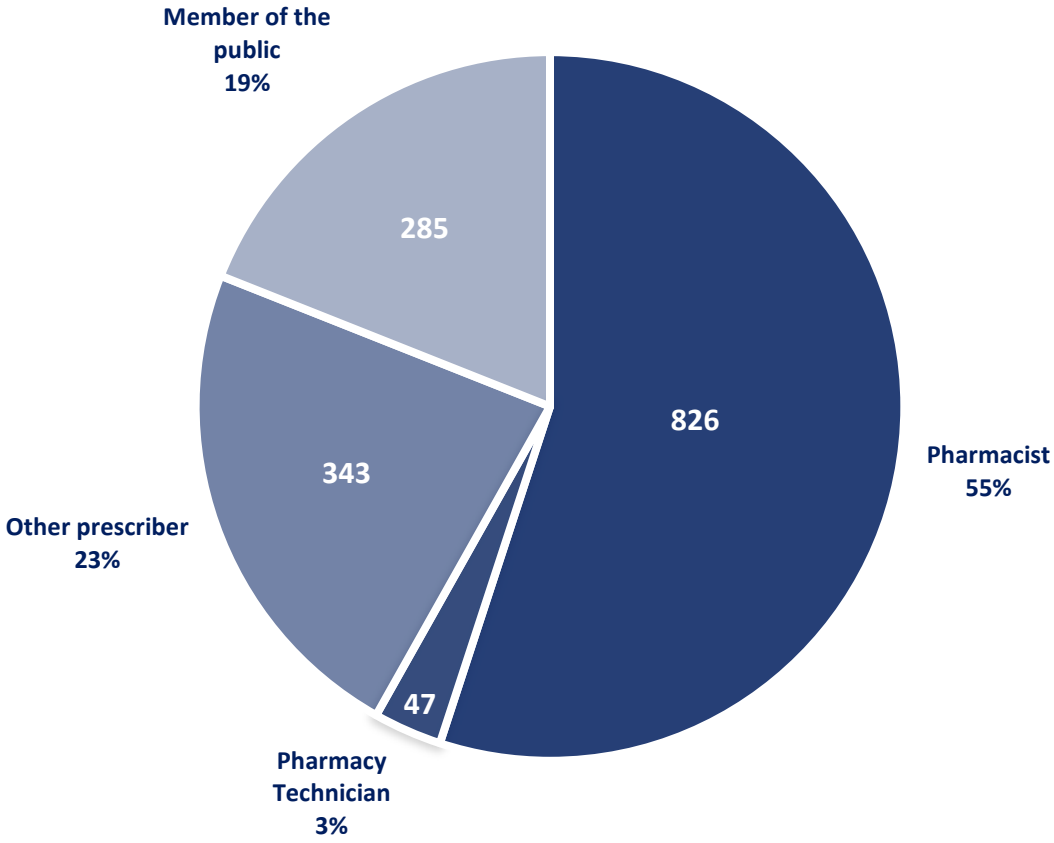
- Association of Registered Nurses of BC/BC Nurse Practitioner Association
- BC Pharmacy Association
- BC College of Family Physicians
- BC Health Authorities (Pharmacy Directors)
- Best Medicines Coalition
- Better Pharmacare Coalition (BC)
- British Columbia Association for People on Methadone (BCAPOM)
- Canadian Arthritis Patient Alliance
- Canadian Society of Hospital Pharmacists of BC
- Canadian Council of the Blind
- College of Pharmacists of BC Hospital, Community and Residential Care Advisory Committees
- College of Registered Nurses of BC
- College of Naturopathic Physicians of British Columbia
- College of Physicians and Surgeons of BC
- DoctorsofBC
- Gastrointestinal Society
- The Kidney Foundation of Canada BC & Yukon
- University of British Columbia – Faculty of Pharmaceutical Sciences
- Patient Voices Network (BC Patient Safety and Quality Council)
- Pharmacy Leaders of Tomorrow
- Specialists of BC
- Vancouver Area Network of Drug Users (VANDU)

The College also held an online consultation – from June 3 to July 15 – on pharmacist prescribing which invited pharmacy professionals, the public and other stakeholders to review the framework and share their thoughts on pharmacists prescribing in BC. The College extended the initial stakeholder feedback period by two weeks at the request of stakeholders from June 30 to July 15.

During the course of our online consultation period there were more than 6,900 visits to the Certified Pharmacist Prescribing Engagement page on the College's website. We also reached over 200,000 through our social channels (Twitter, Facebook and Instagram) which shared information about the draft framework and encouraged participation in the online survey. Over 1,500 completed the online survey providing over 11,400 answers to a range of questions on pharmacist prescribing.

Online Survey Engagement Demographics

The College asked survey respondents to identify if they were a pharmacist, pharmacy technician, other prescriber or member of the public. While the majority of responses came from pharmacists (over 820), the College received many responses from both other prescribers (over 340 responses) and the public (over 280 responses). The College also heard from a small selection of pharmacy technicians (over 45) on their thoughts on pharmacist prescribing and how it could impact their practice.



Analyzing stakeholder feedback

While the College is very pleased with the elevated participation rate of the Certified Pharmacist Prescriber Engagement as well as having received such extensive feedback, this impacts the amount of time required to analyze and report on the data. The College is using external data analysis services to help mine through the comments and provide quantitative and qualitative date to draw out meaningful and objective feedback for use in the report on engagement. The College had initially hoped to present the results of the stakeholder engagement at the September Board Meeting, however, additional time is required to analyze the feedback and the College now plans to present the report on engagement at the November 2016 Board Meeting.

Next Steps

College is working to develop the report on engagement based on the feedback provided. The Certified Pharmacist Prescriber Task group will be reviewing the report on engagement and will provide recommendations to the Board on next steps based on the results. The Board will review both the report on engagement and the Task Group's recommendations and make a decision on next steps for the initiative at the November 2016 Board Meeting.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.xi. Strategic Plan – Update

INFORMATION ONLY

Purpose

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

Background

At the February 20th Board Strategic Planning Session, three broad themes were identified (Legislation Standards & Modernization, Professional Excellence, Drug Therapy Access and Monitoring). In addition there was a discussion about strengthening the "foundation" of the College with the overall goal of Organizational Excellence.

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

The Leadership Team planned to bring the final draft of the Strategic Plan to the September Board meeting. However, due to staff vacations and outstanding consulting and legal reports, the Board Chair and Vice-chair approved delaying presentation of the final report until the November Board meeting. The deferment has the added benefit of giving staff the opportunity to present the draft to the appropriate committees for their review and input prior to the November Board meeting.

Update

The Leadership Team met on July 19th and 20th to work on the draft Strategic Plan. Current and proposed objectives that fit the four broad themes (Legislation Standards & Modernization, Professional Excellence, Drug Therapy Access and Monitoring and Organizational Excellence) were discussed. The Leadership Team also drafted timelines and milestones for each proposed objective.

Some of the timelines developed are tentative as we await consultant and legal input that will inform realistic timelines and costs. The objectives currently planned are:

I. GOAL ONE - LEGISLATIVE STANDARDS AND MODERNIZATION

Objective 1 – Modernize College Bylaws

Modernizing the suite of legislative requirements has been identified as a College priority. For the purposes of this briefing note, the term legislative requirement is used broadly and will include bylaws, standards, policies and guidelines. The timing of this project aligns with the significant amount of work that needs to be done with the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws to reflect the changes recently made to PODSA regarding ownership of pharmacies.

This project has multiple stages and is expected to be an 18-24 month initiative. The **first** stage (completed July 2016) developed a framework and guiding principles that would assist in decision-making and in ensuring the application of right touch regulation. For the development of any new requirement, these principles would guide the decision-making on what would need to be a bylaw and what may be dealt with via a policy. Principles include:

- Bylaws should not duplicate requirements in regulations. Standards, policies and guidelines should not duplicate requirements in statutes, regulations and bylaws
- Policies and guidelines cannot impose mandatory requirements enforceable by sanctions unless the Act expressly authorizes this
- Determining what should go into bylaws and what should go into policies often turns on the distinction on what is required and what registrants should do.

Bylaws are enforceable and reflect the "must" do requirements. Policies are generally linked to the bylaws and provide best practice advice reflecting the "may" requirements and the application of professional judgement.

The **second** stage is to put the suite of legislative requirements through a rigorous legal and practice review to determine (for example):

- Where policies need to be transitioned to bylaw or standard of practice
- Where there are duplications that need to be addressed
- Where the application of right touch regulation results in the need for amendments
- Where there is inconsistency in writing structure and style and where policies and standards would benefit from standardization
- Where the relationship between the standards of practice for community pharmacy and those for hospital and residential pharmacy are not clear

The legal review is currently underway and will be complete by September 2016. The plan is to have the modernization of the *Health Professions Act* (HPA) take place simultaneously to the modernization of PODSA. New amendments will reflect the addition of new requirements (for

example the ownership requirements for PODSA) as well as updating of what is currently in force based upon opportunities identified by registrants, committees and College staff.

The first two stages are one-time foundational steps that will lay the groundwork for the modernization that will occur under this objective, as well as support all future changes to legislative requirements. The process for those changes will begin with the high-level policy development that is expected to start in September 2016. This work will in turn inform and direct the drafting of legislation; drafted amendments will undergo a significant internal consultation (as well as practice and legal review) prior to any external consultation. The standard bylaw making process will apply, including various approvals by the Legislation Review Committee and the Board, and a 90-day period of public posting.

The overall goal is to create modern, consistent and enforceable bylaws as well as standardized and understandable policies.

II. GOAL TWO – PROFESSIONAL EXCELLENCE

Objective 1 & 2 – Implement Practice Review Programs for Hospital and "Other"

The Practice Review Program (PRP) is an in-person review of a pharmacy professional's practice and the pharmacy where they work. Under the PRP, every pharmacy professional and pharmacy will be reviewed at least once every six years to ensure they meet College standards.

The College implemented the PRP in community pharmacy in January 2015. Based on preliminary feedback, the Practice Review Program in Community Pharmacies has been successful in reinforcing professional practice in those pharmacies. Phase Two (Hospitals) will be gradually rolled out in the near future. Phase Three (Other) will then begin with planning and stakeholder engagement to develop an equally effective program.

Objective 3 – Implement Methadone Three Year Action Plan

The Methadone Action Plan is a Board approved initiative that reinforces professionalism when working with a vulnerable patient community. This program began in the last year and will continue for the life of this Strategic Plan.

III. GOAL THREE – DRUG THERAPY ACCESS AND MONITORING

Objective 1 – Implement Pharmacist Prescribing in BC

The Thought Exchange stakeholder engagement leading up to the February Board Strategic Planning Session identified ongoing support and interest in this initiative. It is a carry-over from the last Strategic Plan and the Stakeholder Engagement stage of the project is nearing

completion. The results will be compiled and presented to the Certified Pharmacist Prescriber Task Group in October and their recommendations will be presented to the Board in November.

Objective 2 – Gain pharmacist access to patient lab reports

The Thought Exchange stakeholder engagement identified access to patient lab information as an important tool for pharmacists to monitor drug therapy. It is also a carry-over from the last Strategic Plan.

Some investigation is needed to determine what steps are required in order to gain access to patient lab reports, after which the timeline and milestones for implementation can be developed.

IV. GOAL FOUR – ORGANIZATIONAL EXCELLENCE

Objective 1 – Implement Licensure Business Process Changes

With the changes to PODSA, the College will be required to significantly modify its licensure business processes. This presents the College with the opportunity to streamline and modernize the entire licensure business process. The College recently contracted with a Project Manager, to create timelines for development, deliverables, stakeholder engagement and implementation.

Objective 2 – Develop and Implement an IT Roadmap

The Sierra Systems consulting report made several recommendations for improving our IT infrastructure and suggested some achievable timelines and milestones. However, improvements to iMIS, the College's registrant database, was left for further exploration. The consultant reviewing this project expects to report back to the College in early September. This will be a major part of the IT Roadmap and will include the changes required to meet the new PODSA requirements. The competitive bid process to select and implement a new finance software solution resulted in awarding the bid to The Answer Company for the software product, Sage 300 (formerly AccPac). We are entering the Discovery Phase and will have a detailed Statement of Work in early September.

Objective 3 – Undertake an Organizational Review

In order to continue to deliver effective oversight in a growing organization operating in an increasingly complex environment, the Board approved a 3-phase initiative for organizational review. The College completed its competitive bid process and is in the process of finalizing the contract with the Consultant.

Next Steps

- Confirm the timelines and costs upon receipt of the outstanding consultant reports.
- Review proposed projects with the appropriate committees for their input.
- Present the draft Strategic Plan and multi-year budget at the November Board meeting.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.xii. May Financial Report

INFORMATION ONLY

Purpose

To report on the highlights of the May financial reports.

Background

The May financial reports reflect **three months** activity. 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 three 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 $523,115 is quite satisfactory. We will be cashing in some GICs throughout the summer as per the budget plan.

Short Term Investments are still substantial at $7,307,912.

Payables and Accruals are $636,523.

Revenue

Licensure revenues are almost right on budget, as is the *Other Revenue* category (Pharmanet, administrative fees, etc.)

Expenses

Total Year to Date Actual expenses are lower than budget, many due to timing.

Variance updates by department:

Department	Budget	Actual	Comment
Board & Registrar's Office	$134,654	$130,164	Some expense categories are under budget but are off-set by the loyalty points legal costs.
Grant distribution	$110,809	$58,782	Timing. Both ADAPT and the physical assessment course will start up again in the fall.
Registration & Licensure	$64,751	$41,561	This variance is primarily due to timing, the scheduling of committee meetings, consulting re Pharmacist Prescriber, etc.
Quality Assurance	$146,740	$125,643	The e-library portion will be under-budget as we will be discontinuing the subscriptions as of Dec. 31st.
Practice Review (Inspections)	$73,813	$46,291	The Practice Review Program is at the stage where Consulting Services requirements are very limited. Also we were one officer short for a few weeks.
Complaints Resolution (Discipline and Investigations)	$96,858	$97,675	Legal and outside contractors' fees depend upon the timing of Discipline Hearings.
Policy and Legislation	$43,050	$41,354	Due to timing of legal expenditures.
Public Engagement (Communications)	$126,165	$18,666	This budget line will remain under budget. Some forums or town halls will not be held. Stakeholder engagement activities have been a high priority but are much less costly.
Finance and Administration	$390,532	$444,509	This category has been busy due to the IT upgrades. The recruitment of the new Deputy Registrar could cause this to go over budget.

Salaries and benefits	$1,284,108	$1,204,315	Due to timing of recruitment, staff turnover.
Amortization	$103,032	$68,607	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 May 31, 2016

Assets	**$**
Current	
Cash	523,115
Short term investments	7,307,912
Receivables	96,858
Prepaids and deposits	307,371
Investment in Joint Venture	1,549,378
	9,784,634
Development costs	267,224
Property and equipment	869,961
	10,921,819

Liabilities and Net Assets	**$**
Liabilities	
Current	
Payables and accruals	636,523
Deferred revenue	2,773,769
Unearned revenue	191,185
	3,620,299
Capital lease obligations	56,334
	3,676,633
Net Assets	
Closing Balance	7,245,186
	10,921,819

College of Pharmacists of BC

Statement of Revenue and Expenditures

For the three months ended May 31, 2016

	2016/17 YTD BUDGET	2016/17 YTD ACTUAL	Variance (BUD vs. ACT) $	Variance (BUD vs. ACT) %
	3 months	3 months	3 months	3 months
REVENUE				
	1,450,087	**1,390,405**	**(59,682)**	**(4%)**
Non Licensure				
	581,621	**571,722**	**(9,899)**	**(2%)**
Total Revenue	**2,031,708**	**1,962,127**	**(69,581)**	**(3%)**
Transfer from Balance Sheet	**542,804**	**400,310**	**(142,494)**	**(26%)**
TOTAL REVENUE	**2,574,512**	**2,362,437**	**(212,075)**	**(8%)**
TOTAL EXPENSES BEFORE AMORTIZATION	**2,471,480**	**2,209,090**	**262,390**	**11%**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**103,032**	**153,347**	**50,315**	
Amortization expenses	103,032	68,607	34,424	33%
TOTAL EXPENSES AFTER AMORTIZATION	**2,574,512**	**2,277,698**	**296,814**	**12%**
NET SURPLUS(DEFICIT)	**0**	**84,739**	**84,739**	

College of Pharmacists of BC

Statement of Revenue and Expenditures

For the three months ended May 31, 2016

	2015/16 YTD Budget	2015/16 YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	3 months	3 months	3 months	3 months
REVENUE				
Licensure				
Pharmacy Fees	463,599	458,429	(5,169)	(1%)
Pharmacist Fees	843,389	796,134	(47,255)	(6%)
Pharmacy Technician Fees	143,099	135,841	(7,258)	(5%)
	1,450,087	**1,390,405**	**(59,682)**	**(4%)**
Non Licensure				
Other revenue	420,719	415,127	(5,592)	(1%)
Grant revenue	58,809	53,750	(5,059)	(9%)
Investment Income - GIC	39,593	42,846	3,253	8%
Investment Income - JV	62,500	60,000	(2,500)	(4%)
	581,621	**571,722**	**(9,899)**	**(2%)**
Total Revenue	**2,031,708**	**1,962,127**	**(69,581)**	**(3%)**
Transfer from Balance Sheet	**542,804**	**400,310**	**(142,494)**	**(26%)**
TOTAL REVENUE	**2,574,512**	**2,362,437**	**(212,075)**	**(8%)**

College of Pharmacists of BC

Statement of Revenue and Expenditures

For the three months ended May 31, 2016

	2016/17 BUDGET	2015/16 YTD Budget	2015/16 YTD Actual	Variance (Budget vs. Actual) $	Variance (Budget vs. Actual) %
	12 months	3 months	3 months	3 months	3 months
EXPENSES					
Board and Registrar	538,616	134,654	130,164	4,490	3%
Grant Distribution	443,237	110,809	58,782	52,028	47%
Registration, Licensing and Pharmanet	259,005	64,751	41,561	23,191	36%
Quality Assurance	586,960	146,740	125,643	21,097	14%
Practice Reviews	295,250	73,813	46,291	27,521	37%
Complaints Resolution	387,433	96,858	97,805	(947)	(1%)
Policy and Legislation	172,200	43,050	41,354	1,696	4%
Communications and Engagement	504,660	126,165	18,666	107,499	85%
Finance and Administration	1,562,126	390,532	444,509	(53,978)	(14%)
Salaries and Benefits	5,136,433	1,284,108	1,204,315	79,793	6%
TOTAL EXPENSES BEFORE AMORTIZATION	**9,885,921**	**2,471,480**	**2,209,090**	**262,390**	**11%**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**412,127**	**103,032**	**153,347**	**50,315**	
Amortization expenses	412,127	103,032	68,607	34,424	33%
TOTAL EXPENSES AFTER AMORTIZATION	**10,298,048**	**2,574,512**	**2,277,698**	**296,814**	12%

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

2.b.xiii. Mifegymiso

INFORMATION ONLY

A letter written jointly between the College of Physicians and Surgeons of BC and the College of Pharmacists of BC was sent to the Chief Medical Officer of Health Canada regarding the upcoming introduction of Mifegymiso into Canada. That correspondence and the response from Health Canada are attached as Appendix 1 and Appendix 2, respectively.

Appendix	
1	Letter to Health Canada from College of Physicians and Surgeons of BC and College of Pharmacists of BC
2	Response from Health Canada

College of Physicians and Surgeons of British Columbia
300-669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca
Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

VIA E-MAIL

August 22, 2016

Dr. Supriya Sharma, Chief Medical Advisor
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Dr. Sharma:

Re: Mifegymiso

We thank you for taking the time to debrief us on the upcoming introduction of mifegymiso into Canada. This combination medication has been available in many other countries for years for the indication of medical abortion. We appreciated the opportunity to hear from you the various logistical steps that need to be completed by Celopharma before mifegymiso can be available in Canada. We understand that November is the earliest that this medication will be accessible.

As we understand it, mifegymiso will be available as a prescription medication that can be dispensed either by a prescribing physician or by a pharmacist who has been presented a prescription by a patient. Both physicians and pharmacists will be expected to complete training regarding the safe use of mifegymiso. While the patient leaflet will reference patient ingestion of the medication as being under the "supervision" of a physician, this will be broad enough to also allow women to take the medication home and ingest the medication in private. How the medication is to be ingested is a treatment decision between the physician and the patient. We also assume that as a prescription medication mifegymiso will be a schedule 1 drug.

We also wish to confirm to you that in British Columbia the two Colleges (Pharmacists and Physicians & Surgeons) will provide a joint message to its registrants reminding them of the need to complete training regarding mifegymiso, as well as the two options for dispensing: traditional pharmacist route as well as physician dispensing. Physicians who wish to dispense

mifegymiso will be reminded of the obligation to seek approval of the board first, and comply with existing standards for dispensing practice.

Yours truly,

Heidi M. Oetter, MD
Registrar and CEO
College of Physicians and Surgeons of BC

Bob Nakagawa, B.Sc.(Pharm.), RPEBC, ACPR, FCSHP, R.Ph.
Registrar
College of Pharmacists of BC

/sm

Health Canada / Santé Canada

Health Products and Food Branch / Direction générale des produits de santé et des aliments

August 24, 2016

Dr. Heidi M. Oetter, Registrar and CEO
College of Physicians and Surgeons of British Columbia
300 - 669 Howe Street
Vancouver, BC V6C 0B4

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

Dear Dr. Oetter and Mr. Nakagawa,

Thank you for your time on August 22 during our teleconference, and also for your letter dated the same regarding the Health Canada authorization of Mifegymiso.

As discussed on the phone, the authorization of Mifegymiso followed a thorough review of the scientific evidence and proposed risk management strategy provided by the company, and included consultations with medical associations and other stakeholders. The Canadian Product Monograph reflects the information that was assessed to support the authorization of the product and is a factual, scientific document that provides information for the optimal, safe and effective use of a drug.

The Product Monograph for Mifegymiso refers to physician dispensing of the product. As with any medication, a prescription for Mifegymiso can be filled by a pharmacist. Physicians are not required to order the medication themselves or stock it in their office. In the case of physician dispensing, it would be delivered to the doctor's office instead of being picked up by the patient, similar to how patients currently access some vaccines and fertility treatments.

Mifegymiso is a prescription drug with serious potential risks requiring physician oversight. The requirement for medical supervision means that the doctor should provide the medication to the patient directly, and have further discussions regarding the effects and possible risks. However, it is not mandated that the medication be swallowed in front of the physician. How the medication is to be ingested, as you have noted, is a treatment decision between the physician and the patient.

With respect to the proposed options for dispensing, the physician dispensing is in line with the current Product Monograph, whereas the direct to patient dispensing by a pharmacist is not. As you know, it is within the purview of a practitioner and pharmacist to prescribe and dispense a drug in a manner that falls outside the recommended uses and conditions of use set out in a product's label that is approved by Health Canada.

Medical and pharmacy practice decisions to prescribe and dispense a drug "off label" are governed by the BC Colleges of Physicians and Pharmacists, and other provincial licensing bodies that regulate medical and pharmacy practice. While, in this way, the recommended uses and conditions of use on a drug's label -- including its approved monograph -- isn't binding on the health care professional who prescribes or dispenses a drug professionals will, however, be accountable for these decisions as a matter of professional responsibility and in civil liability for making reasonable practice decisions in the interests of patients.

Health Canada continues to be open to receiving any submission from the company to make changes to the conditions of use of the product, supported by appropriate evidence.

Thank you for letting us know that a joint message to registrants will be sent to remind them of the need to complete appropriate training on the use of Mifegymiso as well as dispensing options. When that message is finalized, we would very much appreciate receiving a copy.

Once again, thanks for your time and engagement on this file. If there are any further discussions you would like to have, please don't hesitate to contact me directly.

Sincerely,

Dr. Supriya Sharma

Chief Medical Advisor to the Deputy Minister of Health
Senior Medical Advisor, Health Products and Food Branch
Health Canada

College of Pharmacists of British Columbia

Board Meeting

Friday, September 16th, 2016
Delta Grand Okanagan Hotel, Kelowna, BC
Cascade/Cassiar Room

AGENDA

9:00am - 9:10am	**1.**	Welcome & Call to Order	Vice-Chair Dossa
	2.	Consent Agenda a) Items for further discussion b) Approval of Consent Items **[DECISION]**	Vice-Chair Dossa
	3.	Confirmation of Agenda **[DECISION]**	Vice-Chair Dossa
9:10am - 9:25am	**4.**	125th Anniversary	Ming Chang
9:25am - 9:45am	**5.**	Delegation of Depot Injections **[DECISION]**	Kellie Kilpatrick
9:45am - 10:15am	**6.**	EmPHAsIS - Update	Nicole Tsao
10:15am - 10:30am	**7.**	Framework for Patient-Practitioner Relationship Program **[DECISION]**	Registrar Nakagawa
10:30am - 10:45am		***BREAK***	
10:45pm - 11:15pm	**8.**	In-Camera: Finance	
11:15pm - 12:15pm	**9.**	Audit and Finance Committee: a) Expenditure Review **[DECISIONS]** b) Fee Changes **[DECISIONS]**	George Walton
12:15pm - 1:15pm		***LUNCH***	
1:15pm - 2:45pm	**10.**	Legislation Review Committee: a) HPA & PODSA Bylaw Changes - Fee Changes **[DECISION]** b) Community Pharmacy Standards of Practice **[DECISION]** c) Pharmacy Security **[DECISION]** d) Drug Schedules Regulation Amendment - Naloxone **[DECISION]**	Jeremy Walden
2:45pm - 3:00pm		***BREAK***	
3:00pm - 3:15pm	**11.**	College Name Change **[DECISION]**	Sorell Wellon
3:15pm - 3:45pm	**12.**	Injecting Innovation into BC's Health Framework: The BC Select Standing Committee on Health Experience	Aaron Sihota
3:45pm - 3:55pm	**13.**	Governance Committee Update	Norm Embree
3:55pm - 4:05pm	**14.**	Items brought forward from Consent Agenda a) Quality Assurance Committee - Mobile App	Vice-Chair Dossa
4:05pm		***CLOSING COMMENTS, ROUND TABLE EVALUATION OF MEETING, AND ADJOURNMENT***	Vice-Chair Dossa

College of Pharmacists of British Columbia

125 years

4. 125th Anniversary

Presented By:

Ming Chang

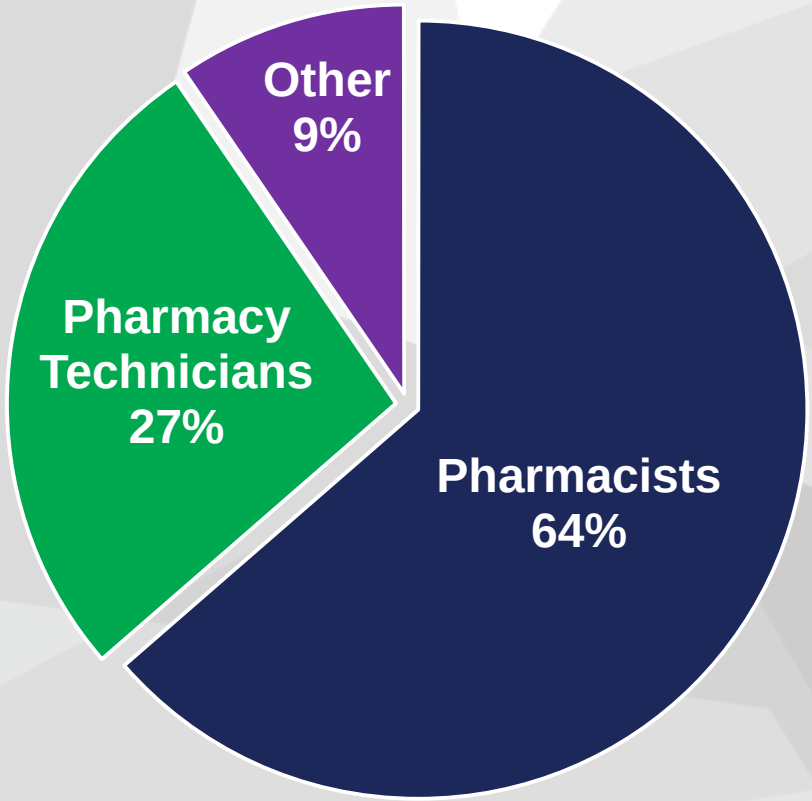
Chair, 125th Anniversary Working Group

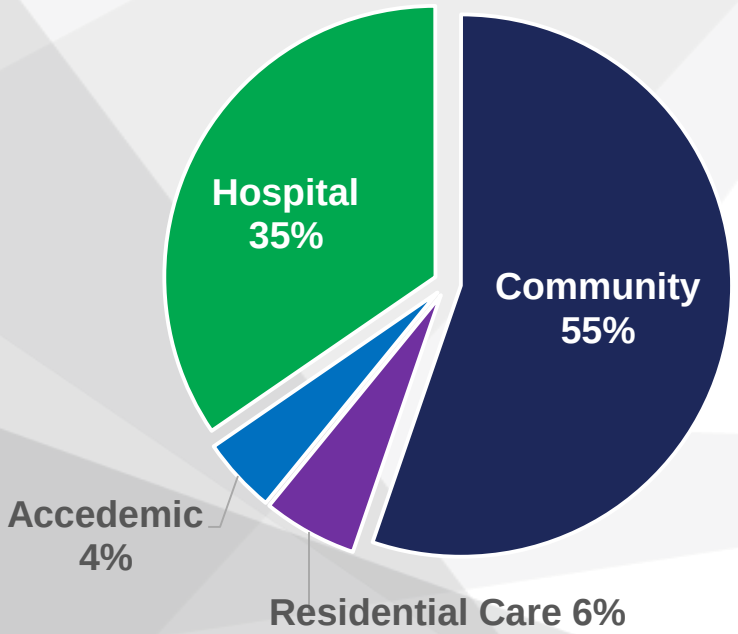
125th Anniversary Conference and Gala

https://www.youtube.com/watch?v=eOLZY1VSY2I

#CPBC125

Who's Coming?


Other
9%
Pharmacy
Technicians
27%
Pharmacists
64%


Hospital
35%
Community
55%
Accedemic
4%
Residential Care 6%

125 Conference and Gala
The Future of Pharmacy

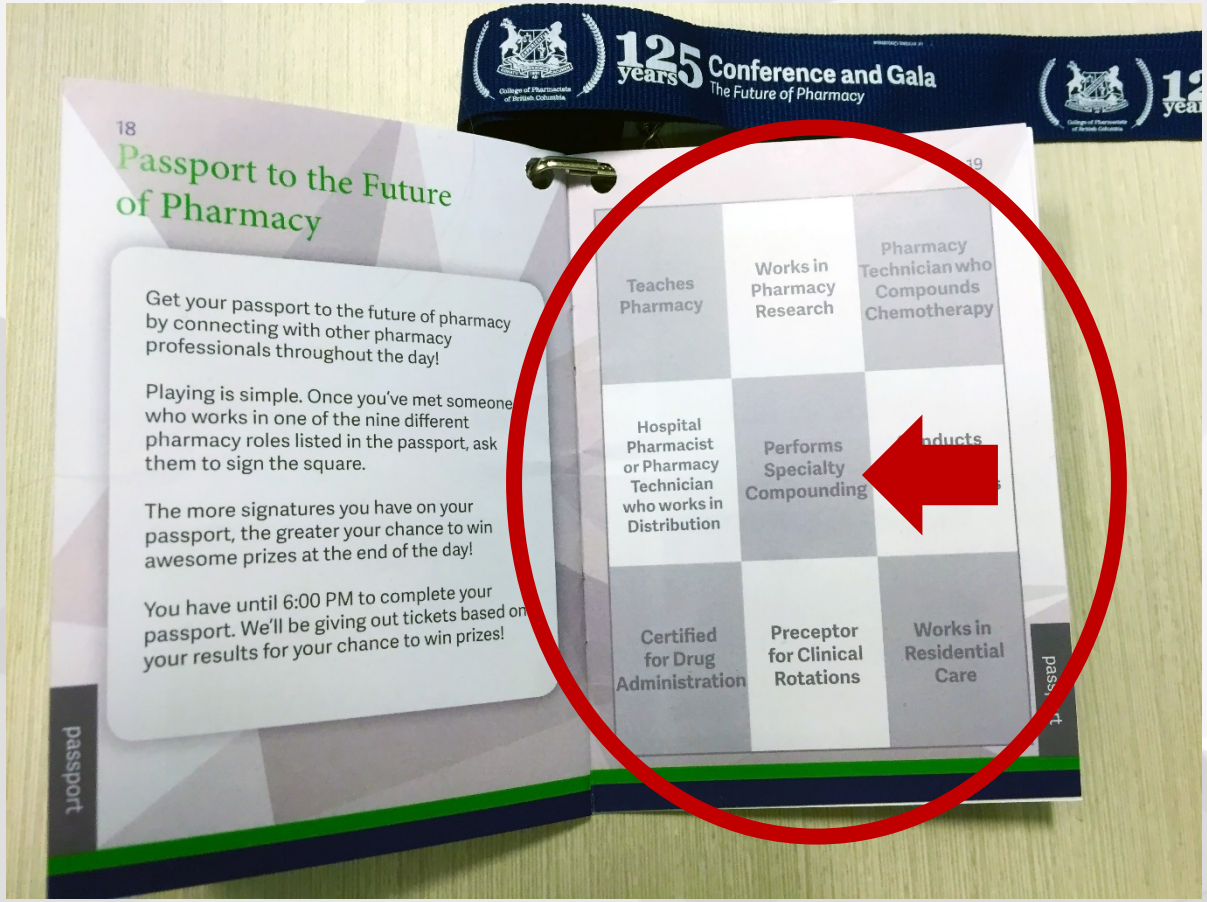
Join into the Conversation!

Tweet your favorite moments of the day using…

#CPBC125

And win great prizes!

Passport to the Future of Pharmacy



125 Conference and Gala
The Future of Pharmacy

125th Anniversary Conference and Gala

SATURDAY, SEPTEMBER 17, 2016

125th Anniversary Conference

Okanagan Room

8:30 am – 4:00 pm

Cocktail Reception

Foyer

4:00 pm – 6:00 pm

125th Anniversary Gala

Okanagan Room

6:00 pm – 10:30 pm

125 Conference and Gala
The Future of Pharmacy

Conference Presenters

125 Conference and Gala
The Future of Pharmacy

Back to the Future

Bob Nakagawa, RPh

Registrar, College of Pharmacists of BC

@bobnakagawa

125 Conference and Gala
The Future of Pharmacy

Optimizing Patient Care Through Collaboration

Phil Emberley, PharmD, MBA

Director, Pharmacy Innovation

Canadian Pharmacists Association

@cphaaphc

125 Conference and Gala
The Future of Pharmacy

Cultural Safety and Humility

Katie Procter

Quality, Care and Safety Manager, First Nations Health Authority

@FNHA

125 Conference and Gala
The Future of Pharmacy

Physical Examination and Clinical Pharmacy Practice in BC

Sean P Spina, BScPharm, ACPR, PharmD, FCSHP

Clinical Coordinator - Island Health

Clinical Associate Professor - University of British Columbia

@SeanSpinaRx

125 Conference and Gala
The Future of Pharmacy

Keynote

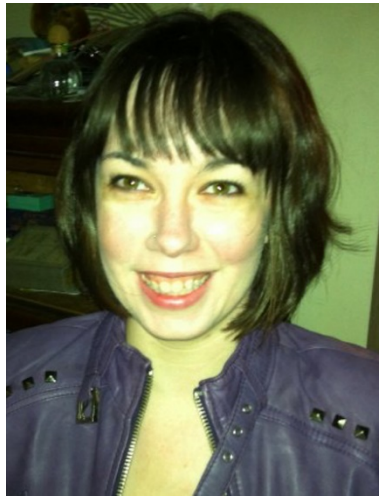
André Picard

Health Columnist,
The Globe and Mail

@picardonhealth

125 Conference and Gala
The Future of Pharmacy

Health Tech Panel



Rachel Barker

Director of Operations Vancouver Chapter, Hacking Health

@rachelbpetz

Michael Bidu

Founder and CEO, INTERFACE Health Society

@interfacesummit

Nicole Tsao

Pharmacist and PhD candidate, UBC Faculty of Pharmaceutical Sciences

@nicole_tsao

Moderated by André Picard

125 Conference and Gala
The Future of Pharmacy

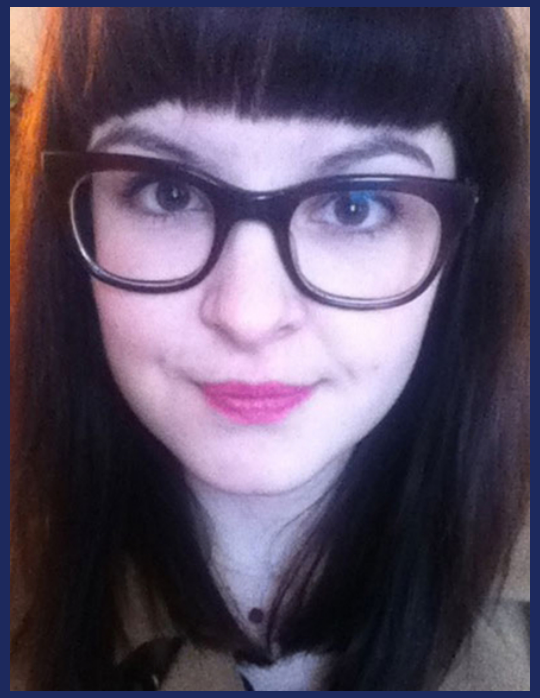
Developing Follow-up and Monitoring Plans

Dr. Peter Loewen, B.Sc.(Pharm), ACPR, Pharm.D., FCSHP, RPh

Assistant Professor of Pharmacy, University of British Columbia

Pharmacotherapeutic Specialist, Lower Mainland Pharmacy Services

Community Pharmacy Distribution of Naloxone



Jessica Bridgeman

Regional Harm Reduction Coordinator

Interior Health Authority

@NurseOutreach

125 Conference and Gala
The Future of Pharmacy

Compounding 101: Made in BC

Tamar Koleba

Pharmacist and Quality Lead, Lower Mainland Pharmacy Services

Conference and Gala
The Future of Pharmacy

125th Anniversary Gala

The evening will include…

- Dinner
- Prize giveaways
- Games
- Photo booth
- DJ Haymaker
- Great opportunities to network

Questions?

College of Pharmacists of British Columbia

125 years

5. Delegation of Depot Injections

Presented By:

Kellie Kilpatrick

A/Director of Policy and Legislation

Delegation of Depot Injections

Background:

- On November 21, 2014, the Board approved the administration of depot injections by pharmacists, as delegated by Dr. MacEwan and authorized by the College of Physicians and Surgeons. The approval was for a 12 month pilot that expires in October 2016.
- The program seeks to provide greater access to depot injections for those vulnerable populations living in Vancouver's Downtown Eastside.

Pilot Success:

- Reports indicate the pilot is proving successful and is patient-centric.
- The primary benefit for patients is they do not have to travel to a clinic to receive their shots.

Delegation of Depot Injections

Next steps:

- The Legislation Review Committee will be responsible for prioritizing the development of expanding the Standards, Limits, and Conditions for injections, to include depot shots.

Recommendation:

- The Board have the delegation model continue by removing the timeframe from the previously approved Board motion passed at the November 2014 Board meeting.

Delegation of Depot Injections

MOTION:

Amend the following motion previously adopted at the November 2014 Board meeting:

> 'approve the administration of depot injections by pharmacists, as delegated by Dr. Bill MacEwan and as authorized by the College of Physicians and Surgeons for a period of 12 months',

by striking out:

> 'for a period of 12 months'.

College of Pharmacists of British Columbia

125 years

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

5. Delegation of Depot Injections

DECISION REQUIRED

Recommended Board Motion:

Amend the following motion previously adopted at the November 2014 Board meeting:
'approve the administration of depot injections by pharmacists, as delegated by Dr. Bill MacEwan and as authorized by the College of Physicians and Surgeons for a period of 12 months',

by striking out:
'for a period of 12 months'.

Purpose

To consider amending previous Board approval of the depot injection pilot by removing the 12 month timeframe and allowing it to continue for as long as it continues to be mutually agreed upon by the College of Pharmacists and the College of Physicians and Surgeons.

The delegation is based on an agreement between Dr. MacEwan, a Clinical Professor in the Department of Psychiatry at UBC and Department Head of Psychiatry at St. Paul's Hospital, and the clinical pharmacists employed by the Pier Health Resource Centre. Through collaboration between the College of Pharmacists of BC (CPBC) and the College of Physicians and Surgeons of BC (CPSBC), the purpose of the program is to provide greater access to depot injections for those vulnerable populations living in Vancouver's Downtown Eastside.

Background

On November 21, 2014, the Board approved the administration of depot injections by pharmacists, as delegated by Dr. MacEwan and authorized by the CPSBC. The approval was for a 12 month pilot that expires in October 2016.

See Appendix 1 for the November 21, 2014 Decision Briefing Note which outlines further details on the pilot and delegation.

The delegation approval by CPSBC is not time limited but is dependent on CPSBC following up annually to confirm that registrants continue to delegate.

Discussion

Dr. MacEwan and Pier Health Centre pharmacists have reported to CPBC several times since the pilot's inception. Dr. MacEwan has stated "my understanding is that those patients currently receiving injections from (the pharmacist) are happy with the service and with the fact that they do not have to travel to a clinic to comply with their medication program." In April 2016, the pharmacist reported he had completed 37 injections independently. Overall, the pilot is proving successful and subsequent reports state continued success.

To date, the CPBC has not pursued developing Standards, Limits and Conditions for this specific practice. Considering the volume of existing and new work tasked to the Policy and Legislation team and limited resources, the Legislation Review Committee (LRC) will be responsible for prioritizing projects.

At this time, the scope of the current pilot is to remain the same. There has been no known interest from our registrant base to expand this type of pharmacy service. Shifting the pilot from a delegated authorization model to a certification program based on Standards, Limits, and Conditions will be considered in line with other existing requests to amend the Standards of Practice for pharmacy professionals. If prioritized by the LRC, the request would need to be approved by the Drug Administration Committee.

Recommendation

That the Board have the delegation model continue by removing the timeframe from the previously approved Board motion passed at the November 2014 Board meeting.

Appendix	
1	November 21, 2014 Decision Briefing Note

BOARD MEETING
November 21, 2014

18. Delegation of Depot Injections Pilot

Goal 2 - Interdisciplinary Relationships and Goal 4 - Standards

DECISION REQUIRED

Background:

Delegation of Depot Injections Pilot

The CPBC was recently approached about a potential pilot for delegation of depot injections[1]. The aim of the pilot is to lower the barrier to access of depot injections for mental health patients in Vancouver's Downtown Eastside (DTES). The medications to be administered during this pilot include, anti-psychotic medications and birth control (i.e., depo-provera). The DTES faces a well-documented healthcare crisis. Research suggests that 47% of the Single Resident Occupancy (SRO) population suffers from psychosis, while over 70% suffer some mental health condition[2].

The pilot would be a partnership between Dr. Bill MacEwan, a Clinical Professor in the Department of Psychiatry at UBC and Department Head of Psychiatry at St. Paul's Hospital, and the clinical pharmacists employed by the Pier Health Resource Centre (Pier). Pier is a clinically-focused pharmacy expected to be licensed with the College shortly, and the Pier pharmacists are:

- John Shaske: Graduated with a B.Sc in Pharmacy from UBC in 1978, and completed a hospital residency in 1979. Since that time, he has worked at Howe Sound Community Pharmacy in Gibson's, BC, as a manager and owner.
- Ric Procyshyn: Clinical Research Psychopharmacologist at the BC Mental Health and Addictions Research Institute, and Clinical Associate Professor in the Department of Psychiatry at UBC.

The pilot would involve Pier pharmacists administrating depot injections. Dr. MacEwan, the UBC Department of Psychiatry and the UBC Faculty of Pharmaceutical Sciences will assist in developing best practice protocols with Pier pharmacists and will oversee implementation of the project. All pharmacists taking part in this project will be approved by Dr. MacEwan. Prior to approval, all pharmacists must:

- Have Certification in injection authority by the CPBC;
- Spend at least four hours with Dr. MacEwan in the DTES treating patients; and
- Demonstrate at least ten successful injections under Dr. MacEwan's direct supervision.

It is expected that more pharmacists will be added to the approved pharmacist list, once the hiring process begins at Pier. The pilot will be for a period of 12 months with quarterly evaluation and reporting to the CPBC and the CPSBC of statistics, issues management and overall results.

---

[1] In general terms, a depot injection is an injection, usually subcutaneous or intramuscular, of a drug that releases its active compound in a consistent way over a long period of time.

[2] http://former.vancouver.ca/ctyclerk/cclerk/20131022/documents/rr1presentation.pdf

Pilot Process:

All patients receiving depot injections through this pilot will be referred directly by, and receive a prescription from, Dr. MacEwan. Upon receiving patients with a prescription from Dr. MacEwan, the authorized pharmacist from Pier will take the patient into one of the designated "clinical rooms" and provide the injections, as well as a short explanation of the drug therapies and their side effects. The pharmacist will then perform any related pharmacy services, including medication reviews, and digitally record the event on the Pier *Electronic Medication Administration Record (EMAR). Patients will be expected to remain in the "clinical room" until the therapy is complete.*

Delegation of Authority

Currently, the administration of depot injections for anti-psychotic medications and birth control, is beyond the scope of practice of BC pharmacists. Section 4 (1) (c.1) of the "Pharmacists Regulation" under the *Health Professions Act* permits pharmacists to administer certain drugs or substances by intradermal, intramuscular or subcutaneous injection. However, section 4.1 of that regulation states that a registrant may only perform injections if standards, limits, and conditions have been established on administering the drug or substance. At this time, the CPBC has only developed standards, limits and conditions about providing immunizations by injection.

Pharmacists involved in this study will be permitted to administer depot injections via a Delegation of a Medical Act[3]. The College of Physicians and Surgeons of BC's Professional Standards and Guidelines, "Delegation of a Medical Act" allows persons other than physicians to be entrusted with performing a medical act, in certain circumstances. According to the Guideline, when a medical act that is outside the accepted scope of practice of another discipline is delegated, the responsibility for the act is shared. The physician who delegates the act still has a responsibility to the patient, and the person who carries out the act must do so with care and diligence and is legally liable if negligent. Dr. MacEwan has submitted a proposal to the CPSBC Board for consideration of delegation of the administration of depot injections. His proposal will be reviewed at an upcoming CPSBC board meeting. Attached as Appendix A is a copy of the CPSBC briefing note being presented in November 2014 on this issue (please note that this CPSBC note is confidential and not for distribution).

John Shaske will attend the November 2014 CPBC Board meeting to provide a presentation to the Board on the Pilot.

Analysis:

The Pilot is aligned well with two key goals included in the CPBC's 2014 Strategic Plan and will inform proposed future changes to the Standards, Limits and Conditions of injection authority for pharmacists:

[3] https://www.cpsbc.ca/files/pdf/PSG-Delegation-of-a-Medical-Act.pdf

- **Interdisciplinary Relationships:** To enhance communication, collaboration and relationship-building opportunities with other healthcare professionals, so we can better define and enhance our role on the healthcare team and support better health outcomes for our patients.
- **Scope of Practice:** To advance the profession by supporting pharmacists and pharmacy technicians to practice to their current scope of practice, and by increasing the scope of practice of our profession into areas that will improve our ability to deliver safe, effective care that is aligned with the healthcare needs of the public.

Proposed Motion

That the College of Pharmacists Board:

- **Approve pharmacist administration of depot medications through the Pier Health Pharmacy pilot for a period of 12 months.**

EmPhAsIS

Empowering **Ph**armacists in **As**thma management through **I**nteractive **S**MS

College of Pharmacists of BC Board Meeting Update

Nicole Tsao, BScPharm, MScPharm, PhD(c)
Mary De Vera, PhD (Principal Investigator)
September 16, 2016

Outline

- What is EmPhAsIS? A re-visit of the trial
- Progress-to-date
- Knowledge translation activities
- Future steps

EmPhAsIS

Empowering **Ph**armacists in **As**thma management through **I**nteractive **S**MS

Funders

College of Pharmacists of BC

Canadian Institutes of Health Research

Canadian Foundation for Innovation

COLLEGE of PHARMACISTS of BRITISH COLUMBIA

CIHR IRSC

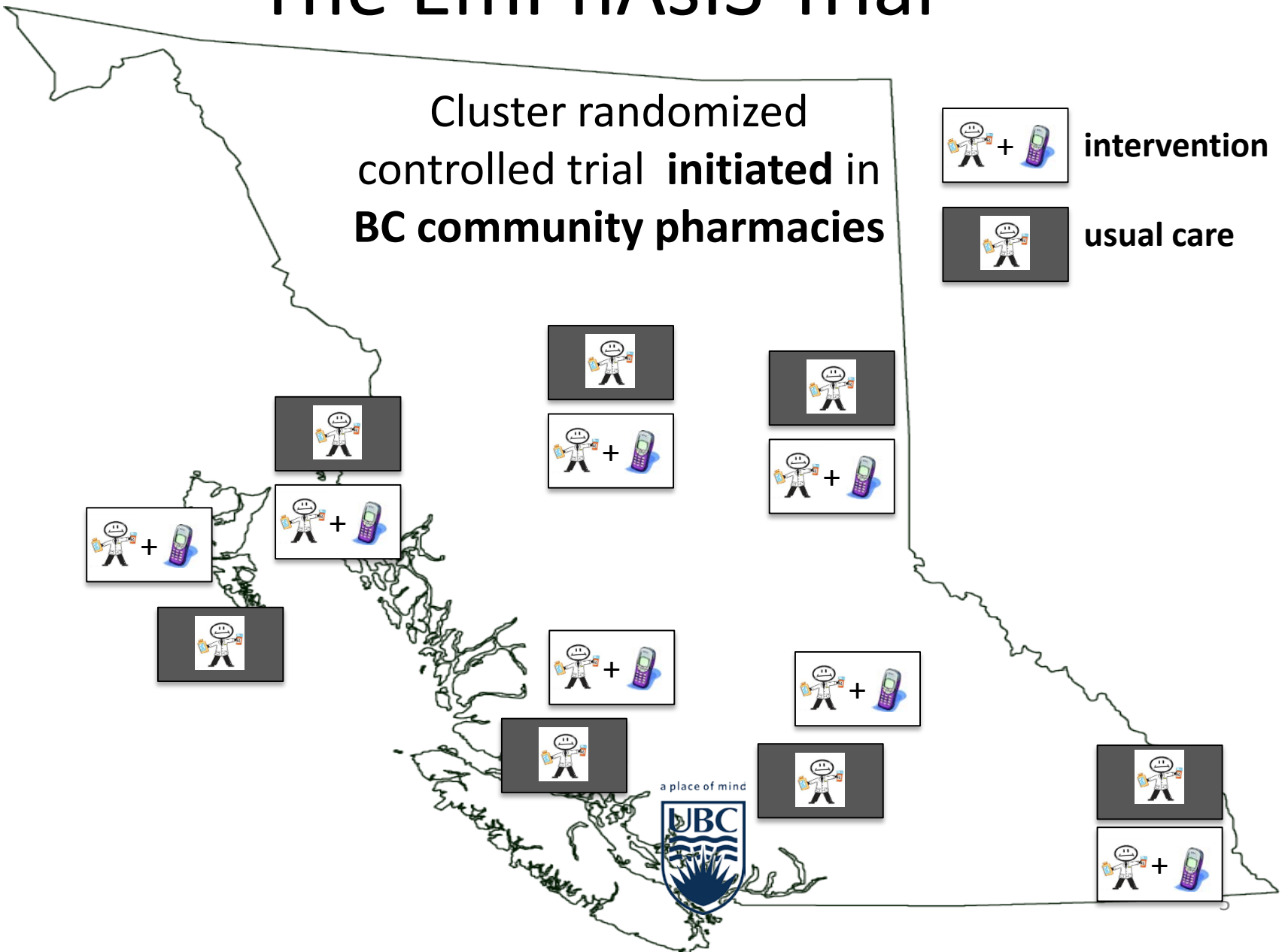
INNOVATION.CA

CANADA FOUNDATION FOR INNOVATION | FONDATION CANADIENNE POUR L'INNOVATION

EmPhAsIS

What is EmPhAsIS?

The EmPhAsIS Trial



Study objectives

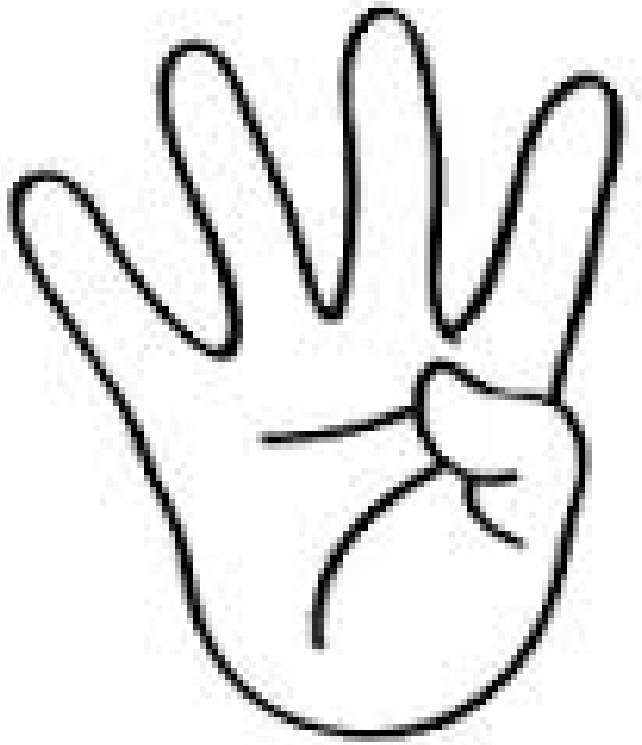
1. To compare **ICS adherence** in asthma patients receiving EmPhAsIS intervention to usual care
2. To evaluate the impact of the EmPhAsIS intervention on:
   - asthma control
   - asthma-related quality of life
   - asthma-related hospital admissions
   - use of reliever medications
3. To evaluate the **cost-effectiveness** of the EmPhAsIS intervention from a societal perspective

Eligibility Criteria for Patients

2. Diagnosed with asthma

3. Prescribed with inhaled corticosteroids

1. 14 years or older

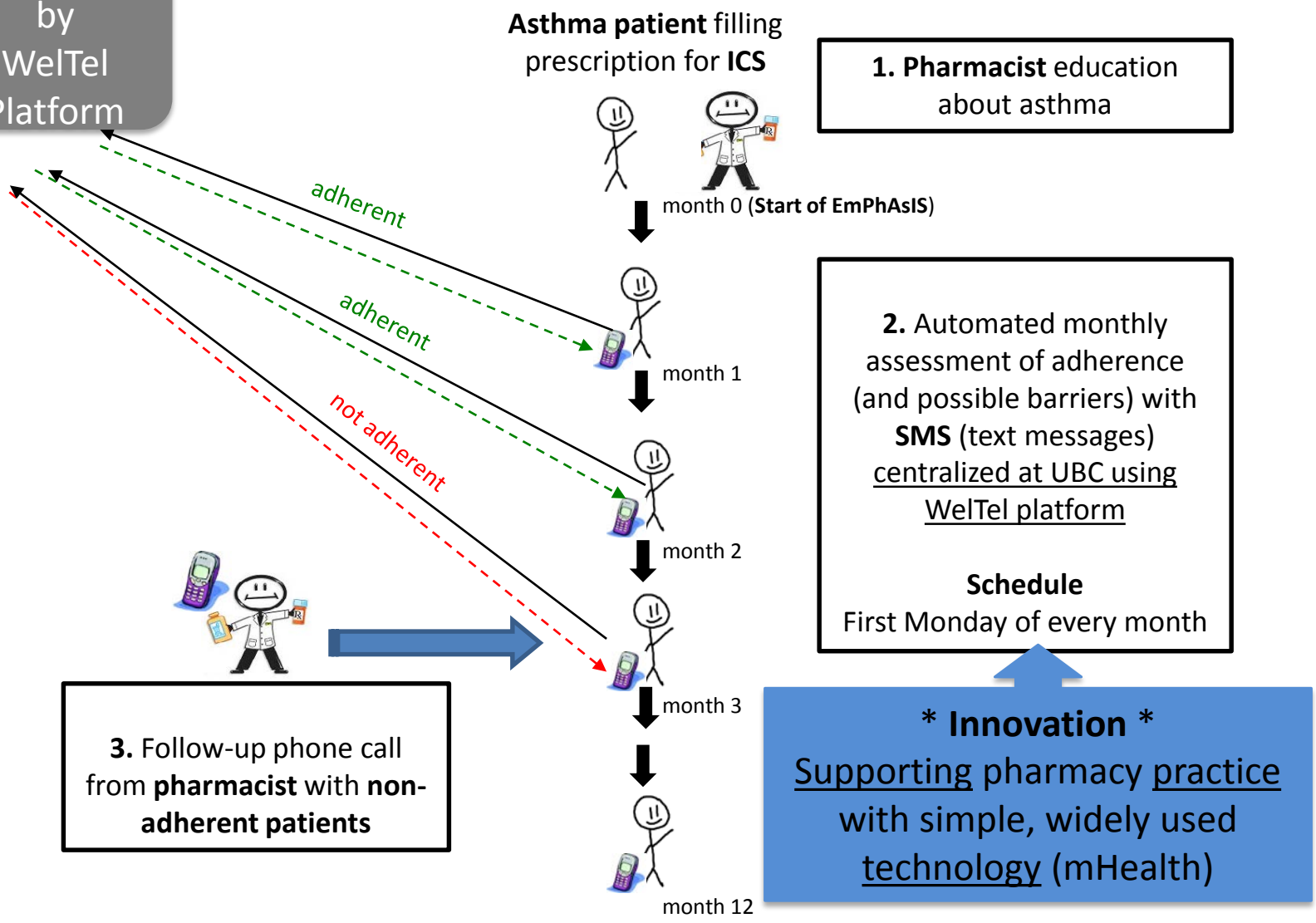


4.Have a cell phone with text capabilities

5. Able to communicate in English

EmPhAsIS Intervention

Supported by WelTel Platform



1. Pharmacist education about asthma

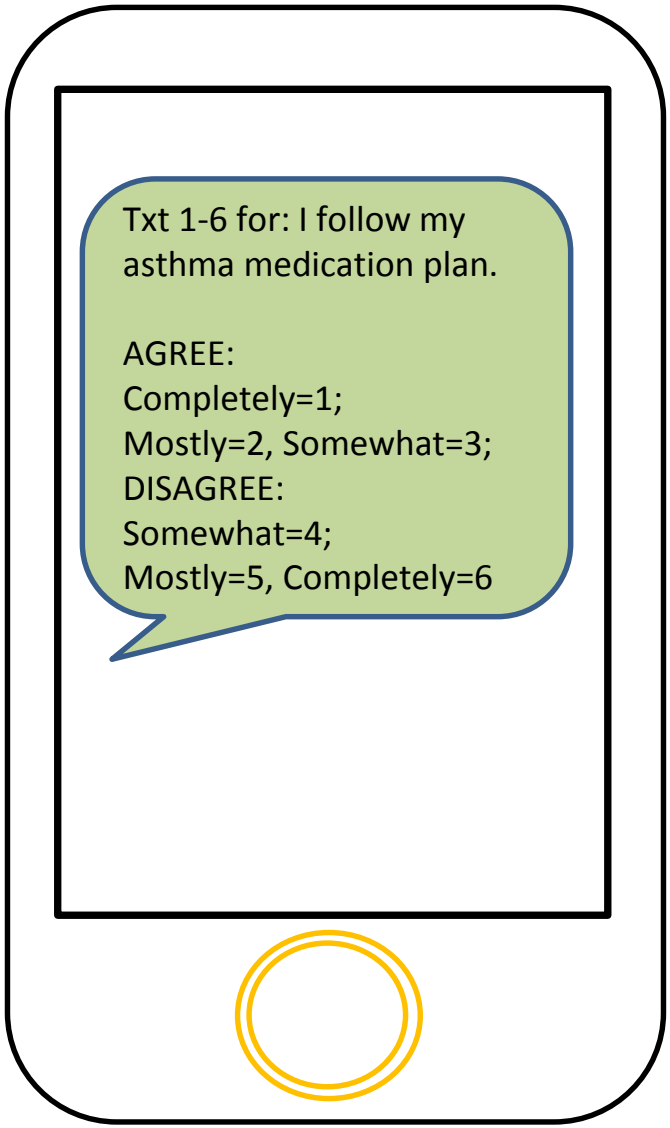
2. Automated monthly assessment of adherence (and possible barriers) with **SMS** (text messages) centralized at UBC using WelTel platform

Schedule
First Monday of every month

3. Follow-up phone call from **pharmacist** with **non-adherent patients**

*** Innovation ***
Supporting pharmacy practice with simple, widely used technology (mHealth)

EmPhAsIS SMS



SMS comprises

- Adult Asthma Adherence Questionnaire (**AAAQ**) used to screen adherence problem and barriers in asthma patients
  - **Every Month: Question 1** (sent on first Monday) to assess adherence problem
  - **Based on Response to Question 1: Questions 2** to **5** to identify potential barriers to adherence

Study Groups

Pharmacies

- Recruit, screen, enroll patients

Intervention

1. Provide asthma education
2. Check responses to monthly text messages from patients
3. Telephone follow-up with non-adherent patients

Supported by WelTel Platform

Patients (Receive)

- Intervention
- Follow-up from research team
- $25 honorarium at study end

Pharmacies

- Recruit, screen, enroll patients

Usual Care

1. Provide asthma education

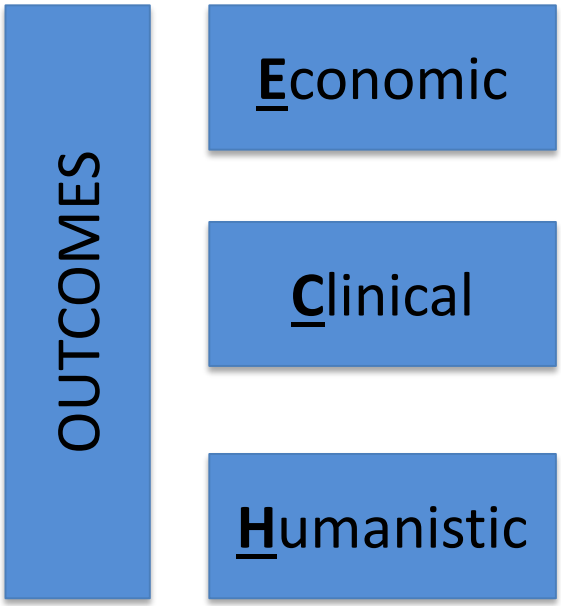
Patients (Receive)

- Usual care
- Follow-up from research team
- $25 honorarium at study end
- Automated monthly text messages to assess adherence for 12 months (after the study is complete)

EmPhAsIS

Evaluation of EmPhAsIS

Applying "ECHO" model



Is EmPhAsIS intervention cost-effective?

Does EmPhAsIs intervention improve patients' health and quality of life?

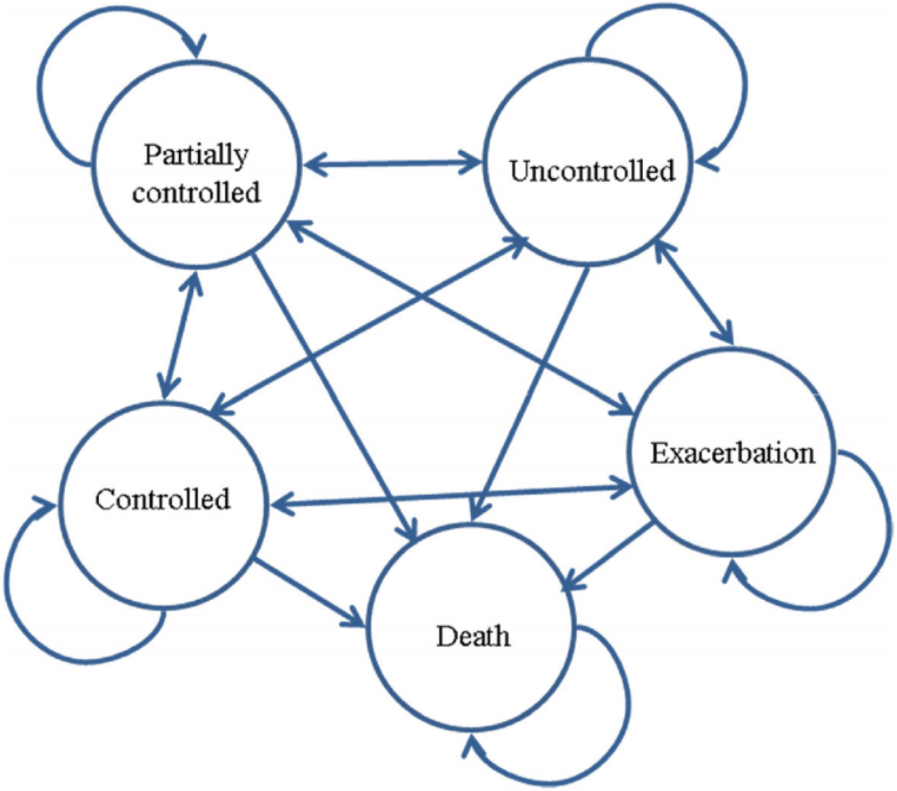
What are experiences with EmPhAsIS intervention?

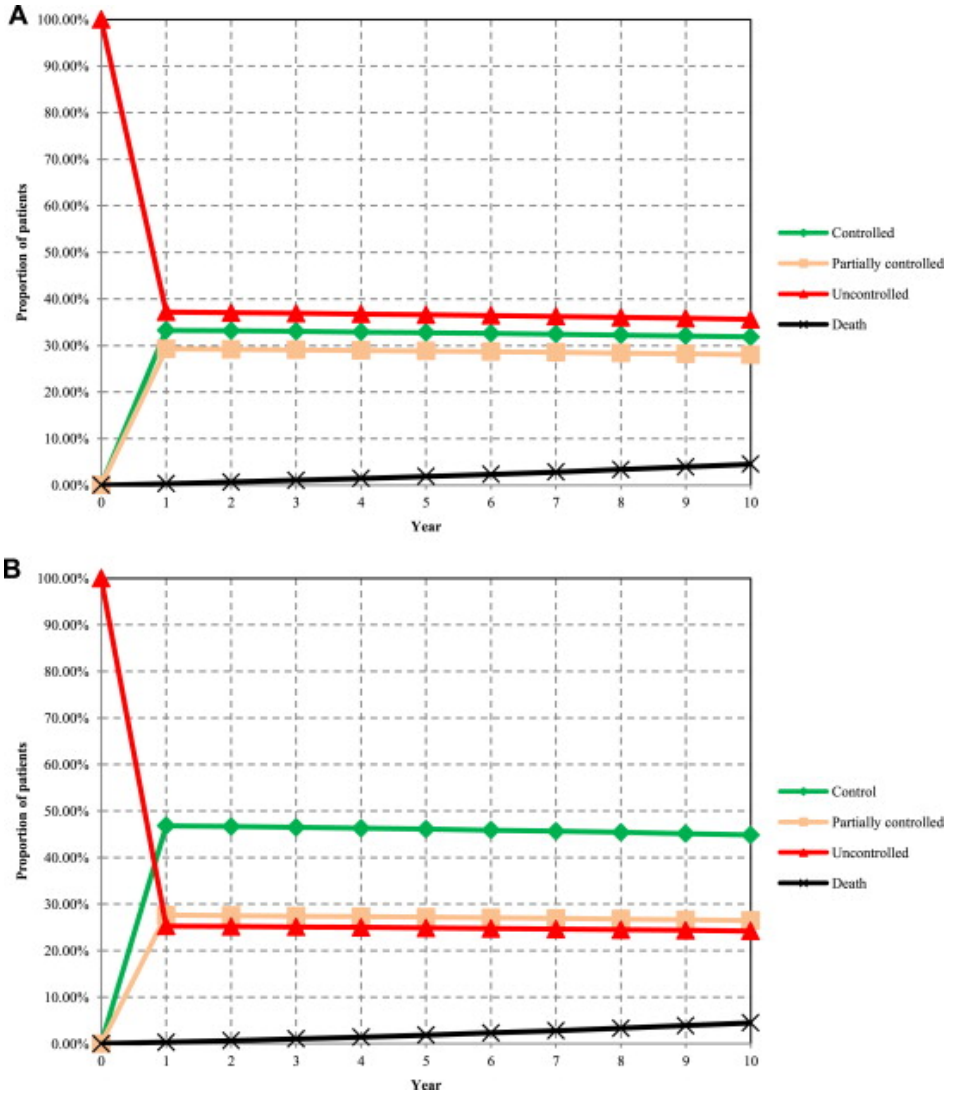
Kozma 1993 *Clin Ther*

Economic

$$\text{Incremental cost-effectiveness ratio (ICER)} = \frac{\text{Costs}_i - \text{Costs}_u}{\text{Effect}_i - \text{Effect}_u}$$

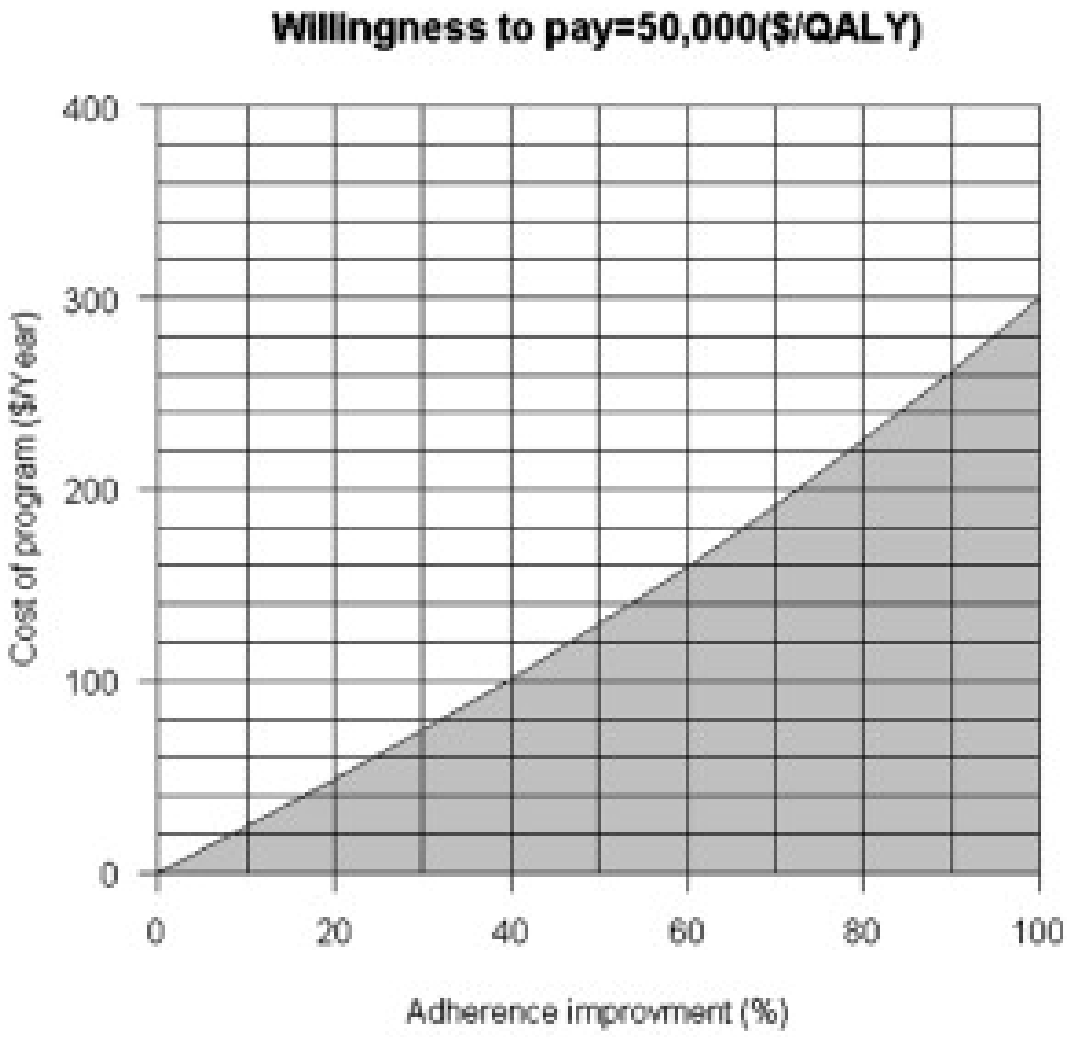
- Using decision-analytic modeling





Zafari et al, 2014 *J Allergy Clin Immunol*

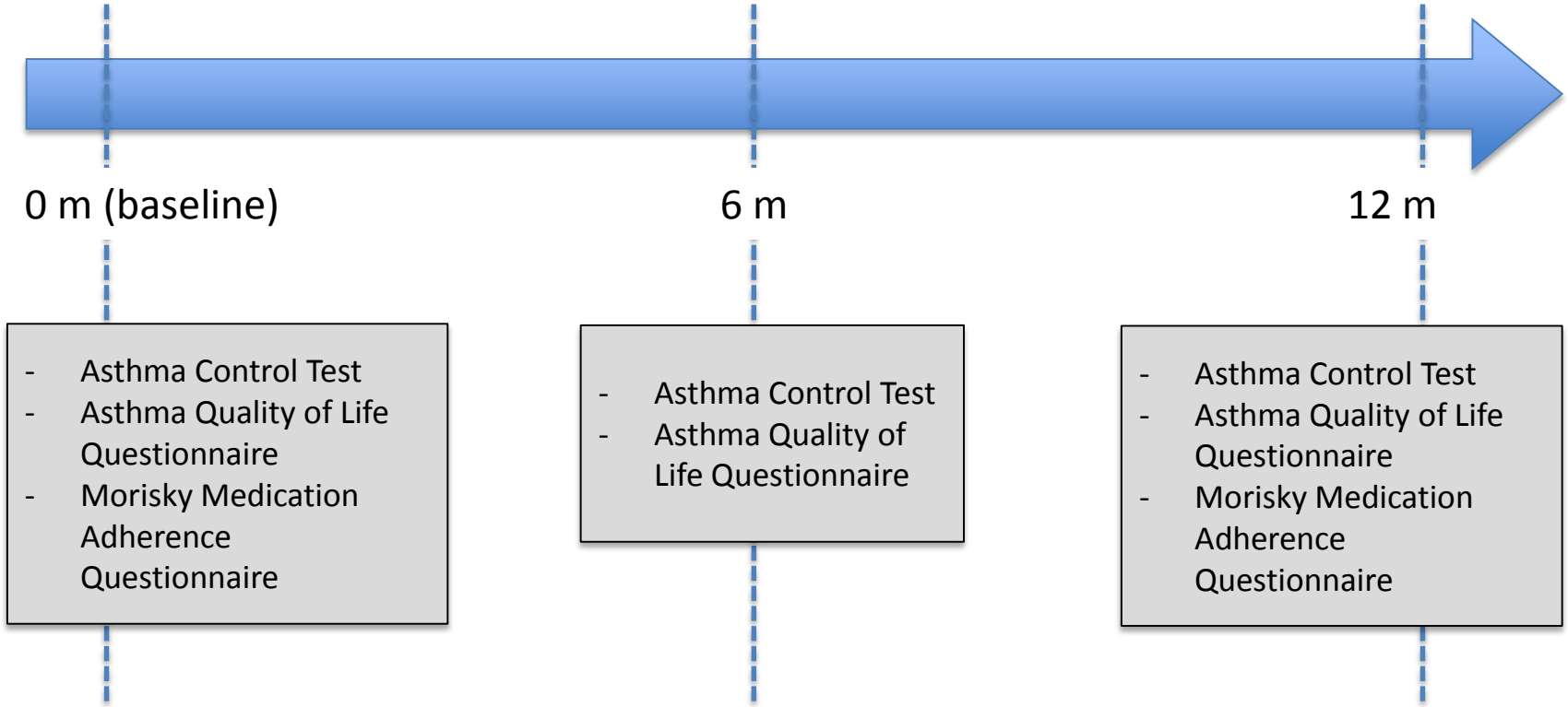
Economic



Zafari et al, 2014 *J Allergy Clin Immunol*

Clinical

1. Patient Reported Outcomes



Clinical

2. Outcomes from Administrative Data

- 1 year healthcare resource utilization data on all enrolled patients
  - Medical Services Plan (physician visits)
  - Hospital Separations (hospitalizations)
  - PharmaNet (prescriptions)

- Requested from PopulationData BC

Humanistic

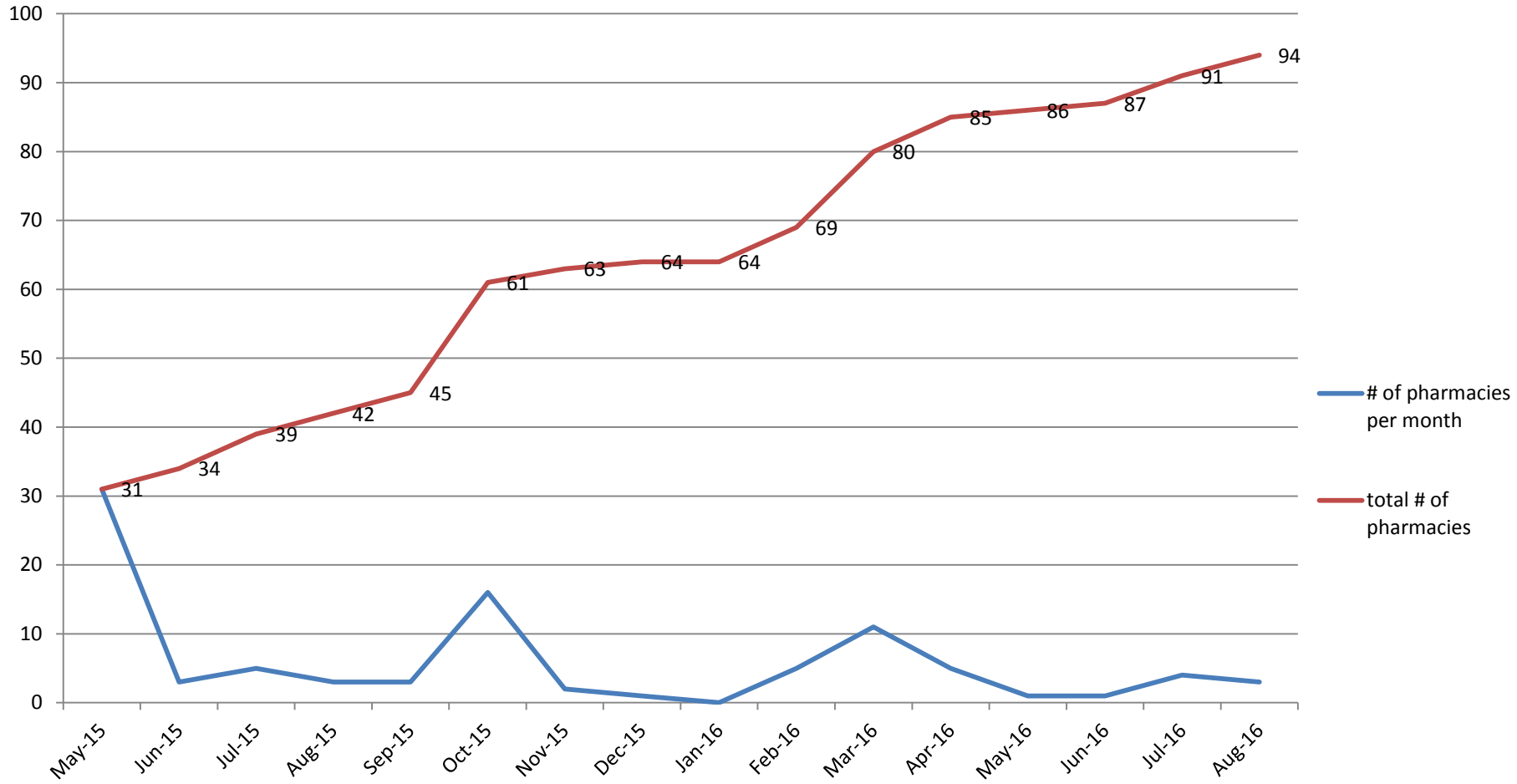
- "Piggyback" qualitative interviews with patients randomized to EmPhAsIS intervention
  - What are perspectives and experiences of receiving this intervention?
    - Did they like receiving text messages?
    - Did they respond?
    - Do they see continued use (if offered as part of future care)?
- Part of PhD thesis for CORE trainee

EmPhAsIS

Progress to Date

EmPhAsIS Pharmacies

- 94 pharmacies enrolled



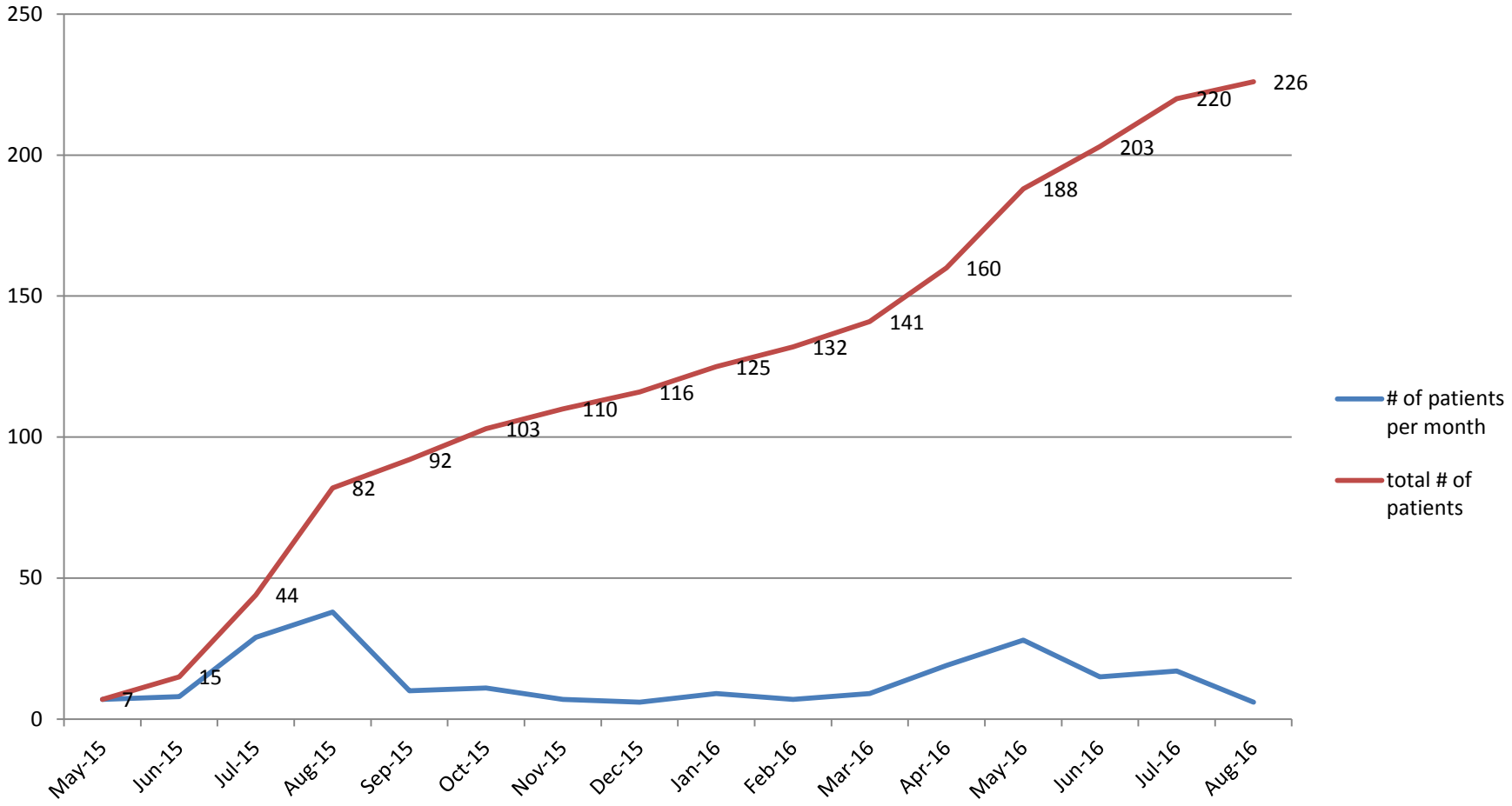
Pharmacy Locations

running Emphasis Study

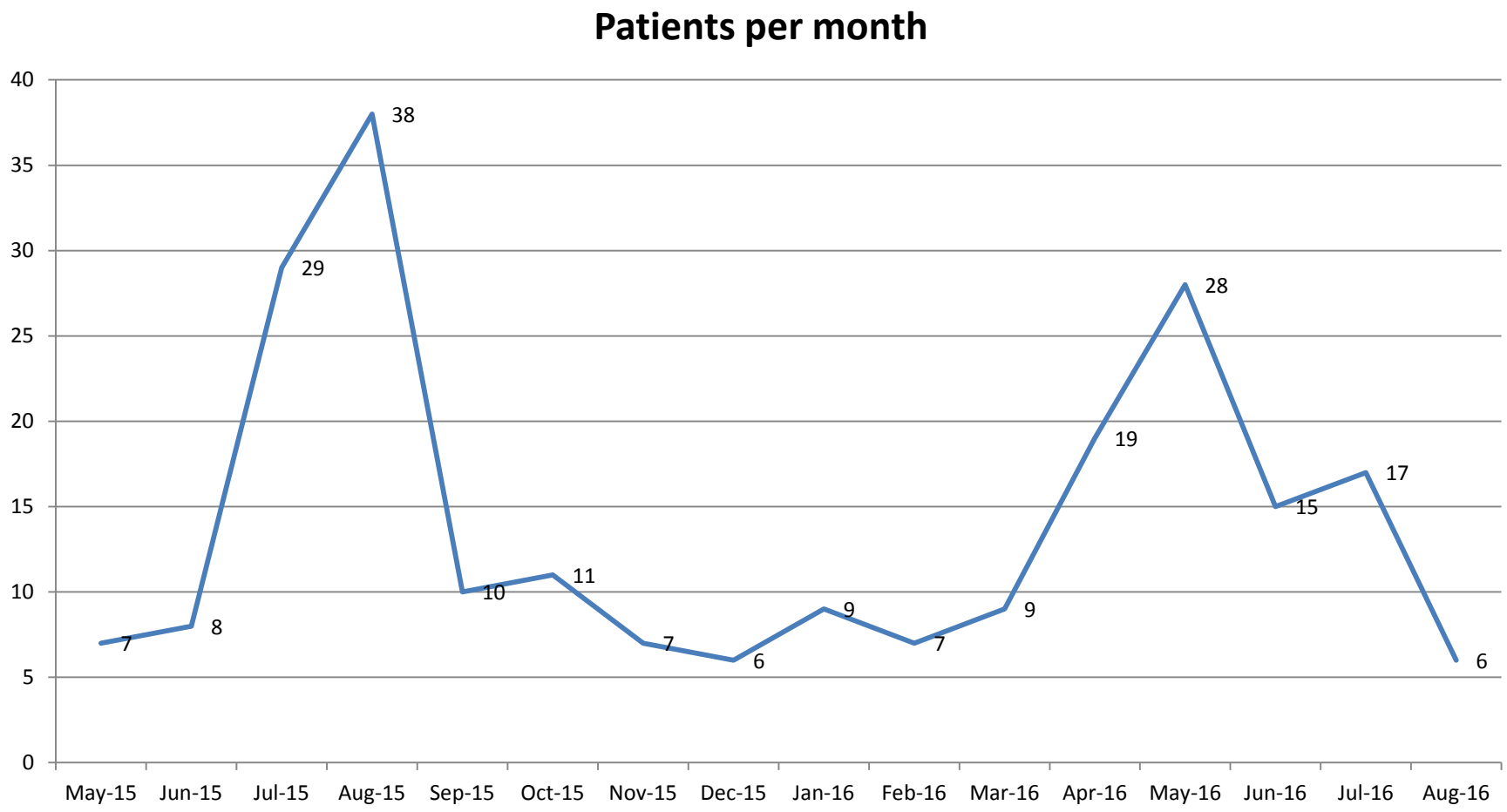
zoom in, click on the map and move it within the window

Patient recruitment

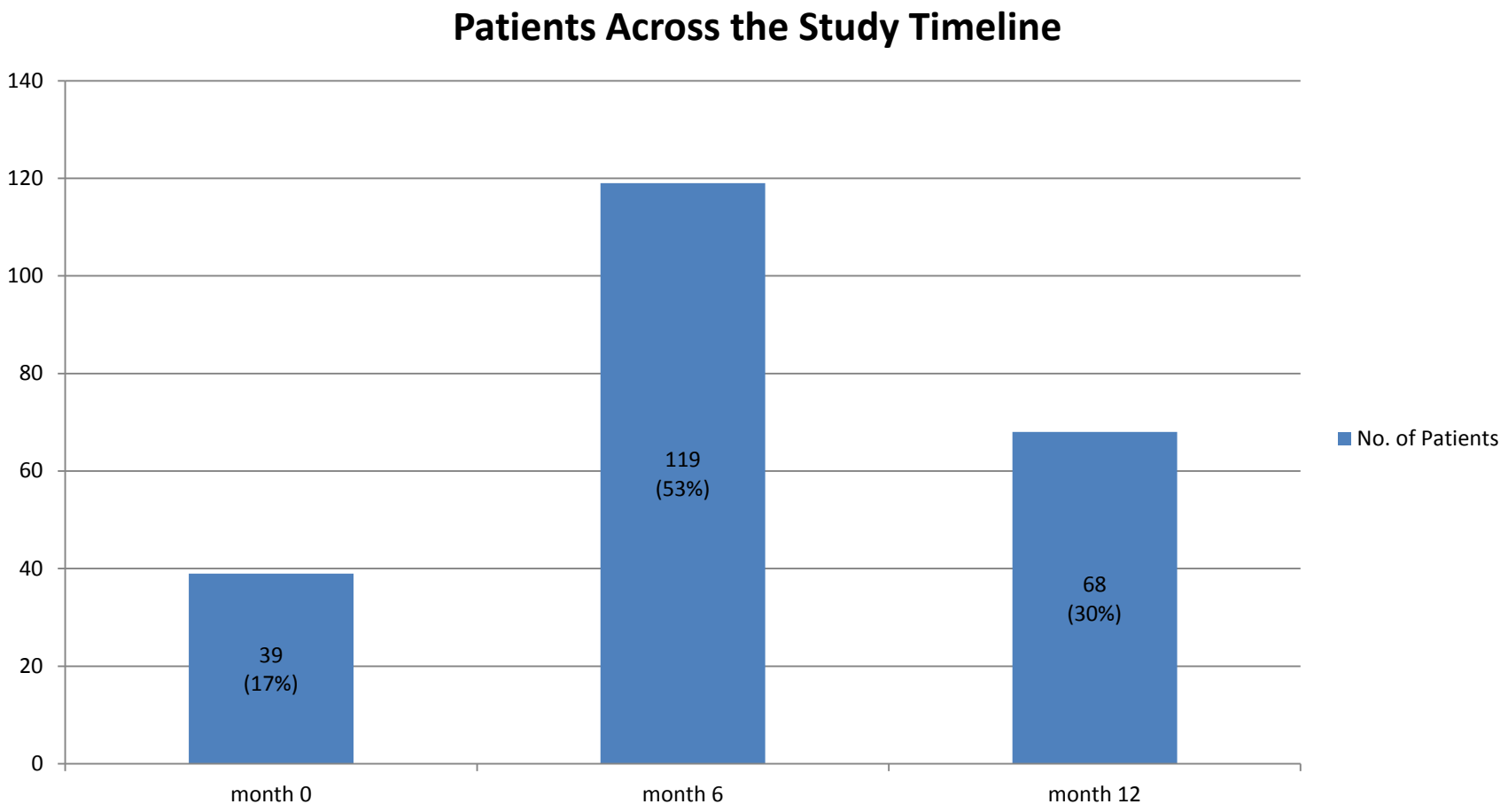
- 226 patients enrolled (112 int, 114 uc)



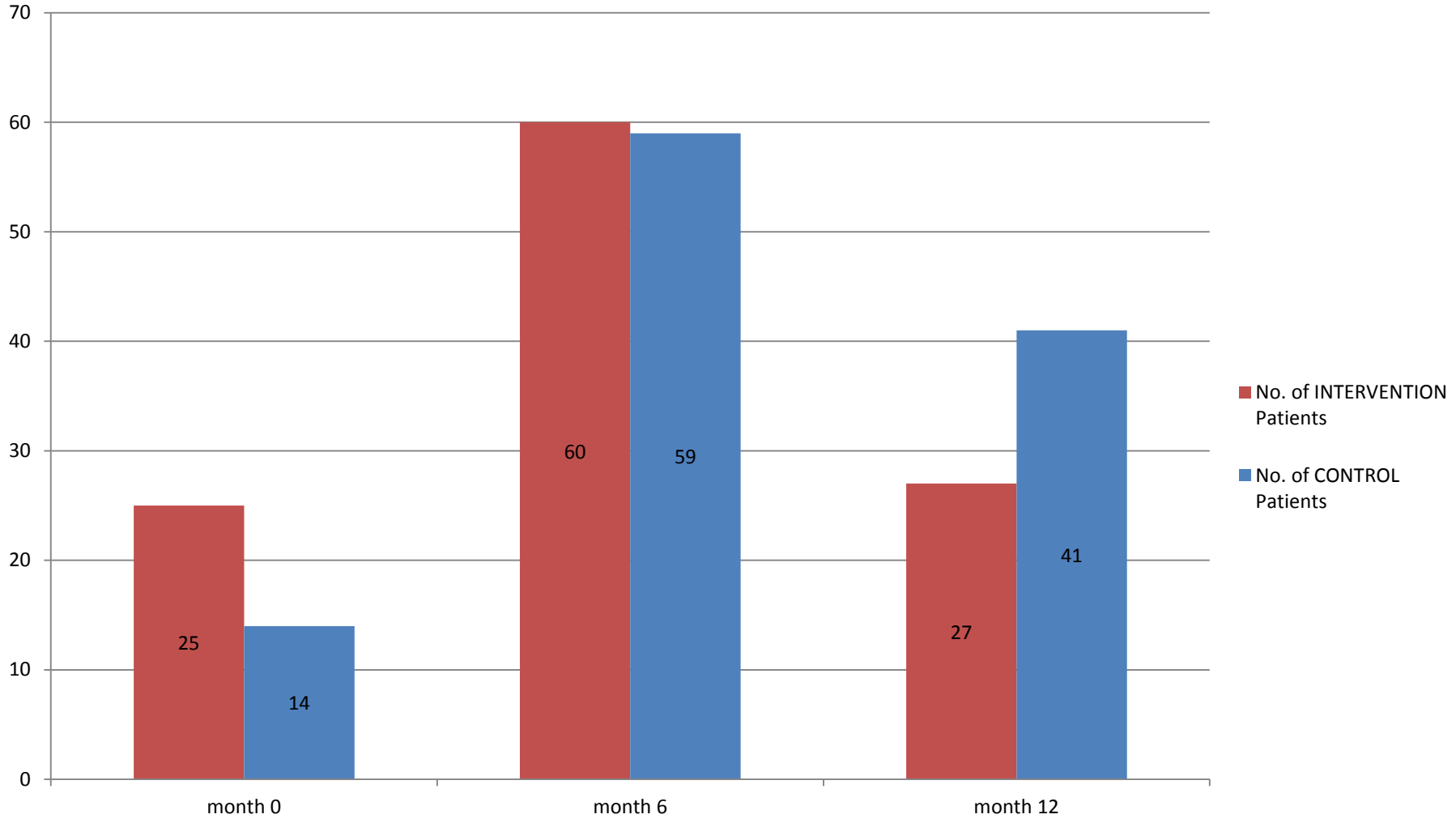
Monthly enrollment



Progress of patients

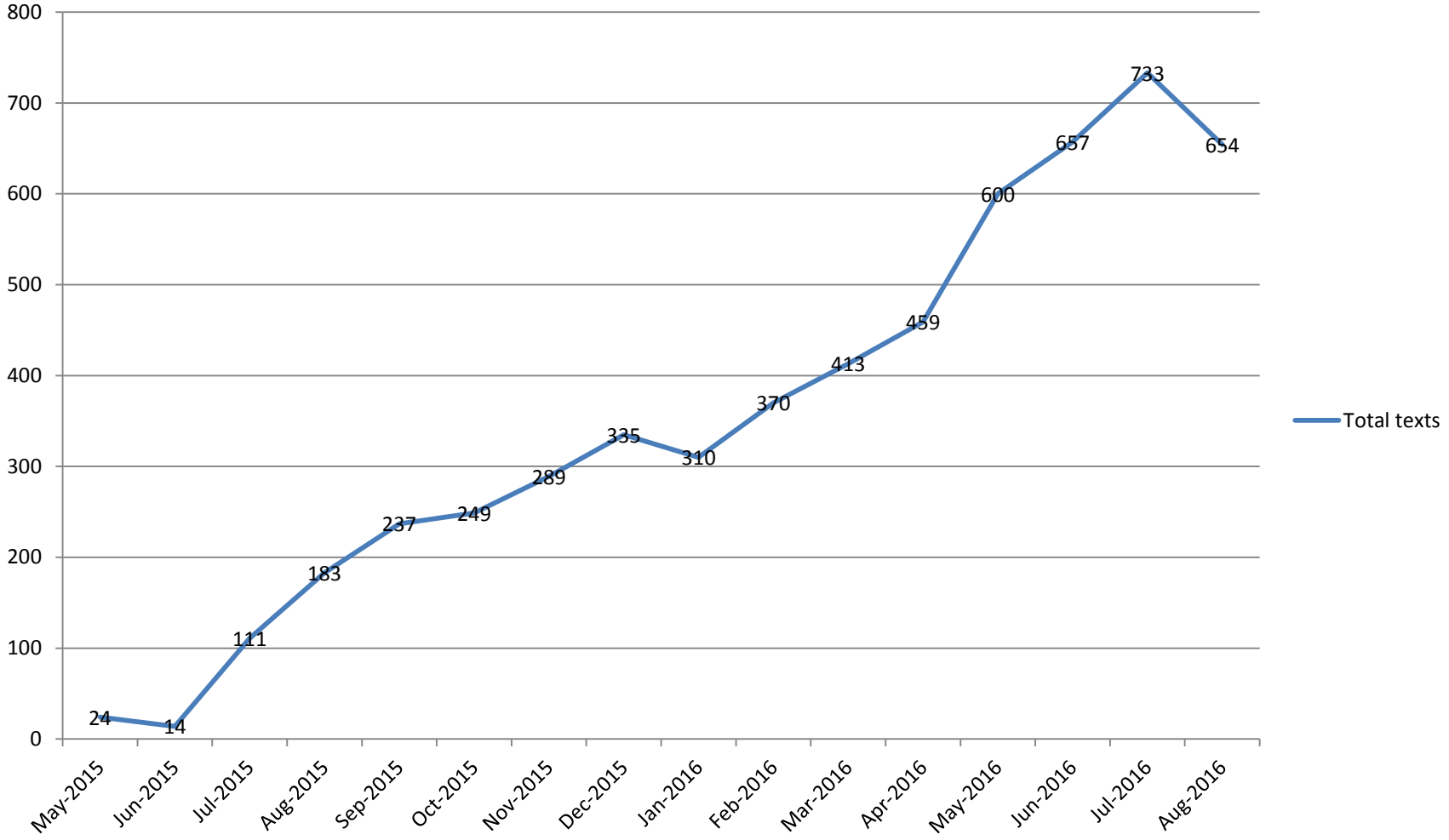


By randomization group



EmPhAsIS intervention (SMS)

- Total texts: 5638, sent: 3408, received: 2230



EmPhAsIS

Knowledge Translation

Publication in Trials Journal

De Vera *et al. Trials* 2014, **15**:488
http://www.trialsjournal.com/content/15/1/488

STUDY PROTOCOL Open Access

Empowering pharmacists in asthma management through interactive SMS (EmPhAsIS): study protocol for a randomized controlled trial

Mary A De Vera[1*†], Mohsen Sadatsafavi[2,3†], Nicole W Tsao[1], Larry D Lynd[1], Richard Lester[2], Louise Gastonguay[1], Jessica Galo[1], J Mark FitzGerald[2], Penelope Brasher[3] and Carlo A Marra[1,4]

Abstract

Background: Medication regimens for asthma are particularly vulnerable to adherence problems because of the requirement for long-term use and periods of symptom remission experienced by patients. Pharmacists are suited to impact medication adherence given their training, skills, and frequent contact with patients. The Empowering pharmacists in asthma management through interactive SMS (EmPhAsIS) trial involves an intervention leveraging mobile health (mHealth) technology to support community pharmacy practice with the hypothesis of improved medication adherence in asthma.

Methods/Design: This study is a pragmatic pharmacy-based, cluster, randomized controlled trial with 12 months of intervention delivery and follow-up. Pharmacies (the clusters) will be randomized at a 1:1 ratio to provide

EmPhAsIS Highlights

EmPhAsIS trial launched on 'World Asthma Day' **May 05, 2015**

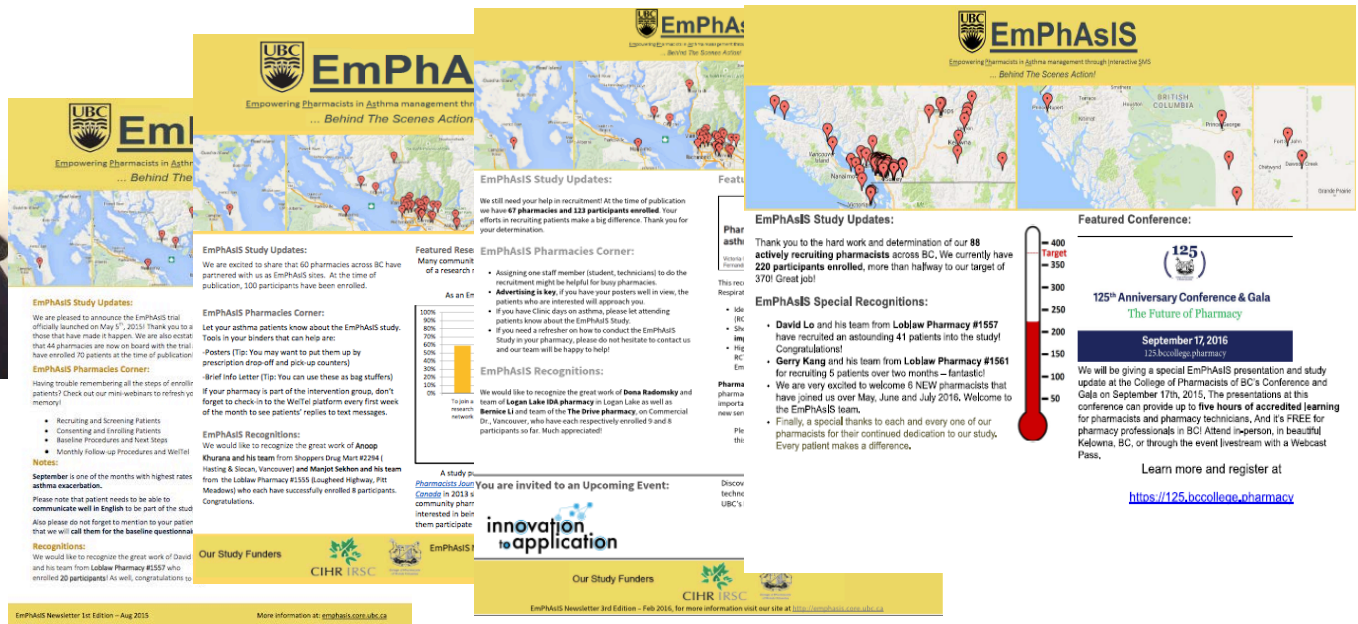
1st Ed of "Behind the Scenes" Newsletter

100th patient recruited! *(target 370)*

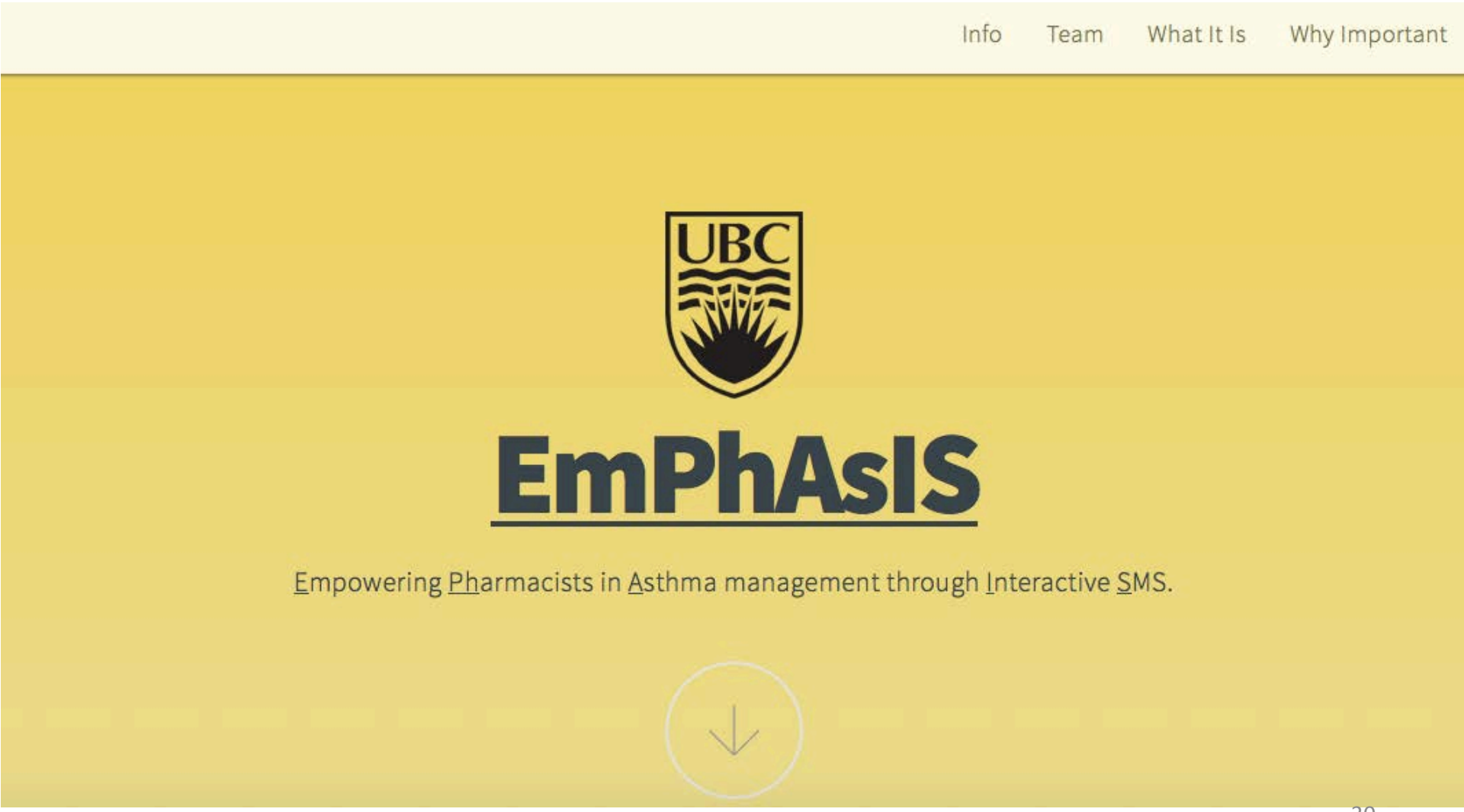
Innovation to Application Conference

200th patient recruited!

May '15 | Aug '15 | Nov '15 | Feb '16 | June '16



www.emphasis.core.ubc.ca



EmPhAsIS

Future Steps

Next Steps

- Continue patient enrollment until target (N=370)
- Continue pharmacy enrollment if needed
- Collect patient reported outcomes data
- Perform analytical evaluations post 1-year follow up of all enrolled patients

EmPhAsIS

Thank you for your continued support

EmPhAsIS

Empowering **Ph**armacists in **As**thma management through **I**nteractive **S**MS

Investigators

Mary De Vera, PhD (**co-PI**)

Mohsen Sadatsafavi, MD, PhD (**co-PI**)

Larry Lynd, BSP, PhD

Carlo Marra, PharmD, PhD

Mark Fitzgerald, MD

Richard Lester, MD

Penelope Brasher, PhD

Parkash Ragsdale, BSc(Pharm)

Nicole Tsao (Research Pharmacist)

Research Coordinators

Natasha Campbell

Louise Gastonguay

Graduate Student

Nelson Gorrin

Pharmacy Students

Hans Haag

Michelle Pak

Joy Que

Robin Lee

Yolanda Lin

Tim Liang

EmPhAsIS

Empowering **Ph**armacists in **As**thma management through **I**nteractive **S**MS

Questions?

Please do not hesitate to contact us

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2405 Wesbrook Mall, Vancouver BC, Canada V6T 1Z3

College of Pharmacists of British Columbia

125 years

7. Framework for Patient-Practitioner Relationship Program

Presented By:

Bob Nakagawa

Registrar

Framework for Patient-Practitioner Relationship Program

Background:

- The College must establish a patient relations program to prevent professional misconduct of a sexual nature as per s. 16 of the *Health Professions Act*.

- In 2013, the BC Health Regulators established a working group to examine the issue of patient-practitioner relations and to develop a framework for a model that could be adopted in BC.

Framework for Patient-Practitioner Relationship Program

The Framework:

- The following areas must be addressed by the Program:
  - romantic or sexual relationship with patients;
  - treatment of partners, spouses, or other family members;
  - relationships with former patients;
  - “bartering” or exchanging health care services for other services with a patient;
  - monetary gain from patients outside of the cost of the service/care provided;
  - use of social media;
  - non-trivial gifts from patients;
  - care of family members in emergency situations; and
  - guidance for practitioners working in small, rural or remote communities

College of Pharmacists of British Columbia 125 years

Framework for Patient-Practitioner Relationship Program

The Framework:

- Consider the context of the type of health care and the health care
- environment in which it is provided.
- Patient must provide full, free and informed consent; patient autonomy is maintained at all times; and the practitioner provides objective care to every patient.
- Clear, concise and accessible information and materials for both registrants and the public.
- Training for College staff to support their understanding of the program and how it applies in practice.
- Enhance the registrant's capacity to understand and set boundaries and communicate those effectively to every patient.

Framework for Patient-Practitioner Relationship Program

Recommendation:

- The College recommends that the Board approves and accepts the BCHR recommendations.

Framework for Patient-Practitioner Relationship Program

MOTION:

Endorse the ‘Framework for a Model Patient-Practitioner Relationship Program for BC Health Regulators’.

College of Pharmacists of British Columbia

125 years

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

7. Framework for Patient-Practitioner Relationship Program

DECISION REQUIRED

Recommended Board Motion:

Endorse the Framework for Patient-Practitioner Relationship Program for BC Health Regulators.

Purpose

To seek the Board's approval and acceptance of the recommendation made by the BC Health Regulators (BCHR) regarding the adoption of the Framework for a Patient-Practitioner Relationship Program (henceforth referred to as "the Framework").

Background

In 2013, the BCHR established a working group to examine the issue of patient-practitioner relations and to develop a framework for a model that could be adopted in BC.

The working group was comprised of registrars and compliance staff from ten different colleges including the College of Pharmacists of BC. The working group met 12 times over two years. Their work included a review of the research, policies and standards of practice, case law and existing patient relations programs from health regulatory colleges in BC and across Canada.

As a result of their work, the Framework was developed and offered a consistent approach for Colleges to implement their own programs reflective of the unique context in which registrants deliver healthcare services. See Appendix 1 for the BCHR Briefing Note and the Framework.

Legislative Duty

As per the legislated duty and objects of the College outlined in section 16 of the *Health Professions Act* (HPA), the College must establish a patient relations program to prevent professional misconduct of a sexual nature. The bylaws further direct that the College must:

- establish and maintain procedures for the receipt and processing of professional misconduct complaints of a sexual nature,
- monitor and periodically evaluate program procedures, and
- develop guidelines for the conduct of registrants with their patients.

See Appendix 2 for the relevant HPA provisions.

Discussion

The focus of any patient relations program is prevention. The Framework sets out principles, definitions and key program elements intended to help patients and practitioners understand the need for boundaries. Further, it provides guidance on issues such as "informed consent" and how informed consent is an on-going process in professional relationships as opposed to a onetime consideration. It offers various contexts for practitioners to consider in the professional relationship including dual relationships, conflicts of interest and how objectivity may be impacted by present or past familial, sexual, emotional, financial, supervisory, political, administrative or legal relationships.

Part of any effective prevention program is the development of communication materials for registrants that will increase their level of understanding and strengthen their ability to set boundaries with their patients. For patients and members of the public, materials will need to be developed describing the complaints resolution process. Communications will need to be clear, concise and accessible.

The Framework also highlights how the College must ensure staff are appropriately trained to respond in the event a complaint of misconduct is made.

Finally, the Framework acknowledges the need for the College to establish guidance for registrants who work in small, rural or remote communities and those who find themselves in emergency circumstances.

Recommendation

That the Board approves the BCHR's recommendation to endorse the Framework.

Appendix	
1	The BCHR Briefing Note and Framework Document
2	HPA provisions

BC Health Regulators
BRIEFING DOCUMENT: PATIENT RELATIONS WORKING GROUP

Title: Framework for Patient-Practitioner Relationship Program for BC Health Regulators

BACKGROUND

In 2013, the BC Health Regulators established a working group to review programs dealing with patient-practitioner relationships and to make recommendations to the BC Health Regulators on a framework for a model patient-practitioner relationship program. Under s.16(2)(f) of the *Health Professions Act* (HPA), most of the Colleges regulated under the *Act* are required to establish a patient relations program to prevent professional misconduct of a sexual nature.

The working group was comprised of registrars and compliance staff from ten different colleges, serving as members of the group at different times. The working group met 12 times over two years, and reviewed research studies, policy papers, standards of practice, case law and different types of patient relations programs from health regulatory Colleges in BC and across Canada.

DISCUSSION

The BC Health Regulators identified a need for a consistent approach to the requirements for developing a patient relations program. While each College will develop its program in the context of the type of health care provided and the environment in which its registrants work, all Colleges should use consistent principles for developing their programs. As well, each College's program should include several key program elements, identified by the working group.

The working group designed the framework for a model patient-practitioner relationship program with several overarching principles in mind:

- Respect for patient autonomy
- Full, free and informed consent for treatment
- Registrant responsibility for establishing, communicating and maintaining professional boundaries with every patient
- Clear, accessible information for both registrants and the public
- Clear guidance for registrants in remote location and in emergency situations

RECOMMENDATION

That each College regulated under the HPA that is required to establish a patient relations program:

- Endorses the Framework for a Model Patient-Practitioner Relationship Program for BC Health Regulators no later than September 30, 2016
- Agrees to implement the new Framework no later than March 31, 2017
- Provides an annual report to the BC Health Regulators on progress under the Framework.

Framework for a Model Patient-Practitioner Relationship Program for BC Health Regulators

May, 2016

1. Legislative Framework

All Colleges regulated under the *Health Professions Act (HPA)* are required to establish a program to deal with patient-practitioner relationships:

> Section 16 (2) (f)
> … to establish, for a college designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature.

2. Program Position Statement

Health care practitioners regulated by Colleges of the BC Health Regulators provide health care that is built on a foundation of trust and respect. Patients trust their professional practitioner because they believe the practitioner has special knowledge, skills and abilities and uses these to provide safe, effective and ethical care. Practitioners demonstrate respect for patients by acknowledging their position of power and maintaining professional boundaries.

A Patient-Practitioner Relationship Program helps both patients and practitioners understand the need for boundaries in establishing the context and limits of care. The professional relationship between the professional and the patient exists for the patient's benefit. Setting boundaries requires the practitioner be a professional and to ensure that the autonomy and dignity of patients is maintained.

3. Key Concepts and Definitions

"*Professional misconduct*" is defined in the HPA (Part 3) to include "sexual misconduct, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession".

"Dual relationships" in the health service context pertains to relationships in which the registered professional has more than one relationship with the service recipient. An example of a dual relationship is providing clinical services to a family member or friend.

"Conflict of Interest" arises where a reasonable person could form the view that a professional's ability and obligation to act in the patient's best interests may be affected or influenced by other competing interests. Such conflicts of interest can be real, potential or perceived. Conflicts of interest occur in a variety of circumstances including financial, non-financial, direct, and indirect transactions with patients and others.

"Informed consent" is defined in S. 7 of this Framework.

4. Principles for the Patient-Practitioner Relationship Program

a) Each program is developed in the context of the type of health care and the health care environment in which it is provided.
b) Each program must establish appropriate professional boundaries between the registrant and the patient, ensuring that:
   (i) the patient is able to provide full, free and informed consent;
   (ii) patient autonomy is maintained at all times; and
   (iii) the practitioner provides objective care to every patient.
c) Each program must have clear, concise and accessible information and materials for both registrants and the public.
d) Each program must provide training for College staff to support their understanding of the program and how it applies in practice.
e) The program is designed to enhance the registrant's capacity to understand and set boundaries and communicate those effectively to every patient.

5. Patient-Practitioner Relationship Program Elements

Each College's patient-practitioner relationship program must address the following areas:

a) romantic or sexual relationship with patients;
b) treatment of partners, spouses, or other family members;
c) relationships with former patients;
d) "bartering" or exchanging health care services for other services with a patient;
e) monetary gain from patients outside of the cost of the service/care provided;
f) use of social media;
g) non-trivial gifts from patients;
h) care of family members in emergency situations; and
i) guidance for practitioners working in small, rural or remote communities.

6. Shared Underlying Principles in the Patient-Practitioner Relationship

1. Avoidance, as much as possible, of any professional relationship with a patient when the professional's objectivity or competence could reasonably be expected to be impaired because of the professional's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the patient or with another relevant person associated with or related to the patient.

2. If a dual relationship or conflict of interest is unavoidable, the professional should document the specific circumstance, an account of why the duality or conflict is unavoidable and document the informed consent of the patient(s) for all services.

3. Obtaining informed consent at the beginning of professional relationships and understanding that informed consent is an ongoing process, rather than a onetime event.

7. What Constitutes Informed Consent

The BC *Health Care (Consent) and Care Facility (Admission) Act* defines "*Informed Consent"* as follows**:**

4 Every adult who is capable of giving or refusing consent to health care has

(a) the right to give consent or to refuse consent on any grounds, including moral or religious grounds, even if the refusal will result in death,

(b) the right to select a particular form of available health care on any grounds, including moral or religious grounds,

(c) the right to revoke consent,

(d) the right to expect that a decision to give, refuse or revoke consent will be respected, and

(e) the right to be involved to the greatest degree possible in all case planning and decision making.

5 (1) A health care provider must not provide any health care to an adult without the adult's consent except under sections 11 to 15.

(2) A health care provider must not seek a decision about whether to give or refuse substitute consent to health care under section 11, 14 or 15 unless he or she has made every reasonable effort to obtain a decision from the adult.

6 An adult consents to health care if

(a) the consent relates to the proposed health care,

(b) the consent is given voluntarily,

(c) the consent is not obtained by fraud or misrepresentation,

(d) the adult is capable of making a decision about whether to give or refuse consent to the proposed health care,

(e) the health care provider gives the adult the information a reasonable person would require to understand the proposed health care and to make a decision, including information about

(i) the condition for which the health care is proposed,

(ii) the nature of the proposed health care,

(iii) the risks and benefits of the proposed health care that a reasonable person would expect to be told about, and

(iv) alternative courses of health care, and

(f) the adult has an opportunity to ask questions and receive answers about the proposed health care.

Appendix 2 – HPA Provisions

Duty and objects of a college
16 (1) It is the duty of a college at all times

(a) to serve and protect the public, and
(b) to exercise its powers and discharge its responsibilities under all enactments in the public interest.

(2) A college has the following objects:
(a) to superintend the practice of the profession;
(b) to govern its registrants according to this Act, the regulations and the bylaws of the college;
(c) to establish the conditions or requirements for registration of a person as a member of the college;
(d) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;
(e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;
(f) to establish, for a college designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature;
(g) to establish, monitor and enforce standards of professional ethics amongst registrants;
(h) to require registrants to provide to an individual access to the individual's health care records in appropriate circumstances;
(i) to inform individuals of their rights under this Act and the Freedom of Information and Protection of Privacy Act;
(i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;
(j) to administer the affairs of the college and perform its duties and exercise its powers under this Act or other enactments;
(k) in the course of performing its duties and exercising its powers under this Act or other enactments, to promote and enhance the following:
(i) collaborative relations with other colleges established under this Act, regional health boards designated under the Health Authorities Act and other entities in the Provincial health system, post-secondary education institutions and the government;
(ii) interprofessional collaborative practice between its registrants and persons practising another health profession;
(iii) the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.

Definitions for Part
26 In this Part:

"professional misconduct" includes sexual misconduct, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession;

"registrant" includes a former registrant, and a certified non-registrant or former certified non-registrant to whom this Part applies;

"serious matter" means a matter which, if admitted or proven following an investigation under this Part, would ordinarily result in an order being made under section 39 (2) (b) to (e);

"unprofessional conduct" includes professional misconduct.

Duty to report sexual misconduct
32.4 (1) If a registrant has reasonable and probable grounds to believe that another registrant has engaged in sexual misconduct, the registrant must report the circumstances in writing to the registrar of the other registrant's college.

(2) Despite subsection (1), if a registrant's belief concerning sexual misconduct is based on information given in writing, or stated, by the registrant's patient, the registrant must obtain, before making the report, the consent of

(a) the patient, or

(b) a parent, guardian or committee of the patient, if the patient is not competent to consent to treatment.

(3) On receiving a report under subsection (1), the registrar must act under section 32 (2) as though the registrar had received a complaint under section 32 (1).

Immunity

32.5 No action for damages lies or may be brought against a person for making a report in good faith as required under section 32.2, 32.3 or 32.4.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

9. Audit and Finance Committee:
a) Expenditure Review –
i) Conference Support

DECISION REQUIRED

Recommended Board Motion:

Direct the Registrar to continue the annual conference support budget totaling $24,500.

Purpose
To inform the funding decision re the annual budget for conference support.

Background
The College has supported BCPhA, CSHPA and the Pharmacy Tech Association with a contribution to their annual conferences for several years.

The last few years it has totaled $24,500. This contribution gives the College the opportunity to host a booth, some promotion opportunities and, sometimes, the opportunity to do a presentation.

Recommendation
The Audit and Finance Committee recommends continuing this funding budget. The budget would be divided up amongst conferences that represent community and hospital pharmacists and pharmacy technicians.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

9. Audit and Finance Committee
a) Expenditure Review –
ii) UBC CPPD Funding

DECISION REQUIRED

Recommended Board Motion:

Direct the Registrar to discontinue the annual UBC CPPD budget beginning with the 2017/18 fiscal year.

Purpose

To report on the history and activities aided by funding UBC and the Continuing Pharmacy Professional Development CPPD program in order to inform the budget planning decision about continuing to fund this grant.

Background

Glenda MacDonald, Director of Continuing Pharmacy Professional Development (CPPD) at UBC has provided the College with the history and a report on the activities of the program. The College has a long history of providing funding to UBC. However, when fees were reduced in 2013, the Board was informed that there was an estimated $1.1 million deficit projected for fiscal year 2018/19 if measures were not phased in. One recommendation was to review expenditures. The Audit and Finance Committee has undergone this task.

Report from Glenda MacDonald

CPBC Funding to UBC CPPD

Background

The UBC Division of Continuing Pharmacy Professional Development (UBC CPPD) has enjoyed a positive relationship with the College of Pharmacists of BC (CPBC) spanning more than 40 years.

Through multiple changes in administration and governance in both organizations, the relationship has been one of mutual respect and support. UBC CPPD has received annual funding from CPBC for more than four decades.

Funding Amounts

The financial relationship between CPBC and CPPD has evolved over the years. In the early 2000's CPBC provided grant funding of approximately $100,000 annually for overall CPPD operations (staffing, overhead and program delivery costs). In addition, CPBC provided funding to support annual meetings with Regional Coordinators (volunteer pharmacists who oversaw educational programs in more diverse geographic locations of the province).

Between 2005 and 2012 the CPBC grant was gradually increased to $250,000 annually, with no additional funding for Regional Coordinator Meetings. CPPD conducts regular formal and informal Learning Needs Assessments of pharmacy professionals (pharmacists and more recently pharmacy technicians). Decisions regarding program topics, venues and delivery methods are informed by the results of these needs assessments in the context of the CPBC Strategic Goals. Learner feedback regarding program curricula is consistently positive and is used for quality assurance and improvement in future programs.

Reporting Relationship

There have been a number of changes over the years in the CPPD reporting relationship to CPBC. Until 2014, CPPD provided an annual activity report to the CPBC board. This report was presented in person to the board at the September/November board meeting, prior to funding decisions for the following fiscal year. At that time, funding requests were not linked to specific CPPD program deliverables. A written report of CPPD activities was provided concurrently with the presentation to the board. The last report presented to the board was in November 2014.

Beginning in 2014, CPBC requested that CPPD reports and recommendations for programming be presented in person and in writing to the Quality Assurance Committee (QAC) committee, with specific deliverables linked to the CPBC Strategic Plan. Following review of the report(s), the QAC Committee made recommendations to the board regarding CPPD activities and associated funding.

CPPD was asked to provide three quarterly and one annual written report of program activities, with twice yearly in-person reports to the board. Prior to any in-person presentation to the board, this request was revised to include only written quarterly and annual reports. Written reports are submitted to Ashifa Keshavji, Acting Deputy Registrar and Director of Practice Reviews & Quality Assurance, and presented verbally to the QAC as requested. Our most recent annual report is attached to this document. The quarterly reports describe and document the progress of the deliverables approved by the QAC and CPBC board.

CPPD Educational Programs

Continuing Professional Development is a responsibility of all CPBC registrants. Each registrant is expected to undertake a minimum of 15 hours of learning annually, one third of which (5 hours) must be accredited. UBC CPPD develops and delivers accredited programs to meet these needs. In addition UBC CPPD accredits programs developed by other providers (eg. BCPhA, CSHP, Ministry of Health) for BC Pharmacy professionals. During the 2015-16 fiscal year UBC CPPD developed/delivered 76 programs, providing 1395 hours of accredited learning. In response to requests from CPBC we currently report on the geographic location and primary practice setting of program participants.

In keeping with trends in the uptake of profession development activities, increasing numbers of our learners engage in online learning. During the 2015-16 fiscal year there were 4,285 visitors to our online programs, and over 10,000 visitors to our website. As our current website technology cannot provide detailed information regarding numbers of unique learners, we are addressing this issue through a website upgrade. We will be launching a new website in the fall in response to CPBC requests for this information.

In summary, we have enjoyed a positive relationship with the College of Pharmacists of BC over the past decades, and look forward to continuing our relationship in coming years.

Recommendation

The Audit and Finance Committee is recommending that the College discontinue the annual UBC CPPD grant budget.

Appendix	
1	2015/16 Annual Report to CPBC

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences

UBC Continuing Pharmacy Professional Development

Programs and Activities for the 2015-16 CPBC Fiscal Year
Annual Report to the College of Pharmacists of BC
(March 2015-February 2016)

April 2016

UBC Continuing Pharmacy Professional Development
Faculty of Pharmaceutical Sciences
University of British Columbia

Table of Contents

Executive Summary

This report summarizes the UBC Continuing Pharmacy Professional Development activities and initiatives in support of the BC College of Pharmacists Strategic Goals during the 2015-16 Fiscal Year.

CPPD, in consultation with CPBC, committed to eight deliverables for the 2015-16 fiscal year. Specific activities and target dates for completion were agreed upon by both organizations, and are detailed in this report. Seven of eight target dates were met. Development on the remaining deliverable continues.

UBC CPPD developed and/or delivered 76 programs and activities during this time period, with 78.25 CEUs of accredited activities included. Twenty-six additional programs (50.25 CEUs) were reviewed and accredited for British Columbia pharmacy professionals by UBC CPPD.

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

In response to a request from the Board of the College of Pharmacists of BC, as of March 2015 we have reported on the geographic location of participants in both our live and online programs, as well as their primary practice setting (hospital, community, student).

UBC CPPD Deliverables Schedule Mar 2015-Feb 2016

Eight primary deliverables were identified for the 2015-16 fiscal year. The following table identifies the specific activities comprising each deliverable, the associated target date, the status as of February 2016 and the associated CPBC Strategic Goal.

Table 1: UBC CPPD Deliverables 2015-16

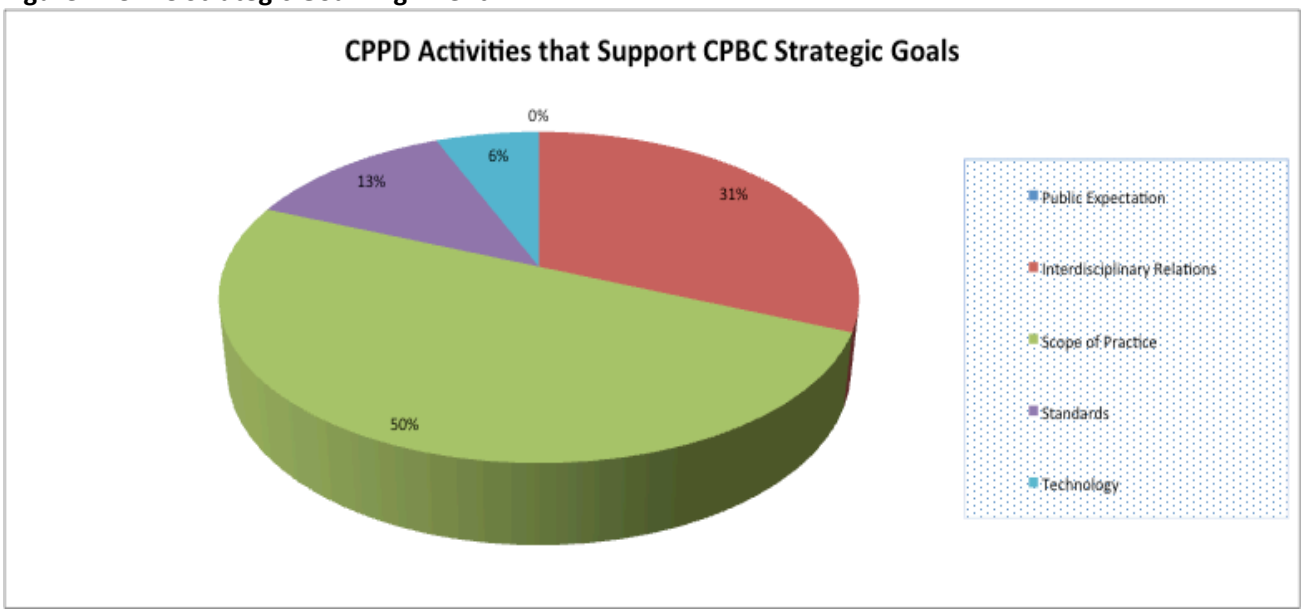
Deliverable	Deliverable Activities	Deliverable target date	Q 1-4 Status	Meets CPBC Strategic Goal:
1) Deliver live intra-professional workshop for pharmacists and technicians, focusing on Diabetes	Delivery	Q1	Completed Four FTF workshops and 3 lectures delivered - posted online Q2	Interdisciplinary Relations Scope of Practice
2) Physical Assessment – Online program- Vital Signs	Delivery	Q2	Completed Posted online Q2	Scope of Practice
3) Online Clinical Skills Development on Comprehensive Medication Management	Delivery	Q2-3	Completed Posted Online Can be used as remedial program for Inquiry and Discipline Committees	Scope of Practice Standards
4) Tools to support Practice Review Program	Development of Tools	Q3-4	Incomplete Online tool development set for Q2 next fiscal year Online, print materials based on Alberta Chat, Check, Chart	Scope of Practice Standards
5) Clinical Skills Workshop Online – Lab Values – Renal/electrolytes	Development	Q3-4	Development Complete Accreditation Complete	Interdisciplinary Relations Scope of Practice
6) Intra-professional (IP) Clinical Skills Workshop- Cardiovascular Disease	Development	Q3-4	Completed March 5, 2016 Delivery	Interdisciplinary Relations Scope of Practice
7) Intra-professional Clinical Skills Workshop- Mental Health Disorders	Development	Q3-4	Completed March 5, 2016 Delivery	Interdisciplinary Relations Scope of Practice

8) Live Technical Skills IP Workshop for Pharmacy Professionals on Point of Care Testing Cardiovascular Risk Assessment Blood Pressure Measurement Pulmonary Function Tests Reproductive Health	Development	Q 3-4	Completed April 2, 2016 Delivery	Interdisciplinary Relations Scope of Practice Technology
Refresh online presentations		Ongoing	CPPD website undergoing upgrades in 2015/16	

Deliverables in Support of CPBC Strategic Goals

UBC CPPD deliverables are determined on an annual basis in consultation with the College of Pharmacists of BC. The deliverables align with the 2015/16 Strategic Goals set by the College: Public Expectations; Technology; Standards; Interdisciplinary Relationships and Scope of Practice. Consistent with the 2014/15 fiscal year, the majority of the 2015/16 deliverables and activities align with the CPBC Scope of Practice Strategic Goal (50%). Activities in support of the Interdisciplinary Relationships goal doubled in the 2015/16 year compared to 2014/15 year, and activities supporting the Technology Strategic Goal were added.

Figure 1: CPBC Strategic Goal Alignment



UBC CPPD Deliverables Status

Table 2 summarizes the status of the eight key deliverables over the course of the fiscal year. The phases of each project (development, pilot and deployment, delivery) are highlighted through shading styles (see legend). The majority of deliverable activities are reported in green, indicating they were on track with target dates. Development of tools to support the Practice Review Program has been delayed, and work on this deliverable continues.

Table 2: Deliverables Status
CPPD 2015-16 Fiscal Year Activities- Status

		FY 2014 - 2015		FY 2015 - 2016				FY 2016 - 2017	
Deliverables	**CPPD Activities**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
1) Deliver live intra-professional workshop for pharmacists and technicians	Delivered and posted online - 4 workshops and 3 lectures								
2) Physical Assessment - Online program- Vital Signs	Development and delivery of online program								
3) Online Clinical Skills Development on Comprehensive Medication Management	Development and delivery of Medication Management Demystified online program								
4) Tools to support Practice Review Program	Development of Tools								
5) Clinical Skills Workshop Online - Lab Values - Renal/ electrolytes	Program Development								
6) Intra-professional Clinical Skills Workshop - Cardiovascular Disease	Program Development								
7) Intra-professional Clinical Skills Workshop - Mental Health Disorders	Program Development								
8) Live Technical Skills IP Workshop for Pharmacy Professionals on Point of Care Testing	Program Development								

Legend:	**Phase**	**Progress**
Development		
Pilot & Deployment		
Evaluation		
Delivery		
Delayed		
On Track		
Stopped		

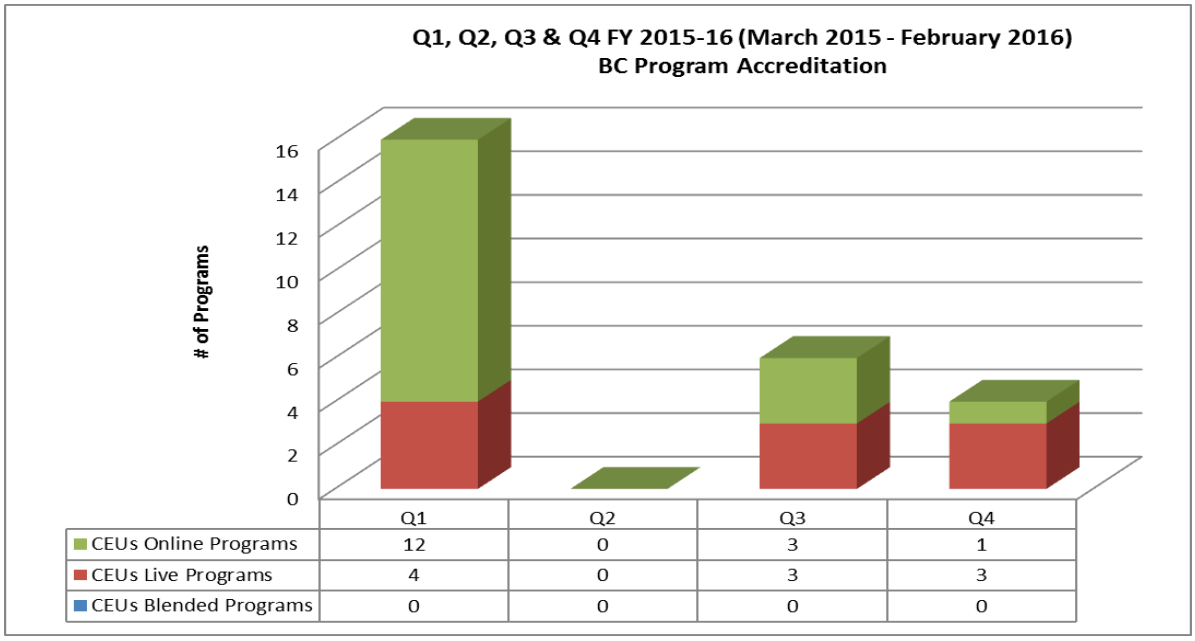
UBC CPPD Programs and Activities

UBC CPPD developed/delivered 76 programs in 2015/16, providing 78.75 CEUs of accredited learning for BC pharmacy professionals (Table 3). Twenty-six continuing professional development programs were reviewed and evaluated to ensure they met accreditation standards, with 50.25 CEU's accredited (Figure 2). There were over 2100 registrations in programs developed/delivered by UBC CPPD during the 2015/16 fiscal year (>500 for live programs and >1680 for online programs). Provision of the National Pharmacy Technician Bridging Education Program ended in November 2015.

Table 3: UBC CPPD Activities FY 2015-16

Q1-Q4: March 01, 2015 - Feb 29, 2016	Programs	Contact Hours	# of Participants		Participant Contact Hours
	No.	*No.*	*No.*	*% of Total*	*No.*
Live Programs					
One-Day / Mutli-Day Programs	4	46.50	326	14.9%	2,017
Canadian Pharmacy Practice Program (CP3)					
CP3 Programme	3	880.00	68	3.1%	19,946
"Getting Ready" Session	2	16.00	28	1.3%	224
National Pharm Tech Bridging Education Program					
PLAR	8	22.50	39	1.8%	128
Completed In Class Modules	3	105.00	40	1.8%	1,428
Completed Online Modules	8	288.00	284	13.0%	10,212
Distance Learning Programs					
Med Review Services Online Program (0.5 CEU each)	3	1.50	257	11.8%	129
Virtual Learning Centre Online Programs	43	31.47	1,138	52.1%	833
Medication Management Certificate Program	1	2.50	3	0.1%	8
Medication Management Demystified (October 2015)	1	2.00	3	0.1%	6
Total	**76**	**1,395.47**	**2,186**	100.0%	**34,929**
Programs reviewed for accreditation	26	50.25			
No. of Continuing Education Credits	**78.75**				

Figure 2: Q 1-3 BC Quarterly Program Accreditation



UBC CPPD

Learners Quarterly and Monthly Reporting

Pharmacy professionals in British Columbia access UBC CPPD programs throughout the year- the greatest activity in the 2015-16 fiscal year was in the first quarter (Figures 3 and 4). Online programs are the most flexible and accessible format for learners, offering continuous access to learning materials. The majority of learners access programs online (61% in Quarter 1, 86% in Quarter 2 and 91% in Quarters 3 and 4). Pharmacy professionals access learning activities more frequently in the spring (Q1) and fall/winter (Q3, Q4) than they do in the summer months (Q2). Decline in overall number of learners from Q1 to Q4 reflects completion of the National Technician Bridging Education Program.

Figure 3: Q 1-4 Quarterly Learner Access Report- Live vs Online

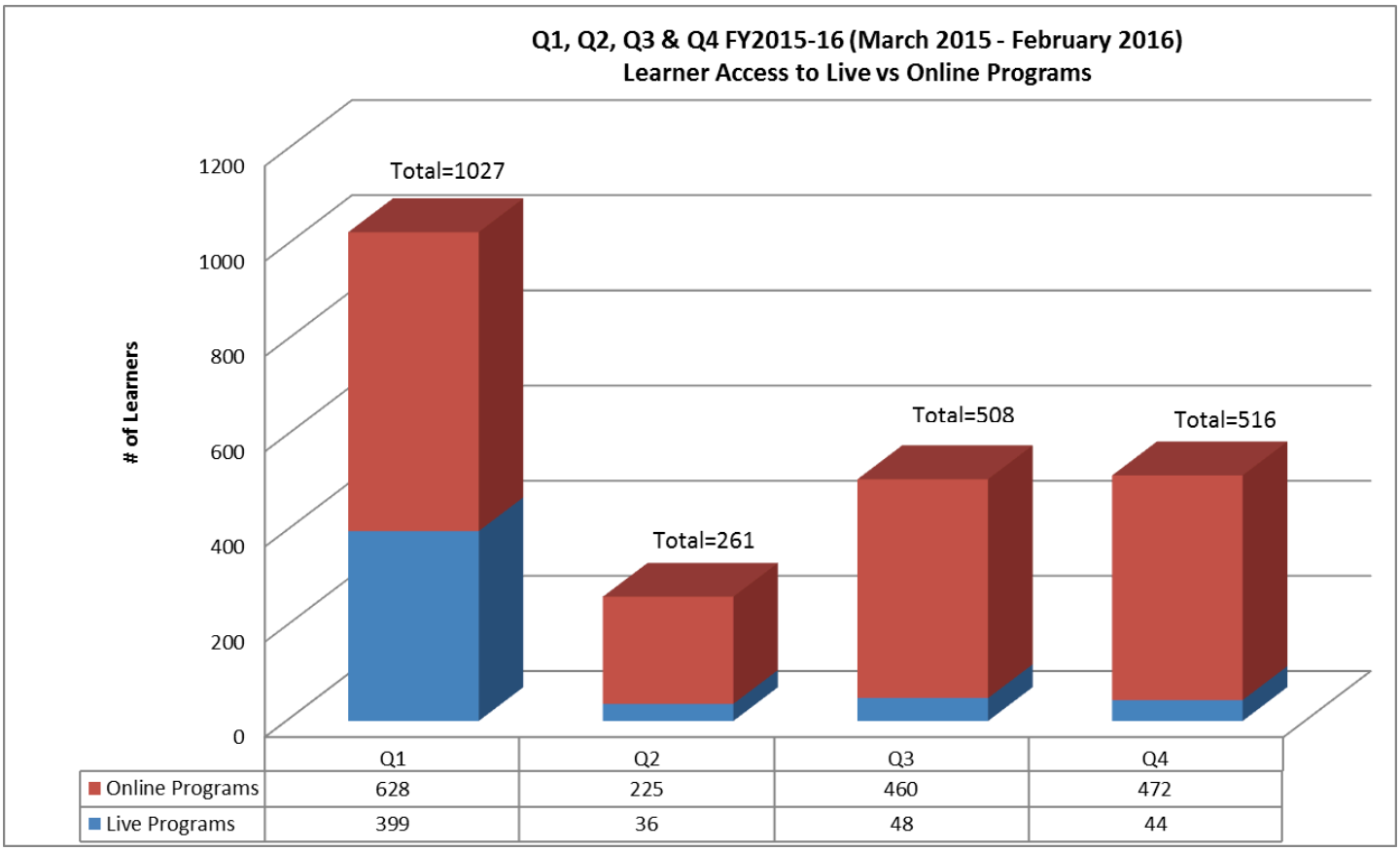
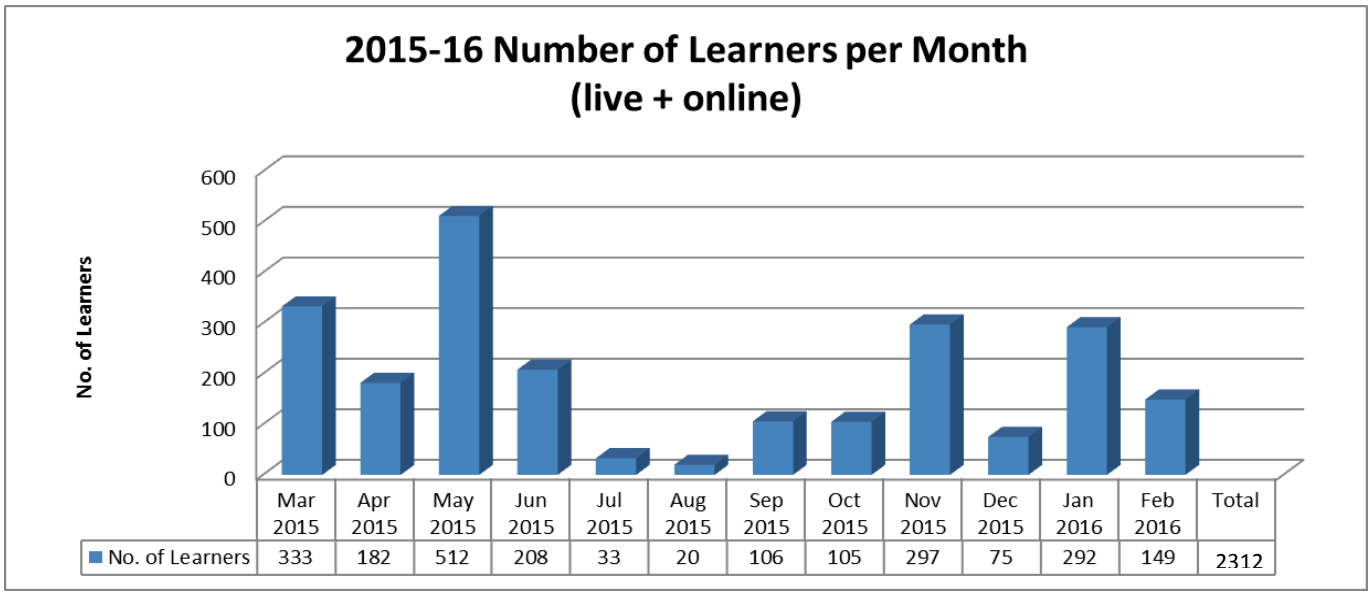


Figure 4: Monthly Learner Report



UBC CPPD Remediation Activities

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

Table 4: Hours of Remediation Provided

Session	Number of RPh	Remediation Hours
Spring 2016	2	12
Fall 2015	3	18
Total	5	30

Live Programs

A cumulative total of 504 pharmacy professionals participated in live programs in 2015/6. Live programs included conferences, workshops, the Canadian Pharmacy Practice Programme (CP3), as well as National Pharmacy Technician Bridging Education Program (NTBEP) PLARs and in-class modules and the Comprehensive Medication Management Certificate Program (MMCP). Individual participants are reported in each quarter for programs that span more than one quarter (CP3 and NTBEP).

Online Programs

A cumulative total of 1685 learners accessed online learning through four separate means:

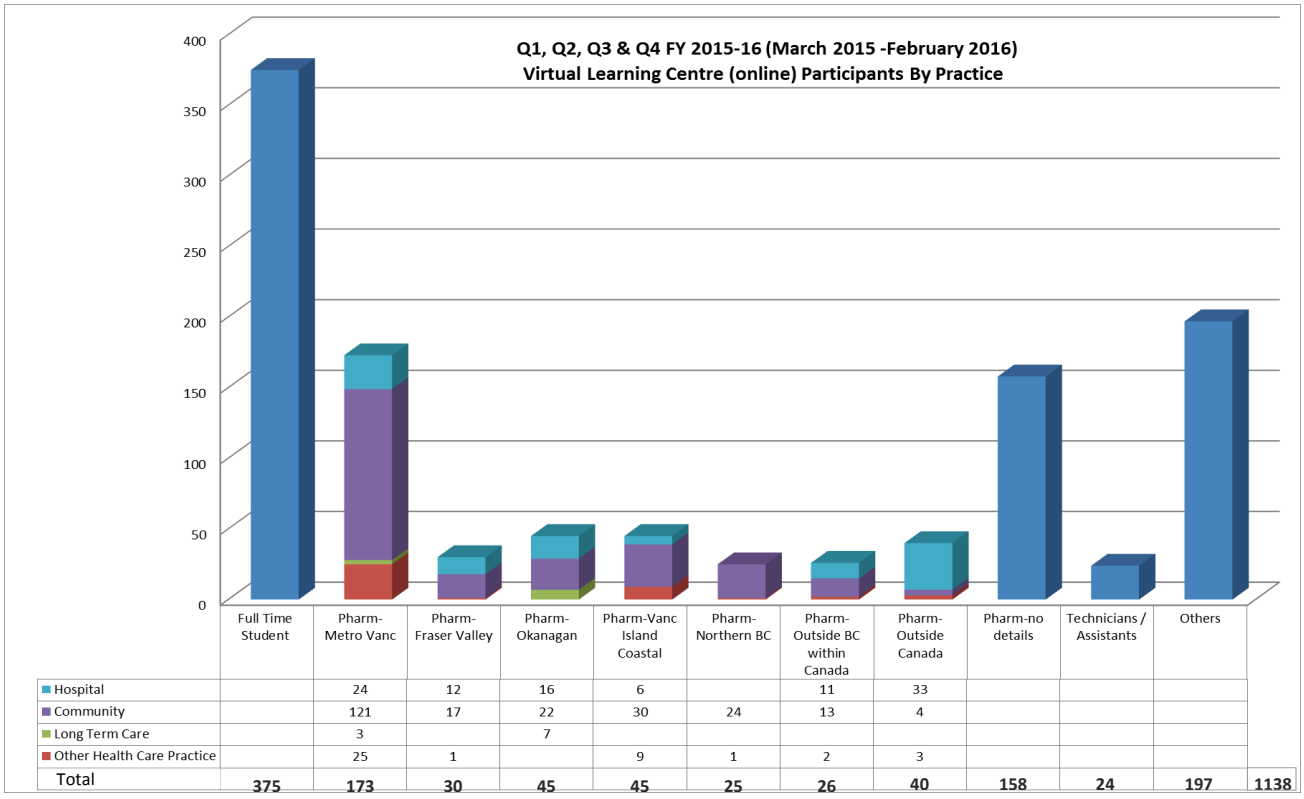
1) UBC CPPD Virtual Learning Centre (VLC). Free, accredited, online professional development programs are posted on the UBC CPPD website and are available to individuals who have created a user account (N=1138)
2) Medication Review Services Online Program. This free online program reviews the components and activities required for the provincial Medication Review Services Program, including completion of a Best Possible Medication History. (N=257)
3) National Pharmacy Technician Bridging Education Program (NPTBEP) online modules. All four modules were delivered online to pharmacy assistants pursuing regulation as a Pharmacy Technician. The last delivery of the online program was November 2015. (N=284)
4) Medication Management Demystified. This new online program provides the fundamentals for the provision of Medication Management services in an engaging, interactive format. (N=3)
5) Medication Management Certificate Program. This blended program includes both online and live components. (N=3)
** Programs that span more than one quarter report the number of individual participants in each quarter.

At this time, due to limitations of our website data capture capability, the breakdown of online learners by pharmacy practice setting and geographic location can only be reported for the Virtual Learning Centre. Our scheduled website upgrade will address this issue.

Online (Virtual Learning Centre) Learners by Practice Setting

There were 1138 visits to our online Virtual Learning Centre this fiscal year. The majority of learners accessing online programs practice in community pharmacy. UBC website user accounts created prior to January 2015 did not capture learners' practice types or geographic locations. These learners are accounted for in Figure 3 by the variable [Pharm-no details]. Our scheduled website upgrade will address this issue. The proportion of hospital and community pharmacy professionals accessing our online learning activities mirrors recently published Canadian data reporting numbers of pharmacists in each practice type (CPhA 2015). There has been an increase in the number of full-time students and other healthcare professionals such as naturopathic doctors accessing accredited online learning through our website.

Figure 5: VLC Learners by Primary Practice Setting N= 1138

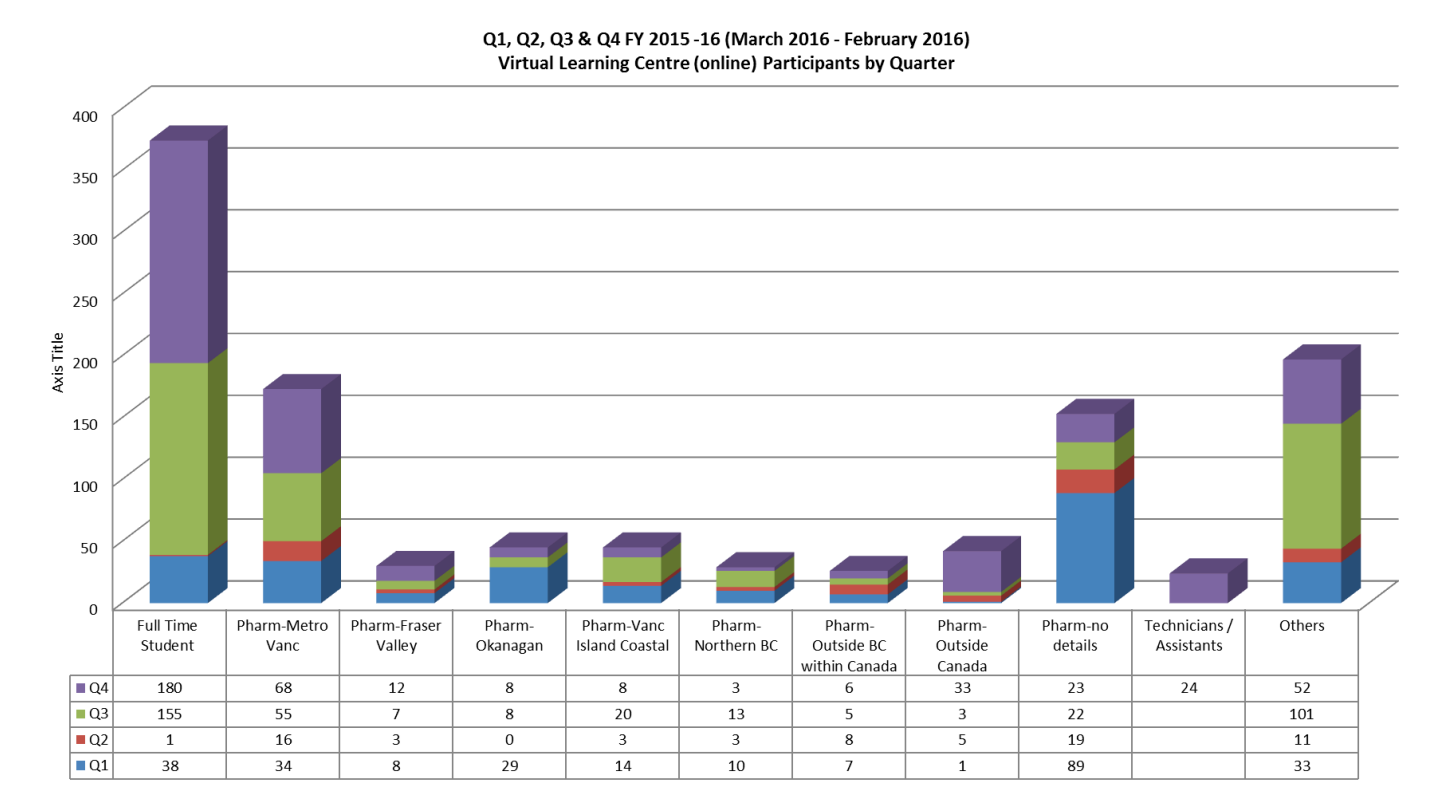


	Full Time Student	Pharm-Metro Vanc	Pharm-Fraser Valley	Pharm-Okanagan	Pharm-Vanc Island Coastal	Pharm-Northern BC	Pharm-Outside BC within Canada	Pharm-Outside Canada	Pharm-no details	Technicians / Assistants	Others	
Hospital		24	12	16	6		11	33				
Community		121	17	22	30	24	13	4				
Long Term Care		3		7								
Other Health Care Practice		25	1		9	1	2	3				
Total	375	173	30	45	45	25	26	40	158	24	197	1138

Online (Virtual Learning Centre) Learners by Location

The majority of learners accessing programs posted on our online VLC practice in the Metro Vancouver Area followed equally by Vancouver Island and the Okanagan. Online programs were accessed more frequently in Quarter 4 (417) and Quarter 3 (389) vs Q1 (263) vs Quarter 2 (69) (Figure 6). Full-time students access programs more frequently than any other group.

Figure 6: VLC Online learners by Location

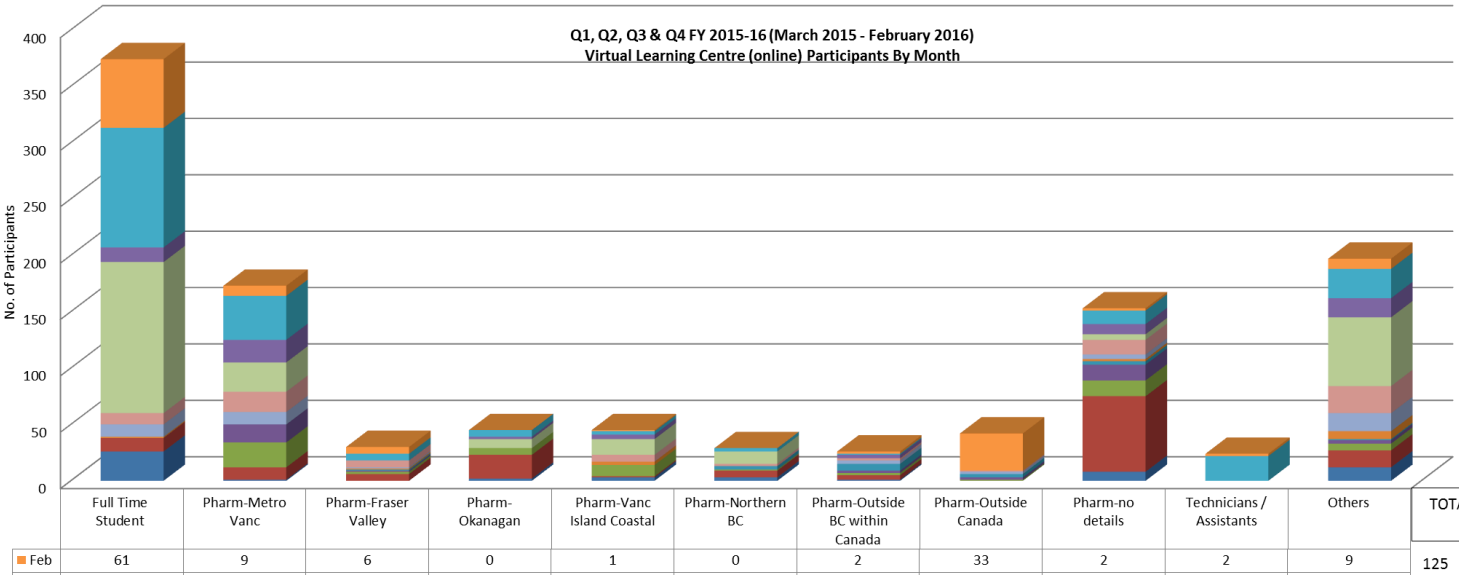


	Full Time Student	Pharm-Metro Vanc	Pharm-Fraser Valley	Pharm-Okanagan	Pharm-Vanc Island Coastal	Pharm-Northern BC	Pharm-Outside BC within Canada	Pharm-Outside Canada	Pharm-no details	Technicians / Assistants	Others
Q4	180	68	12	8	8	3	6	33	23	24	52
Q3	155	55	7	8	20	13	5	3	22		101
Q2	1	16	3	0	3	3	8	5	19		11
Q1	38	34	8	29	14	10	7	1	89		33

Monthly Online Virtual Learning Centre Learners by Location

The months of November, January and April saw the most VLC access by pharmacy professionals, and July and August the least (Figure 7).

Figure 7: Monthly VLC Online learners by Location



	Full Time Student	Pharm-Metro Vanc	Pharm-Fraser Valley	Pharm-Okanagan	Pharm-Vanc Island Coastal	Pharm-Northern BC	Pharm-Outside BC within Canada	Pharm-Outside Canada	Pharm-no details	Technicians / Assistants	Others	TOTAL
Feb	61	9	6	0	1	0	2	33	2	2	9	125
Jan	106	39	6	6	3	3	1	0	12	22	26	224
Dec	13	20	0	2	4	0	3	0	9	0	17	68
Nov	134	26	0	8	14	11	0	0	5		61	259
Oct	10	18	6	0	6	2	2	1	13		24	82
Sep	11	11	1	0	0	0	3	2	4		16	48
Aug	1	0	1	0	3	0	0	0	2		7	14
Jul	0	0	1	0	0	3	6	3	3		1	17
Jun	0	16	1	0	0	0	2	2	14		3	38
May	0	22	2	6	10	1	2	1	14		6	64
Apr	12	11	6	21	1	6	4	0	67		15	143
Mar	26	1	0	2	3	3	1	0	8		12	56

Summary

UBC CPPD is pleased to report on our activities for the 2015-16 fiscal year. We continue to develop and deliver high quality continuing professional development programs for pharmacy professionals in British Columbia, and look forward to our ongoing relationship with the College of Pharmacists of British Columbia.

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Acknowledgements

UBC Continuing Pharmacy Professional Development appreciates and acknowledges the following individuals/organizations for their support:

All of the Pharmacists, Technicians and Researchers who have contributed to the successful development and delivery of CPPD programs

Ashifa Keshavji, CPBC

Bob Nakagawa, Registrar CPBC

College of Pharmacists of BC Board Members

College of Pharmacists Quality Assurance Committee Members

Doreen Leong, CPBC

Suzanne Solven, CPBC

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College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

9. Audit and Finance Committee
a) Expenditure Review –
iii) e-library services

INFORMATION ONLY

Background

At the June 6, 2016 AFC meeting, the committee heard the results of the survey - that most other Colleges do not supply e-library services to their Registrants. This service was offered to CPBC registrants from the surplus funds draw-down.

At the June Board meeting there was a discussion around the RxTx e-library subscription which expires July 31, 2016. The consensus was that there would be too little notice period to terminate the subscription at July 31st.

After the meeting, staff discussed the renewal with the CPhA representative and were able to renew the subscription to December 31, 2016 rather than for a full year.

This will end both RxTx and RxFiles at the same date.

The College will work with both vendors on a communications strategy.

College of Pharmacists of British Columbia

BOARD MEETING
SEPTEMBER 16, 2016

9. Audit and Finance Committee
a) Expenditure Review –
iv) Grants

DECISION REQUIRED

Recommended Board Motion:

Direct the Registrar to discontinue the annual Clinical Skills grants budget beginning with the 2017/18 fiscal year.

Purpose
To provide background and other information to inform the budget planning decision around Clinical Skills grants.

Background
As part of the plan to draw down some of the excess cash reserves, in 2013 the Board began budgeting $250,000 towards funding Clinical Skills training, etc. opportunities annually. At the November 22, 2013 Board meeting, the Board discussed the way back to a balanced budget for fiscal year 2018/19 when the planned draw down would be completed. One of the items listed was the ending of the Clinical Skills grants.

Discussion
Funding from this grant budget has primarily gone to the Canadian Pharmacy Association for the ADAPT program. It has also gone to the BC branch of the Canadian Society of Hospital Pharmacists for the Physical Assessment program.

Both of these programs are anticipated to be completed at the end of this year.

Recommendation
The Audit and Finance Committee is recommending that the College discontinue the annual Clinical Skills grant budget.

College of Pharmacists of British Columbia

125 years

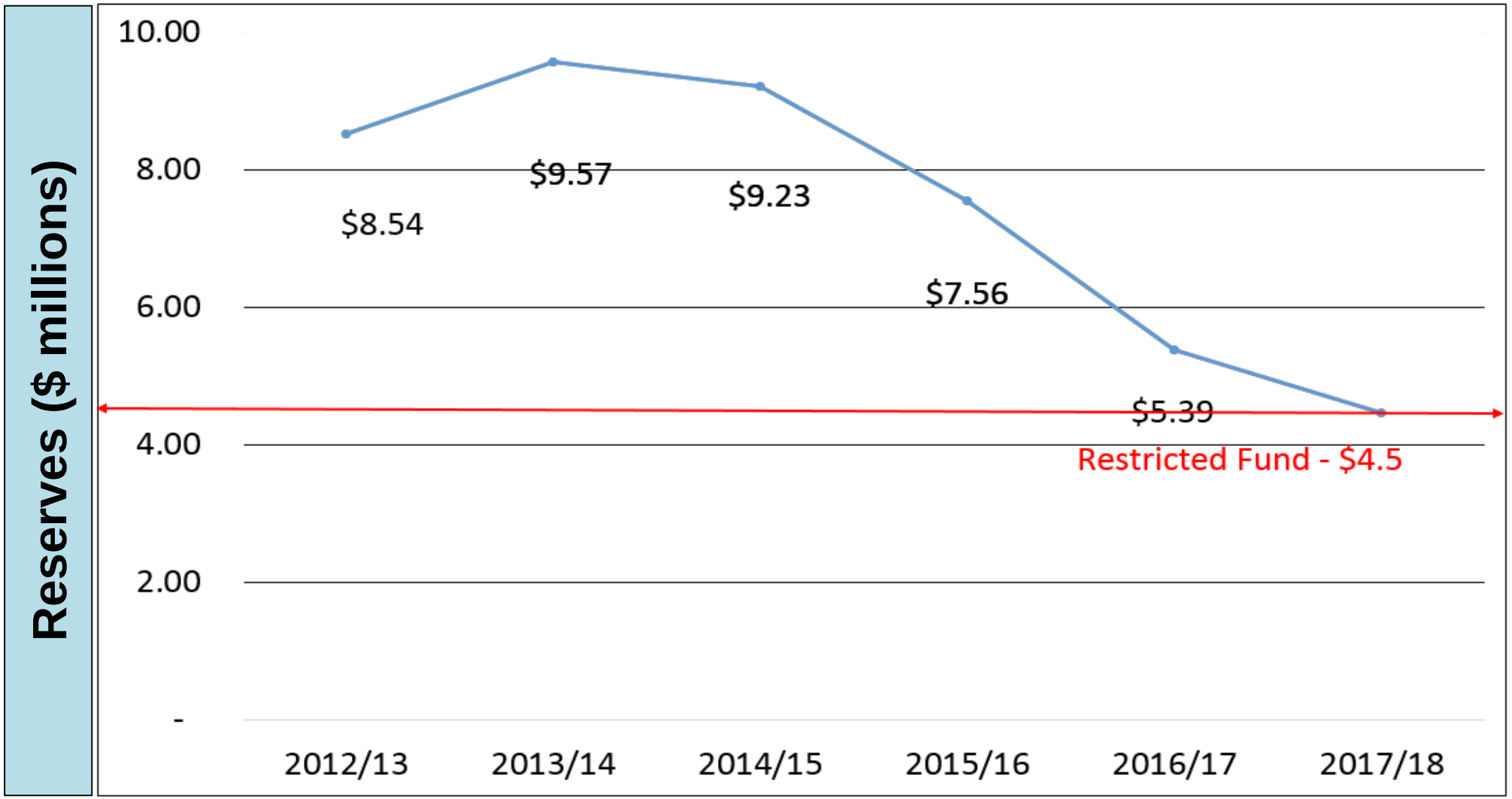
9. Audit and Finance Committee

Presented by:

George Walton

Chair, Audit and Finance Committee

9b. Fee Changes - Reserves Drawdown



College of Pharmacists of British Columbia

125 years

Annual Budget

Total Revenue	**8,126,831**
Board and Registrar	538,616
Grant Distribution	100,237
Registration & Licensing	259,005
Quality Assurance	60,160
Practice Reviews	295,250
Complaints Resolution	387,432
Policy and Legislation	172,200
Communications and Engagement	354,660
Finance and Administration	1,562,126
Salaries and Benefits	5,136,433
Amortization Expenses	412,127
Total Expenses	**9,278,248**
Net Surplus/Deficit	**(1,151,417)**

College of Pharmacists of British Columbia

125 years

Principles used for the expenditure review

- Based upon the Duties and Objects of the College from Health Professions Act, including:
  - Duty of a College is to serve and protect the public
  - The College is to:
    - Superintend the practice of the profession
    - Establish the conditions for registration
    - Establish, monitor and enforce standards of practice
    - Establish, monitor and enforce standards of professional ethics
    - Superintend the operation of pharmacies
    - Establish, maintain and promote standards for pharmacies

Proposed Fee Changes Effective January 1, 2017

	Previous	Current	Proposed
	2011	2013	2017
Pharmacies	$ 1,181	$ 1,331	$ 2,001
Pharmacists	$ 630	$ 530	$ 580
Pharmacy Technicians	$ 420	$ 353	$ 386
New Pharmacy Applications	$ 525	$ -	$ 525

College of Pharmacists of British Columbia

125 years

Budget Model

	Projected 2017/18
REVENUE	
Licensure	6,940,783
Non Licensure	2,580,378
Total Revenue	9,521,161
Transfer from Balance Sheet	889,542
TOTAL REVENUE	10,410,703
TOTAL EXPENSES	10,443,348
NET SURPLUS/(DEFICIT)	(32,645)

College of Pharmacists of British Columbia

125 years

9b. Fee Changes

MOTION 1:

Approve the addition of the following fee for implementation by January 1, 2017:

- Add an application fee for new pharmacy licensure of $525.00

And the following fee changes for implementation by January 1, 2017:

- Community and hospital licensing fee from $1331.00 to $2,001.00
- Full pharmacist – registration fee from $530.00 to $580.00
- Full pharmacist – registration renewal fee from $530.00 to $580.00
- Non-practicing pharmacist – registration fee from $504.00 to $580.00
- Pharmacy technician – registration fee from $353.00 to $386.00
- Pharmacy technician – registration renewal fee from $353.00 to $386.00
- Non-practicing pharmacy technician – registration fee from $336.00 to $386.00

9b. Fee Changes

MOTION 2:

Direct the Registrar to investigate options around site inspection fees and report back to the Board by the June 2017 Board meeting.

College of Pharmacists of British Columbia

125 years

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

9. Audit & Finance Committee
b) Fee Changes

DECISION REQUIRED

Recommended Board Motions:

1. *Approve the addition of the following fee for implementation by January 1, 2017:*
   - Add an application fee for new pharmacy licensure of $525.00

   And the following fee increases for implementation by January 1, 2017:
   - Community and hospital licensing fee to $2,001.00
   - Full pharmacist – registration fee to $580.00
   - Full pharmacist – registration renewal fee to $580.00
   - Non-practicing pharmacist – registration fee to $580.00
   - Pharmacy technician – registration fee to $386.00
   - Pharmacy technician – registration renewal fee to $386.00
   - Non-practicing pharmacy technician – registration fee to $386.00

2. *Directs staff to investigate options around site inspection fees and report back to the Board by the June 2017 Board meeting.*

Purpose

To report on the recommendations from the Audit and Finance Committee concerning fee increases necessary for the College to return to a balanced budget by fiscal year 2018/19.

Background

In February 2013, the CPBC Board entered into a plan to reduce the accumulated cash reserves in a planned manner over five years. This reduction would be accomplished by:

- Reducing fees and eliminating some fees entirely (estimated to be a total revenue reduction of approximately $600,000 per year)
- Adding new programs (such as e-library subscriptions, clinical skills grants, etc.)

At the November 22, 2013, the Board was presented with a plan to return to a balanced budget by the fiscal year 2018/19.

At that time it was estimated that there would be a $1.1 million deficit in 2018/19 if nothing was done. (Note – this deficit estimate was projected at the time that the uptake of Pharmacy Technician registrants was anticipated to be much higher than it turned out to be in fact.)

Suggested actions were to adjust expenses and revenues over time to prevent this deficit. Options to be included were:

- Reduce expenses (such as eliminating the clinical skill grants)
- Increase fees
- Consider changing the balance of revenues between pharmacies and registrants in order to generate a greater share of revenues from pharmacies over registrants.

The 2013 change eliminated several fees, including:

Change of Director - $157.50

Change of Operating Name - $157.50

Change of Corporate Name - $157.50

Change of Manager - $105.00

Relocation / Renovation - $525.00

Late licensure renewal - $131.25

Eliminating these fees will have saved pharmacies an average of $75 per year based upon previous years' reporting.

The new pharmacy application fee of $525.00 was also eliminated in 2013 but is being brought back now to offset some of the costs associated with the changes to PODSA.

Also, many Pharmacies pay their registrants' annual renewal fees, which were reduced in 2013:

Pharmacists – reduced by $100 (from $630 to $530)

Pharmacy Technicians – reduced by $67 (from $420 to $353)

Note – the proposed fees for Pharmacists and Pharmacy Technicians will still be below the pre-2013 rates.

Discussion

Over the last few months, the Audit and Finance Committee and the Board have been reviewing expenditures and considering increasing fees as per the recommendations made in November 2013.

A number of expense reductions have been recommended:

- Eliminate e-library subscriptions
- Eliminate Clinical Skills grants
- Eliminate UBC CPPD funding

These expense reductions will reduce the fee increase requirements significantly.

The Audit and Finance Committee is recommending fee increases to be effective January 1, 2017 in order for full funding to be realized by 2018/19 due to the deferred revenue accounting procedures.

Recommendation

Fee changes being recommended are:

- New Pharmacy application fee - $525.00 (for both Community and Hospital pharmacies)
- Increase Pharmacy annual license fee from $1,331.00 to $2,001.00 (for both Community and Hospital pharmacies)
- Increase Full Pharmacists' Registration, Registration Renewal fees from $530 to $580.
- Increase Non-Practising Pharmacists' Registration fees from $504 to $580.
- Increase Pharmacy Technician registration and renewal fees from $353 to $386.
- Increase Pharmacy Technician – non-practising registration fees from $336 to $386.

The Audit and Finance Committee is also interested in having College staff investigate options around site inspection fees. Staff would report back in 2017 with the goal of site inspection fee changes being effective in 2018.

Appendix	
1	HPA Fee Schedule
2	PODSA Fee Schedule
3	2017/18 Revenue Model

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.	$ 580.00
Full Pharmacist - registration renewal	For a term of one year.	$ 580.00
Non-practising Pharmacist - registration	For a term of one year.	$ 580.00
Limited Pharmacist	For a term of one year. Maximum three one-year terms.	$ 580.00
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-instatment after 90 days of registration expiry; valid for one year.	$ 0.00
Pharmacy Technician		
Application for Pre-registration	Valid for up to three years.	$ 210.00
Application for Re-instatement	Valid for up to three years.	$ 210.00
Pharmacy Technician - registration	For a term of one year.	$ 386.00
Pharmacy Technician - registration renewal	For a term of one year.	$ 386.00
Non-practising Pharmacy Technician - registration	For a term of one year.	$ 386.00
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 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~~	$ 580.00
Full Pharmacist - registration renewal	For a term of one year.	~~$~~	~~530.00~~	$ 580.00
Non-practising Pharmacist - registration	For a term of one year.	~~$~~	~~504.00~~	$ 580.00
Limited Pharmacist	For a term of one year. Maximum three one-year terms.	~~$~~	~~530.00~~	$ 580.00
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-instatment 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~~	$ 386.00
Pharmacy Technician - registration renewal	For a term of one year.	~~$~~	~~353.00~~	$ 386.00
Non-practising Pharmacy Technician - registration	For a term of one year.	~~$~~	~~336.00~~	$ 386.00
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 B.C.

FEE SCHEDULE

PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	$	2,001.00
Hospital Pharmacy	Annual license fee.	$	2,001.00
Pharmacy Education Site	Annual license fee.	$	315.00
Telepharmacy Service	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	$	210.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$	210.00
Application for New Pharmacy Licensure	Application valid for up to one year.	$	525.00

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	$	1,000.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

College of Pharmacists of B.C.

FEE SCHEDULE

PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	~~$ 1,331.00~~	$ 2,001.00
Hospital Pharmacy	Annual license fee.	~~$ 1,331.00~~	$ 2,001.00
Pharmacy Education Site	Annual license fee.	$ 315.00	
Telepharmacy Service	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	$ 210.00	
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$ 210.00	
Application for New Pharmacy Licensure	Application valid for up to one year.	$ -	$ 525.00

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	$ 1,000.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

College of Pharmacists of BC

Proforma Statement of Revenue and Expenditures

For the fiscal year ended February 28, 2018

	Projected 2017/18
	12 months
REVENUE	
Licensure	**6,940,783**
Non Licensure	**2,580,378**
Total Revenue	**9,521,161**
Transfer from Balance Sheet	**889,542**
TOTAL REVENUE	**10,410,703**
TOTAL EXPENSES BEFORE AMORTIZATION	**9,878,475**
NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:	**532,228**
Amortization expenses	564,873
TOTAL EXPENSES AFTER AMORTIZATION	**10,443,348**
NET SURPLUS(DEFICIT)	**(32,645)**

College of Pharmacists of British Columbia

125 years

10. Legislation Review Committee

Presented by:

Jeremy Walden

Chair, Legislation Review Committee

a) HPA and PODSA Fee Changes

Previously approved motion:

Approve the addition of the following fee for implementation by January 1, 2017:

- *Add an application fee for new pharmacy licensure of $525.00*

And the following fee changes for implementation by January 1, 2017:

- *Community and hospital licensing fee from $1331.00 to $2,001.00*
- *Full pharmacist – registration fee from $530.00 to $580.00*
- *Full pharmacist – registration renewal fee from $530.00 to $580.00*
- *Non-practicing pharmacist – registration fee from $504.00 to $580.00*
- *Pharmacy technician – registration fee from $353.00 to $386.00*
- *Pharmacy technician – registration renewal fee from $353.00 to $386.00*
- *Non-practicing pharmacy technician – registration fee from $336.00 to $386.00*

a) HPA Bylaw Changes – Fee Changes

- The Board has approved the Audit and Finance Committee recommendation to increase fees to be effective by January 1, 2017.
- Subsequently, amendments to the *Health Professions Act* (HPA) Bylaws Schedule D – Fee Schedule are required.
- Once approved by the Board, the bylaws will be sent to the Ministry of Health for filing.

a) HPA Fee Changes – Filing with MoH

MOTION:

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.

a) PODSA Fee and Form Changes

- The Board has approved the Audit and Finance Committee recommendation to increase fees to be effective by January 1, 2017.

- Subsequently, amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule are required.

- Once approved by the Board, the bylaws and forms will be posted on the College website for public posting.

- A shortened public posting period (30 days) is requested to align this fee change to the HPA bylaw fee changes in order for both to be effective as of January 1, 2017.

a) PODSA Fee and Form Changes – Public Posting

MOTION 1:

Approve the proposed draft *Pharmacy Operations and Drug Scheduling Act* Bylaws Schedule A – Fee Schedule and related forms for public posting, as circulated.

MOTION 2:

Request a shortened public posting period (30 days).

College of Pharmacists of British Columbia

125 years

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

10. Legislation Review Committee
a) HPA Bylaw Changes – Fee Changes

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 – Fee Schedule in accordance with recommendations from the Audit and Finance Committee as set out in the attached schedule to the resolution (Appendix 1).

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(2.1) of the HPA also provides authority to the Board to establish forms and further allows for the registrar to establish these forms.

Section 19(6.2) of the HPA excludes the establishment of fees (amongst other bylaw making authorities) from the 90 day public posting period. Accordingly, once approved by the Board, the bylaws will be sent to the Ministry of Health for filing.

Discussion

The Audit and Finance Committee is recommending fee increases to be effective January 1, 2017 in order for full funding to be realized by 2018/19 due to the deferred revenue accounting procedures.

Fee changes (Appendix 2 and 3) being recommended under HPA are:

- Increase Full Pharmacists' Registration, Registration Renewal fees from $530 to $580.
- Increase Non-Practising Pharmacists' Registration fees from $504 to $580.
- Increase Pharmacy Technician registration and renewal fees from $353 to $386.
- Increase Pharmacy Technician – non-practising registration fees from $336 to $386.

Furthermore, the registrar established forms will be sent to the Ministry of Health for filing.

Recommendation

The Legislation Review Committee recommends that the Board approve the HPA Bylaws Schedule D – Fee Schedule for filing with the Ministry of Health, as circulated.

Appendix	
1	Schedule to the Resolution
2	Amended Schedule D (track changes)
3	Amended Schedule D (clean)

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by repealing and replacing Schedule D- Fee Schedule.

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~~	$ 580.00
Full Pharmacist - registration renewal	For a term of one year.	~~$ 530.00~~	$ 580.00
Non-practising Pharmacist - registration	For a term of one year.	~~$ 504.00~~	$ 580.00
Limited Pharmacist	For a term of one year. Maximum three one-year terms.	~~$ 530.00~~	$ 580.00
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-instatment 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~~	$ 386.00
Pharmacy Technician - registration renewal	For a term of one year.	~~$ 353.00~~	$ 386.00
Non-practising Pharmacy Technician - registration	For a term of one year.	~~$ 336.00~~	$ 386.00
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 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.	$ 580.00
Full Pharmacist - registration renewal	For a term of one year.	$ 580.00
Non-practising Pharmacist - registration	For a term of one year.	$ 580.00
Limited Pharmacist	For a term of one year. Maximum three one-year terms.	$ 580.00
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-instatment after 90 days of registration expiry; valid for one year.	$ 0.00
Pharmacy Technician		
Application for Pre-registration	Valid for up to three years.	$ 210.00
Application for Re-instatement	Valid for up to three years.	$ 210.00
Pharmacy Technician - registration	For a term of one year.	$ 386.00
Pharmacy Technician - registration renewal	For a term of one year.	$ 386.00
Non-practising Pharmacy Technician - registration	For a term of one year.	$ 386.00
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
September 16, 2016

10. Legislation Review Committee
a) PODSA Bylaw Changes – Fee Changes

DECISION REQUIRED

Recommended Board Motion:

Approve the proposed draft Pharmacy Operations and Drug Scheduling Act Bylaws Schedule A – Fee Schedule and related forms for public posting, as circulated.

Request a shortened public posting period (30 days).

Purpose
To approve amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) Bylaws Schedule A – Fee Schedule and related forms in accordance with recommendations from the Audit and Finance Committee.

Background
The Board may make bylaws as per section 21(1)(d) of PODSA to determine requirements for the licensing and operation of a pharmacy – including fees and forms.

Discussion
The Audit and Finance Committee is recommending fee increases to be effective January 1, 2017 in order for full funding to be realized by 2018/19 due to the deferred revenue accounting procedures.

Fee changes (Appendix 1 and 2) being recommended under PODSA are:

- New Pharmacy application fee - $525.00 (for both Community and Hospital pharmacies)
- Increase Pharmacy annual license fee from $1,331.00 to $2,001.00 (for both Community and Hospital pharmacies)

The related form changes (Appendix 3 and 4) recommended under PODSA are:

- Form 1A – Application for New Pharmacy – Community

- Form 1B – Application for New Pharmacy – Hospital
- Form 1D – Application for Change of Ownership (new form)
- Form 4 – Annual Renewal Notice – Community Pharmacy Licensure
- Form 5 – Annual Renewal Notice – Hospital Pharmacy Licensure

PODSA vs HPA

Unlike the *Health Professions Act* (HPA), PODSA does not exclude certain bylaws (such as fees and forms) from the 90 day public posting period requirement. However, the Minister may specify a shorter period as appropriate in the circumstance. Furthermore, unlike HPA, PODSA does not allow for the registrar to establish forms. Therefore, once approved by the Board, the bylaws and forms will be sent to the Ministry of Health with a request to the Minister to shorten the 90 day public posting period in accordance with section 21(8)(a)(ii). This will align the timing of the PODSA and HPA fee and form changes. If the public posting period is not shortened then the PODSA fee and form changes will not be in effect until March 1, 2017 and this will result in revenue loss of $291,450 (difference in revenue if fee change effective January 1 vs March 1).

Recommendation

The Legislation Review Committee recommends that the Board approve the PODSA Bylaws Schedule A – Fee Schedule and related forms for public posting as circulated and request a shortened public posting period.

Appendix	
1	Amended Schedule A (track changes)
2	Amended Schedule A (clean)
3	Forms (track changes)
4	Forms (clean)

College of Pharmacists of B.C.

FEE SCHEDULE

PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	~~$ 1,331.00~~	$ 2,001.00
Hospital Pharmacy	Annual license fee.	~~$ 1,331.00~~	$ 2,001.00
Pharmacy Education Site	Annual license fee.	$ 315.00	
Telepharmacy Service	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	$ 210.00	
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$ 210.00	
Application for New Pharmacy Licensure	Application valid for up to ~~one~~ three years. Includes change of ownership.	$ -	$ 525.00

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	$ 1,000.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

College of Pharmacists of B.C.

FEE SCHEDULE

PODSA Bylaw "Schedule A"

PHARMACY

LICENSURE FEES

Community Pharmacy	Annual license fee.	$ 2,001.00
Hospital Pharmacy	Annual license fee.	$ 2,001.00
Pharmacy Education Site	Annual license fee.	$ 315.00
Telepharmacy Service	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	$ 210.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	$ 210.00
Application for New Pharmacy Licensure	Application valid for up to three years. Includes change of ownership.	$ 525.00

INSPECTION FEE

Follow-up site review(s)	Where 3 or more site reviews are required to address deficiencies. From visit 3 onwards, this fee applies for each additional visit.	$ 1,000.00

NOTES:

1) Fees are non-refundable.

2) Fees are subject to GST.

3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

APPLICANT INFORMATION

▪ Corporation ▪ Sole proprietor / Partnership

Cert. of Incorporation # _____ Incorporation Date _____

Company name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

*Director **	*Pharmacist*	*Director **	*Pharmacist*
_____	▪	_____	▪
_____	▪	_____	▪

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Manager _____

Postal code

Contact + _____

Opening date _____ Tel + _____

Software Vendor _____ Fax + _____

+ *Only if manager not available before opening*

~~PAYMENT OPTION~~

~~▪ Cheque/Money order *(payable to College of Pharmacists of BC)*~~

~~▪ VISA ▪ MasterCard~~

~~Card # _____ Exp ____/____~~

~~Cardholder name _____~~

~~Cardholder signature _____~~

~~Initial Licence Fee~~	~~1,331.00~~
~~GST~~	~~66.55~~
~~**Total**~~	~~**$1,397.55**~~

~~GST # R106953920~~

I attest that:

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

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

Application must be received by the College Office <u>at least 10 weeks</u> prior to the proposed opening date.

The following must be submitted together with this application:

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

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

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

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

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

The following information must be provided:

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

  _____

  _____

- ☐ Description of the method used to make the dispensary inaccessible to the public

  _____

Form 1A

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	$525.00
Initial licence fee	~~1,331.00~~ 2001.00
GST	~~66.55~~ 126.30
Total	**~~$1,397.55~~ 2652.30**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

Form 1B

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

APPLICANT INFORMATION

- Corporation

Cert. of Incorporation # _____ Incorporation Date _____

Hospital name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

*Director **	*Pharmacist*	*Director **	*Pharmacist*
_____	•	_____	•
_____	•	_____	•

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Manager _____

Postal code

Contact + _____

Opening date _____ Tel + _____

Software Vendor _____ Fax + _____

+ *Only if manager not available before opening*

~~PAYMENT OPTION~~

~~• Cheque/Money order *(payable to College of Pharmacists of BC)*~~

~~• VISA • MasterCard~~

~~Card # _____ Exp ____/____~~

~~Cardholder name _____~~

~~Cardholder signature _____~~

~~Initial Licence Fee~~	~~1,331.00~~
~~GST~~	~~66.55~~
~~**Total**~~	~~**$1,397.55**~~

~~GST # R106953920~~

I attest that:

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

_____ Name (please print)

_____ Signature

_____ Position

_____ Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

Application must be received by the College Office <u>at least 8 weeks</u> prior to the proposed opening date.

The following must be submitted together with this application:

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

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

- ☐ Acknowledgement of Completion of Confidentiality Form

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

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

The following information must be provided:

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

  _____

  _____

- ☐ Description of the method used to make the dispensary inaccessible to the public

  _____

Form 1B

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

PAYMENT OPTION

Pharmacy Name _____

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

Application fee	$525.00
Initial licence fee	~~1,331.00~~ 2001.00
GST	~~66.55~~ 126.30
Total	**~~$1,397.55~~ 2652.30**

GST # R106953920

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

Date

Pharmacy
Address
City, Prov, Postal Code

Dear Pharmacy Manager:

Pharmacy Licensure Expiry:

Enclosed please find your Pharmacy Licence Renewal Notice. Note tha… mandatory. Terms of a pharmacy licence renewal can be found in … nd Drug Scheduling Act (PODSA), section 3.

Pages 1 and 2 must be completed, signed and retu… opy of the pharmacy's valid business licence. If the College does not recei… package **on or before** your licence expiry date, your pharmacy must r… ge confirms reinstatement of your pharmacy licence. Terms of reinstate… ce can be found in PODSA, section 4. Please note that it is a contraventi… ons and Drug Scheduling Act to operate an unlicensed pharmacy.

If you have any qu… e feel free to contact:

Rene…
…or (604) 733-2440

Delete this page

Registrar

College of Pharmacists of British Columbia

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PHARMACY

Pharmacy Manager
Pharmacy
Address
City, Prov Postal Code

Tel: *
Fax: *
Email: *

* *required information - please provide update*

OWNER

Name of Owner
(Corporation or Sole Proprietor)

Corporate Director(s)

Has there been a change of directors? If yes, a copy of Notice of Articles / Notice of Directors must be provided.

~~PAYMENT ADVICE~~

	~~FEE~~	~~GST~~	~~TOTAL~~	
~~**Pharmacy licence fee**~~	~~$1,331.00~~	~~+ $ 66.55 =~~	~~$1,397.55~~	~~**$1,397.55**~~

~~**Payment option**~~

~~**Total payment**~~ ~~**$**~~

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

~~☐ VISA~~ ~~☐ MasterCard~~

~~Card # _____ Exp ___/___~~

~~Cardholder _____~~

~~Cardholder signature _____~~

~~GST # R106953920~~

~~**Please return this notice with payment**~~

over >>>

College of Pharmacists of British Columbia

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

STAFF ~~PHARMACISTS~~ REGISTRANTS

Confirm if the following are still employed at this pharmacy by checking one of the checkboxes

Current employee?		Name	Reg #	Status	Renewed To
☐ Yes	☐ No				
☐ Yes	☐ No				

Add ~~Pharmacists~~ registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full time	Part time	Casual

☐ I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

☐ I attach a copy of the pharmacy's valid business licence.

_____ _____

Date Pharmacy Manager

College of Pharmacists of British Columbia

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Licence fee	2001.00
GST	101.05
Total	**$2101.05**

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

Date

Pharmacy Manager
Pharmacy
Address
City, Prov, Postal Code

Dear Pharmacy Manager:

Pharmacy Licensure Expiry:

Enclosed please find your Pharmacy Licence R... ...ll fields of information are mandatory. Terms of a pharmacy licence... ...e Pharmacy Operations and Drug Scheduling Act (PODSA), section 3.

Pages 1 and 2 must be co... ...ed with payment and a copy of the pharmacy's valid business licence. If th... ...your completed renewal package **on or before** your licence expiry dat... ...ain closed until the College confirms reinstatement of your pharmacy lic... ...nt of your pharmacy licence can be found in PODSA, section 4. Please re... ...of the Pharmacy Operations and Drug Scheduling Act to operate an unlic...

...tions or comments, please feel free to contact:

...ns Department
...ewals@bcpharmacists.org or (604) 733-2440

Delete this page

Yours truly,

Registrar

College of Pharmacists of British Columbia

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PHARMACY

Pharmacy Manager
Pharmacy
Address
City, Prov Postal Code

Tel: *
Fax: *
Email: *

* *required information - please provide update*

HEALTH AUTHORITY

Name of Health Authority

~~PAYMENT ADVICE~~

	~~FEE~~	~~GST~~	~~TOTAL~~	
~~**Pharmacy licence fee**~~	~~$1,331.00~~	~~+ $ 66.55 =~~	~~$1,397.55~~	~~**$1,397.55**~~

~~**Payment option**~~

~~**Total payment $**~~

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

~~☐ VISA~~ ~~☐ MasterCard~~

~~Card # _____ Exp ___/___~~

~~Cardholder _____~~

~~Cardholder signature _____~~

~~GST # R106953920~~

~~**Please return this notice with payment**~~

over >>>

College of Pharmacists of British Columbia

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

STAFF ~~PHARMACISTS~~ REGISTRANTS

Name	Reg#	Status	Renewed To	Name	Reg#	Status	Renewed To

Add ~~Pharmacists~~ registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full time	Part time	Casual

☐ I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

_____ Date

_____ Pharmacy Manager

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

College of Pharmacists of British Columbia

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp ____ /____

Cardholder name _____

Cardholder signature _____

Licence fee	2001.00
GST	101.05
Total	**$2101.05**

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

Form 1A

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

APPLICANT INFORMATION

☐ Corporation ☐ Sole proprietor / Partnership

Cert. of Incorporation # _____ Incorporation Date _____

Company name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

*Director **	*Pharmacist*	*Director **	*Pharmacist*
_____	☐	_____	☐
_____	☐	_____	☐

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Manager _____

Postal code

Contact + _____

Opening date _____ Tel + _____

Software Vendor _____ Fax + _____

+ *Only if manager not available before opening*

I attest that:

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

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

☐ I will maintain a valid business licence for the duration of the pharmacy licence.

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

Application must be received by the College Office <u>at least 10 weeks</u> prior to the proposed opening date.

The following must be submitted together with this application:

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

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

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

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

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

The following information must be provided:

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

  _____

  _____

- ☐ Description of the method used to make the dispensary inaccessible to the public

  _____

Form 1A

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Community

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	$525.00
Initial licence fee	2001.00
GST	126.30
Total	**$2652.30**

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials:

Date to Finance:

Form 1B

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

APPLICANT INFORMATION

- Corporation

Cert. of Incorporation # _____ Incorporation Date _____

Hospital name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

*Director **	*Pharmacist*	*Director **	*Pharmacist*
_____	▪	_____	▪
_____	▪	_____	▪

* Majority must be BC registered pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Manager _____

Postal code

Contact + _____

Opening date _____ Tel + _____

Software Vendor _____ Fax + _____

+ *Only if manager not available before opening*

I attest that:

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

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

Application must be received by the College Office <u>at least 8 weeks</u> prior to the proposed opening date.

The following must be submitted together with this application:

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

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

- ☐ Acknowledgement of Completion of Confidentiality Form

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

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

The following information must be provided:

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

  _____

  _____

- ☐ Description of the method used to make the dispensary inaccessible to the public

  _____

Form 1B

College of Pharmacists of British Columbia

APPLICATION FOR NEW PHARMACY

Hospital

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	$525.00
Initial licence fee	2001.00
GST	126.30
Total	**~~$~~2652.30**

GST # R106953920

For office use ONLY

iMIS ID: Finance stamp:

Lic initials: _____

Date to Finance: _____

Form 1D

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF OWNERSHIP

CURRENT PHARMACY INFORMATION

PharmaCare code _____

Operating name _____

Owner _____

Manager _____

Address _____ Tel _____

_____ Fax _____

_____ _____ Email _____

Postal code

PROPOSED PHARMACY INFORMATION

Operating name _____

Manager _____ Tel _____

Effective Date _____ Fax _____

Software Vendor _____ Email _____

☐ Corporation ☐ Sole proprietor / Partnership

Cert. of Incorporation # _____ Incorporation Date _____

Company name _____

Tel _____

Fax _____

Email _____

*Director **	*Pharmacist*	*Director **	*Pharmacist*
_____	☐	_____	☐
_____	☐	_____	☐

* Majority must be BC registered pharmacists

I attest that:

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

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

☐ I will maintain a valid business licence for the duration of the pharmacy licence.

_____ _____

Name (please print) Signature

_____ _____

Position Date

College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF OWNERSHIP

Application must be received by the College Office <u>at least 10 weeks</u> prior to the proposed opening date.

The following must be submitted together with this application:

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

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

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

DIAGRAM REQUIREMENT CHECKLIST

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

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

The following information must be provided:

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

  _____

  _____

- ☐ Description of the method used to make the dispensary inaccessible to the public

  _____

College of Pharmacists of British Columbia

Form 1D

APPLICATION FOR CHANGE OF OWNERSHIP

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	$525.00
Licence fee	2001.00
GST	126.30
Total	**$2652.30**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PHARMACY

Pharmacy Manager
Pharmacy
Address
City, Prov Postal Code

Tel: *
Fax: *
Email: *

* *required information - please provide update*

OWNER

Name of Owner
(Corporation or Sole Proprietor)

Corporate Director(s)

Has there been a change of directors? If yes, a copy of Notice of Articles / Notice of Directors must be provided.

STAFF REGISTRANTS

Confirm if the following are still employed at this pharmacy by checking one of the checkboxes

Current employee?	Name	Reg #	Status	Renewed To
☐ Yes ☐ No				
☐ Yes ☐ No				

Add registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full time	Part time	Casual

☐ I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

☐ I attach a copy of the pharmacy's valid business licence.

_____ Date

_____ Pharmacy Manager

over >>>

COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

College of Pharmacists of British Columbia

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Licence fee	2001.00
GST	100.05
Total	**$2101.05**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

ID #	
Pharmacare #	
Current licence expires	

PHARMACY

Pharmacy Manager
Pharmacy
Address
City, Prov Postal Code

Tel: *
Fax: *
Email: *

* *required information - please provide update*

HEALTH AUTHORITY

Name of Health Authority

STAFF REGISTRANTS

Name	Reg#	Status	Renewed To	Name	Reg#	Status	Renewed To

Add registrants not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Full time	Part time	Casual

☐ I attest that:

- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

_____ Date

_____ Pharmacy Manager

over >>>

HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

College of Pharmacists of British Columbia

ID #	
Pharmacare #	
Current licence expires	

PAYMENT OPTION

Pharmacy Name _____

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

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Licence fee	2001.00
GST	100.05
Total	**$2101.05**

GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____

College of Pharmacists of British Columbia

125 years

10. Legislation Review Committee

Presented by:

Jeremy Walden

Chair, Legislation Review Committee

b) Community Pharmacy Standards of Practice

- The 2014-2017 Strategic Plan set a goal of reviewing the existing standards of practice to ensure that they are current and being met.
- In fall 2014, College committee members were asked to review the existing standards.
- As a result, “pharmacist review of patient profile on PharmaNet prior to dispensing” and “pharmacist/patient consultation” standards were amended and approved by the Board in February 2015.
- They were subsequently posted on the College website for a 90 day public posting period.

b) Community Pharmacy Standards of Practice

- College staff and legal counsel reviewed the comments/feedback from the public posting period and drafted amendments to address the feedback received.
- A shortened filing period (5 days) is requested in order to have an updated version of the standards in force by September 23, 2016.

b) Community Pharmacy Standards of Practice

MOTION 1:

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.

MOTION 2:

Request a shortened filing period (5 days) so that the amendments come into force by September 23, 2016.

College of Pharmacists of British Columbia

125 years

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

10. Legislation Review Committee
b) Community Pharmacy Standards of Practice

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.

Request a shortened filing period (5 days) so that the amendments come into force by September 23, 2016.

Strategic Goal 4: Standards of practice are current and are being met in order to ensure safe and effective pharmacy care.

Purpose

To approve amendments to the *Health Professions Act* (HPA) bylaws Schedule F – Standards of Practice, Part 1- Community Pharmacy for filing with the Ministry of Health, as circulated.

Background

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

In June 2016, the Board was provided with an update on the status of these standards. Please see attached briefing note for reference (Appendix 1).

This briefing note deals specifically with the following areas:

- Pharmacist review of patient profile on PharmaNet prior to dispensing
- Pharmacist/patient consultation (counselling)

In fall 2014, College committee members were asked to review and determine if the existing HPA bylaws Schedule F Standards of Practice Part 1- Community Pharmacy (CPSOP's) reflect current practice, and whether they met the minimum requirements for public safety in pharmacy practice. As a result of the committee feedback, amendments were made to the CPSOP's.

At the February 2015 Board meeting, the amended CPSOP's were approved for public posting by the Board (Appendix 2). They were subsequently posted for a 90 day public posting period which ended on May 28, 2015. Many comments/feedback were received.

Discussion

The comments/feedback received that were in scope of the amendments made have been summarized in a table (Appendix 3).

College staff and legal counsel reviewed the comments/feedback from the public posting period and drafted amendments (where possible) to address the feedback received (Appendix 4 and 5).

Issues raised during the 90 day comment period included:

- the standards refer to pharmacy assistants signing of on prescriptions, the college does not regulate pharmacy assistants and pharmacy assistants cannot be legally held responsible for verifying information on prescriptions
- the counselling requirements do not speak to when the patient declines consultation
- use of the term pharmacist as opposed to defined classes of registrants in HPA such as "full pharmacist"
- provision for counselling patient's representative when a patient is unable to pick up their medications

As a result some of the amendments are:

- removed references to pharmacy assistant
- amended language of counselling requirements to allow for documenting when a patient declines counselling
- replaced pharmacist with “full pharmacist” for counselling requirements
- added patient’s representative to counselling standards and defined the term “patient’s representative”

Minor amendments were also made to address outdated language and duplication such as:

- removed of “10-digit phone number” and replaced with “phone number”
- removed “handwritten” and replaced “written”
- revised the definition of “drug therapy problem” to a simpler and inclusive term

The College is confident that the issues raised during public posting have been addressed. Furthermore, the principles of right-touch regulation have been applied to the amendments and as a result the amendments are not overly prescriptive but meet the minimum requirements for public safety in pharmacy practice.

A shortened filing period is requested in order to have an updated version of the CPSOP’s to support the development of new standards of practice which will be presented to the Board for filing in November 2016.

Recommendation

The Legislation Review Committee recommends that the Board approve the amendments to the HPA bylaws Schedule F – Standards of Practice, Part 1- Community Pharmacy for filing with the Ministry of Health as circulated and request a shortened filing period.

Appendix	
1	June 2016 Briefing Note – Update on Standards of Practice Update
2	February 2015 Public Posting Bylaws (track changes)
3	Feedback Summary Table
4	Amended CPSOP’s (track changes)
5	Amended CPSOP’s (clean)
6	Schedule to Resolution

College of Pharmacists of British Columbia

BOARD MEETING
June, 24, 2016

8d. *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.

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*;

"**drug therapy problem**" means an actual or potential undesirable event experienced by a patient which involves, or is suspected to involve, drug therapy and that interferes with achieving the desired goals of therapy.

Commented [SS1]: Modernization of pharmacy terms; DTP added into bylaws to ensure bylaws are consistent with modern practice – term therefore needs to be defined. Definition source: *Cippole R. Strand L. Morley P. Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management 3rd edition.*

"**incentive**" means money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, goods or rewards; **see B.C. Supreme Court Decision – July 25, 2014, currently under appeal*

"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.

(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)~~(g) written confirmation and identification of the registrant or pharmacy assistant who

(i) verified the patient identification

(ii) verified the patient allergy information,

~~(i)~~(iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11(4),

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

~~(ii)~~(iv) performed the final check, including when dispensing a balance owing,

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

~~(iii)~~(vi) identified and addressed a drug therapy problem in accordance with section 12 of this Part.

(5) A full pharmacist must

Commented [SS2]: This is a duplicate of (h) below

Commented [SS3]: New requirement for this section but was in (g) above - Some steps may be done by the pharmacy assistant

Commented [SS4]: New requirement for this section– this will complement enforcement efforts regarding patient verification and PPP54 and PODSA bylaw 22

Commented [SS5]: New requirement in this section - It is important to capture who *verified* the allergy information at time of intake of the prescription – this will help with review of errors and system corrections as necessary; the next bullet deals with the pharmacist *reviewing* allergy information along with other items in section 11(4)

Commented [SS6]: Added to be clear that this links with section 11(4) and the information that is to be reviewed;

Commented [SS7]: Removed as this is redundant and captured in the bullet above.

Commented [SS8]: Important to capture which pharmacist performed this function for accountability and responsibility.

(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, or

(d) child-resistant packaging is unavailable.

(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) the identification of any drug therapy problem and the description of any action taken,

~~(r)~~(t) the description of compliance with the prescribed drug regimen, and

~~(s)~~(u) 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

Commented [SS9]: Not necessary to include and in future may be longer than 10 digits

Commented [SS10]: New requirement in this section - Important for this information to be captured in the patient record to ensure safe and effective care.

Commented [SS11]: Addition of "the description of" is provided for clarity.

record:

(a) medical conditions and physical limitations;

~~(b) allergies, adverse drug reactions and intolerances;~~

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

~~(d)~~(c) compliance with the prescribed drug regimen;

~~(e)~~(d) 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) A ~~Full~~ pharmacist must consult with the~~/~~patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws. ~~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) The pharmacist/patient consultation for all new and refill prescriptions must occur in person.

~~Full pharmacist/patient consultation is required for all prescriptions.~~

(3) If it is not practical to consult with the patient in person, the pharmacist/patient consultation may occur by telephone.

(4) The pharmacist/patient consultation must respect the patient's right to privacy.

~~(3)~~ (5) The pharmacist/patient consultation for a new prescription must include: ~~Subject to subsection (6), a full, limited or student pharmacist must engage in direct consultation with a patient or the patient's representative regarding~~

Commented [SS12]: This is required information as per (2)(g) above.

Commented [SS13]: All changes in this section are made for clarity

Commented [SS14]: Define that this section is for "new" prescriptions only now

~~a Schedule I drug, and must~~

(a) confirmation~~Confirm~~ of 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 reactions, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,

Commented [SS15]: Changed to be consistent with Health Canada terminology in reporting

(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~~ any other information unique to the specific drug or patient.

(6) The pharmacist/patient consultation for a refill prescription must include:

Commented [SS16]: New section to split out requirements for refill prescriptions that are responsive to practical application of this requirement while maintaining public safety.

(a) confirmation of the identity of the patient,

(b) name and strength of drug being dispensed,

(c) purpose of the drug,

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

(e) whether the patient has experienced a drug therapy problem,

~~(4)~~ (7) ~~(4)~~ If a drug ~~related~~therapy problem is identified during patient consultation for a new or refill prescription, the pharmacist must take~~during full pharmacist/patient consultation, the full pharmacist must take~~ appropriate action to resolve the problem.~~.~~

Commented [SS17]: Changed for clarity

~~(5)~~ (8) ~~(5)~~ If an adverse drug reaction as defined by Health Canada is identified, ~~a full~~the pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the ~~Canada Vigilance Program Regional Office.~~appropriate department of Health Canada.

Commented [SS18]: Changed for clarity

~~(6)~~ ~~(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.~~

Commented [SS19]: Seems redundant – would expect registrants to do this without having prescribed in bylaw

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~~ consult with the patient or the patient's representative regarding the selection and use of the drug including drug allergies, common adverse drug reactions, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur, .

Commented [SS20]: Changed for clarity and clean up

Commented [SS21]: Changed to be consistent with Health Canada terminology in reporting

Commented [LT22]: To clarify requirements for pharmacist interaction for drugs kept behind the counter.

(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 *[see B.C. Supreme Court Decision – July 25, 2014, currently under appeal]

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.

Requirement	Section of Bylaw as Posted	Comments Received	Themes	College Comments/Decisions
Prescription	6(4)	Issue with requiring pharmacists to check for specific information in prescriptions. Physicians write prescriptions every day that don't comply with the present Rx requirements in our bylaws but "professional judgement" would clearly identify the patient, the physician, intent of the physician for drug therapy treatment, days supply, repeat intervals, package sizes (physicians don't very often know what package sizes are for the meds they prescribe). Without accountability "prescription" bylaws in the College of Physicians and surgeons legislation mirroring our Colleges Prescription bylaws, there is no good reason to have the current specific detail for Rx's in our bylaws. The College's bylaws should support each other.	Other professions (ex. docs) and content of prescription.	•common comment in feedback recieved •this section was not part of the posted amendments and is out of scope however, this section will be reviewed in subsequent amendments to these standards
Prescription	6(4)	Responsibility of the prescription as it is presented to the pharmacy. The College of Physicians should be enforcing this aspect, and the responsibility of the completed prescription (as part of the patient's record) will remain with the pharmacist. Also, in cases where the dosage instructions are not defined, as they are likely to change (such as warfarin or insulin), a written dose may be confusing. We need an acceptable alternative for these situations, when it may not be reasonable to not include a specific dose.	Other professions (ex. docs) and content of prescription.	•common comment in feedback recieved •this section was not part of the posted amendments and is out of scope however, this section will be reviewed in subsequent amendments to these standards
Prescription	6(4)(g)	Why is pharmacy assistant included- they have no legal responsibility on any of the aspects of the prescription – only the registrant (pharmacist or technician) can be held responsible. If only one pharmacist is working and no technician, one responsible signature should be all that is required to say that all of the appropriate therapeutic and technical work has been completed - the pharmacist is responsible and accountable for all of the work. It is a business decision for a pharmacy to decide how they want to track accountability.	Pharmacy assistant not regulated by College.	•removed reference to pharmacy assistant
Prescription	6(4)(g)	We note that some of the steps listed in s. 6(4)(g)(i)-(vi) are not tasks which a pharmacy assistant is permitted to do (such as addressing the drug therapy problem in accordance with section 12), so we suggest that the words "as appropriate" be added.	Pharmacy assistant not regulated by College.	•removed reference to pharmacy assistant
Prescription	6(4)(g)	I am curious as to why pharmacy assistants should sign off on prescriptions- if they have no legal standing under the College, isn't the pharmacist or technician overseeing them responsible for their actions anyway? I agree it is good business practice to make people record their actions and responsibilities (and it does help make me remember my responsibilities) but again, if I am responsible for the whole prescription anyway, why legislate the extra work? It is onerous in a fast paced pharmacy. Why not allow the overseeing pharmacist to take responsibility for the whole process, and sign off just once?	Pharmacy assistant not regulated by College.	•removed reference to pharmacy assistant

Prescription	6(4)(g)	Documenting every sub-part of every fill may seem prudent, but essentially the final check encompasses taking responsibility of the whole prescription, and assistants have no legal responsibility anyway. This extra documentation may be helpful in stores, but there are different requirements with different workflows in different environments. Personally I end up initialling every part of most of the hard copy currently anyway so one initial for the final check would clearly be sufficient on over 99% of some store's prescriptions.	Pharmacy assistant not regulated by College.	•removed reference to pharmacy assistant
Prescription	6(4)(g)(i)	This is part of the therapeutic check, - correct drug for the right patient. This should go under guidelines and is good business practice. Not all patients have a valid, government issued photo ID's. Some patients are palliative or bed ridden and cannot leave the hospital to go to a government office to have a photo taken. We cannot refuse care to these patients when we clearly know who they are. Does the prescriber have a responsibility to verify that they wrote the prescription for the correct patient?		•this is a standard of practice/bylaw as it reflects the minimum standard expected from registrants •PPP's exist to guide registrants on valid identification pieces, there is no expectation to have a palliative patient go to a government office to have a photo taken
Prescription	6(4)(g)(i)	What are the requirements to verify patient identification? Picture ID? There are people who don't have any. Are they to be denied health care? But perhaps this is a civil rights issue that belongs in a different forum. (I cannot get current picture ID- which now includes a carecare- for my mother- she is unable to leave the nursing home to get her picture done at the government office and they will not accept any outside photos- a bit of a catch 22. She still needs to get prescriptions filled). Also, I know most of my clientele by sight, must I see picture ID from them?		•this is a standard of practice/bylaw as it reflects the minimum standard expected from registrants •PPP-54 provides further details on this. It specifically states that where a patient is personally known to the registrant the registrant may positively identify the patient. In cases where the patient is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification
Prescription	6(4)(g)(ii)	This should not be included – should be a guideline/best practice. Many patients don't know what a true allergy is. Many state intolerances or things they don't like as allergies. Pharmanet does a poor job of tracking allergies – by DIN only or therapeutic class, not just chemical name (local systems do a better job). There are so many pieces of clinical information that should be recorded – such as renal function, and other lab values. These should not be bylaws but common practice. These are all part of what should be included in EHealth.		•The bylaws state the minimum requirements. You can always add more information in your local systems.
Prescription	6(4)(g)(iii)	It should be a business decision on how to track who does what during the work flow – if the responsible pharmacists signs off on the prescription they are automatically taking responsibility the appropriate steps have been taken.		•removed reference to pharmacy assistant

Prescription	6(4)(g)(vi)	Pharmanet already generates DUE messages including interaction alerts some have merit and should be followed up on, however many are frivolous and repetitive. The pharmacist will be required to document why they thought no action was necessary for all these potential interactions or DTP's. Pharmacists will have to develop the systems and technology to recover that information for practice review or third party audits that use HPA and PODSA with malice to punish pharmacists financially for not being able to comply with unrealistic, impractical degrees of documentation. These DUE and DTP messages are generated over and over for the same interaction for that patient and those drugs every time the prescription is filled every 3 months, 1 month, weekly or daily.		• it is important to know who (which registrant) dealt with the DTP in an effort to increase accountability and transparency • added if any to the requirement which will allow for the possibility of there not being a DTP • can be used as a checklist with an initial beside each requirement once completed
Prescription	6(4)(g)(vi)	The College of Pharmacists legislates the computer programs available to pharmacies that can be used to fill prescriptions and connect to Pharmacare. If all the areas that are required to fill a Rx are populated on the computer screen, the legal Rx is generated and dispensed. This permanent Pharmanet record is used for interaction checks, allergy checks, DUE checks, etc. It is also the record that is accessed by hospital emergency departments, other pharmacies the patient may visit and some doctor's offices. This is the record that must have all pertinent info, such as the doctor's billing number and address, the patient's address, and the dispensing pharmacist's ID. The written or hard copy of the Rx should not need to have all this information in detail. If we are forced to continually harass (yes harass!) doctors to provide this unimportant detail (such as their College licence number), we are doing the patient a disservice.		• confusion as 6(2) is information required on a prescription when received and 6(4) is information generated by PharmaNet/ needs to be documented •this includes critical information (that supports public safety) and informs the minimum standard for safety dispensing
Prescription	6(4)(g)(vi)	Clarification is required – is this in relation to drug therapy problems alerted through the computer system (Pharmanet) or by the pharmacist or both? The pharmacist is bombarded by multiple messages from the local system and third party plans (including Pharmanet) many of which have little impact or relevance to the patient and their current situation. Especially when the same messages repeat at every fill (3 months, 1 month, weekly and daily). Many of the major drug therapy problems identified are by the pharmacist and not the computer so relying on computer messages is not the best. Will this information be used to improve healthcare? Will any changes in prescribing habits be recommended based on the documentation of drug therapy problems?		• it is important to know who (which registrant) dealt with the DTP in an effort to increase accountability and transparency (regardless of when it happened - during patient consult or a pharmanet check)

Patient Profile	11(2)	We note that the term “patient record” is not defined in the Legislation or the Bylaws. A patient record may comprise paper documents and/or electronic files, or both wherever and however maintained. It may reside in various files or dossiers or formats in different locations. There is no unanimity among our members as to what constitutes the “patient record.” This poses risks to patient care and to professional practice. What the “patient record” is – and is not – is of fundamental importance to the practice of pharmacy. The College must define this term to allow registrants to understand and comply with their legal obligations and to determine their processing and storage procedures accordingly. We propose that the College defines the term “patient record” , and when it does so, provides time for its registrants to determine what software changes pharmacies must make in order to comply.		•this section was not part of the posted amendments and is out of scope •HPA defines 'record'… consider adding an explantory note on some type of interpretative guideline. •personal information about patient in a "record" •a potential definition can be considered in subsequent amendments to these standards
Patient Profile, Patient Counselling	12(1)	Term "pharmacist" - does the College mean "practicing pharmacist" or "full pharmacist" as these two terms are defined. Clarify which registrant is to perform the activities in Sections 12, 13(2), and 13(3). If "practicing pharmacist" then replace "full pharmacists" in section 6(5), 11(3) and 11(4) with "practicing pharmacist". Include reference to “patient’s representative” in Section 12 for completeness.	What do we mean by "pharmacist" - practicing or full pharmacist	•the term full pharmacist should be used, replaced term pharmacist with full pharmacist •added patient's representative and defined the term for completeness
Patient Counselling	12(1)	This bylaw does not recognize the patient’s right to refuse the consultation. More and more patients are maintaining their independence far longer (and cheaper) than in previous decades due to the use of blister packing. Blister packing improves compliance and reduces the risk of DTP associated with misuse of medication. In the scenario where a patient is receiving blister packed medication for reasons compliant with Pharmacare’s frequent dispensing policy there is VERY LITTLE value to going through the motions on each medication every week. In fact this type of repetitive, redundant, mechanical regurgitation will be viewed as an intrusion to people’s privacy and basic rights to make their own choices.	Patients right to refuse consultation.	• added a section that requires a refusal from the patient to be documented

Patient Counselling	12(1)	refill prescriptions: I feel that we need to add a provision that includes incorporation of a pharmacist's professional judgement in carrying out what is asked of in this bylaw. I do not feel that it's not always appropriate, necessary, and beneficial to patient care for the pharmacist to fulfill all of the requirements outlined in this bylaw. For example, a patient who has had Lipitor regularly at the same dose for the last 20 years would not likely want to speak to the pharmacist in such depth for each and every refill. Such requirement would be an onerous waste of both the pharmacist's and the patient's time without a foreseeable benefit to the patient's care. I would suggest adding a clause where the requirement for pharmacist counseling of refills may be subject to the pharmacist' professional judgement for appropriateness. However, it would be mandated that all patients be afforded the opportunity to speak to the pharmacist on a refill prescription should the patient wish to do so, or if they have experienced any possible drug therapy problem or adverse effect. Thus, a pharmacy assistant should be allowed to ask the patient whether they have not had the medication before, whether they would like to speak to the pharmacist, and whether they have experienced any drug therapy problem or adverse effect. If any of those questions yield a "yes" answer, then the pharmacist must speak to the patient, but the content of their conversation should be tailored toward the specific situation as per the pharmacist's professional judgement. In this way, the pharmacist would be allowed to operate far more efficiently and far more beneficially to patient care. Otherwise, the pharmacist is counselling "for the sake of counselling" and not "for the sake of patient outcomes".	Patient right to refuse consultation.	•in this example regarding the geriatric patient with dementia - it would already be noted in the system that this patient is a geriatric patient. •added a section that requires a refusal from the patient to be documented
Patient Counselling	12(1)	for both new and refill prescriptions: I feel that there needs to be a clause in place where the level of counseling can be subject to the pharmacist's professional judgement based on the specific situation. For example, how can we counsel on all the items listed as being required for Aricept in a geriatric patient with advanced dementia in a nursing home? In such cases, it would be next to impossible to achieve the requirements written into the bylaws. Furthermore, there would be no value in the pharmacist's efforts. Of course, such deviation from the requirements would be expected as the exception and not the norm and the pharmacist should be able to defend (with an explanation) such deviation from the norm upon being challenged.		•in this example regarding the geriatric patient with dementia - it would already be noted in the system that this patient is a geriatric patient. •counselling is a minimum standard/requirement •added a section that requires a refusal from the patient to be documented
Patient Counselling	12(1)	The pharmacist must also respect the patient's right to refuse counselling. This bylaw does not recognize the patient's right to refuse the consultation.	Patients right to refuse consultation.	•counselling is a minimum standard/requirement •added a section that requires a refusal from the patient to be documented

Patient Counselling	12(1)	Subject to a pharmacist's professional judgment for appropriateness, a pharmacist SHOULD consult with the patient at the time of dispensing for all new and refill prescriptions in accordance with these bylaws.		• counselling is a minimum standard/requirement • added a section that requires a refusal from the patient to be documented
Patient Counselling	12(1)	This section needs to allow for professional judgement – replacing the word "must" with "should" allows the pharmacist to determine the appropriate action.		• counselling is a minimum standard/requirement •also added a section that requires a refusal from the patient to be documented
Patient Counselling	12(1)	Given that the definition of "pharmacist" in the HPA means "a person who is currently registered under s. 20 as a member of the College", we believe that the intention of subsection 12 is to limit consulting authority to "practicing pharmacists" as defined in the HPA Bylaws (a full pharmacist, limited pharmacist, temporary pharmacist or student pharmacist) rather than to all registrants.	What do we mean by "pharmacist" - practicing or full pharmacist	•the term full pharmacist should be used, replaced term pharmacist with full pharmacist
Patient Counselling	12(1)	A legislated consult and every refill prescription is not necessary or productive. Periodic questions and 2nd fill questions can be very useful but the same thing every month or week on the same prescription a patient has had for many years is just not required and is a waste of customer and pharmacist time. Consultation should definitely be OFFERED with every refill but the patient should be allowed to refuse if wanted.	Patients right to refuse consultation.	• counselling is a minimum standard/requirement • added a section that requires a refusal from the patient to be documented
Patient Counselling	12(1)	Regarding pharmacist patient consultation, I agree that all new prescriptions must be counselled as patients need to know the information. However, on refill prescriptions, I believe the wording should be "should be done as pharmacist deem necessary or at patient request." In the technician scope of practice, they are allowed to identify a patient and read everything on the prescription label as written, which would then include the name of the drug, directions of use, and refills remaining. After the technician offered a consult with the pharmacist but the patient has no further questions, they should be allowed to go and not wait for a pharmacist counselling. If the pharmacist believe they need to follow up on the therapy, or if patient has questions, a more in depth consultation can then occur.	Patients right to refuse consultation.	•counselling is a minimum standard/requirement •added a section that requires a refusal from the patient to be documented
Patient Counselling	12(2)	can't say "must" when they offer an alternative in 12.3 (consultation should occur in person, if not then by phone)		• section amended and 12(1) now allows for counselling in person or where not practical to do so by telephone

Patient Counselling	12(2)	Suggested wording "Except where, in the practicing pharmacist's professional judgment, it is not practical to do so, the pharmacist/patient consultation…"		•counselling is a minimum standard/requirement •added a section that requires a refusal from the patient to be documented
Patient Counselling	12(2)	I am intrigued by the requirement that consultation must take place in person or by phone. This will add some difficulty to the process if it is enforced- what about Alzheimer's patients or children?- can their agents or parents act for them? What about people who cannot come to the pharmacy and don't have a phone- again, I live in a rural area where this is not uncommon. Could there be a proviso that the pharmacist must make a reasonable attempt to consult the patient, but may consult the patient's agent if necessary? I know there are times when that is not the best scenario (e.g. possible abuse cases), but, again, can I use my professional judgment. If Mr. Smith just had surgery and is still under the influence of the anesthetic, and Mrs. Smith is going to be handling his pain meds, wouldn't she be the best person to consult with? For the first or second refill, I always consult my clients to see how the therapy is going and if any adverse effects have developed, and then periodically just to check up, but in all honesty, I am not going to go over the same information with them every time they pick up their chronic meds. Somebody who has been on the same blood pressure medication for 10 years does not need to hear the purpose of the drug every time- they know it.	Telephone Consultation	•language of requirement amended to include that a full pharmacist must offer to consult with the patient or patient's representative •added patient's representative and defined the term for completeness •section amended and 12(1) now allows for counselling in person or where not practical to do so by telephone
Patient Counselling	12(3)	What if the patient is a child? What if the husband or wife if picking up a prescription for an ill spouse? What if the patient has Alzheimer's? Some patients are home bound and do not have phones (yes there are people in this province with no phones!). Can it be stated that the pharmacist must make all reasonable attempts to consult with the patient and the patient's agent or care giver?	Telephone Consultation	•counselling is a minimum standard/requirement •language of requirement amended to include that a full pharmacist can consult with the patient or patient's representative •added patient's representative and defined the term for completeness

Patient Counselling	12(3)	We also recommend the College consider whether it is appropriate to account for modern technological uses of telephones to account for the widespread use of cell phones with texting or video-phone functionalities, especially among younger patients, vulnerable populations or those in remote areas of the province (e.g., FaceTime or Skype) and the corresponding decline in the use of traditional voice-only landlines. Given the extremely rapid changes in communications technology, it would be prudent to be as technology agnostic as possible, and to specify whether communicating by text only, for example, is permitted or not. We would recommend that texting a consultation should be prohibited because it is more difficult to verify the identity of the individual sending the text. Accordingly we propose the following: s. 12(3) If it is not practical to consult with the patient in person, the pharmacist/patient consultation may occur by live voice or video communications, but not by text messaging.	Telephone Consultation	• Consider for the future, however, the protection of personal information is unknown via texting. The security mechanisms around this type of information sharing is also unknown - the College is not in a position to support this.
Patient Counselling	12(5)	"Subject to a pharmacist's professional judgment for appropriateness, the pharmacist/patient consultation for a new prescription SHOULD include, etc..". Instead of new "prescription" consider the word new "medication". You can get a new prescription for a current medication which would unofficially be a refill.		•counselling is a minimum standard/requirement
Patient Counselling	12(5)	We note that the requirements here are almost – but not entirely – the same as the requirements for obtaining patient consent for treatment under the Health Care Consent and Care Facility (Admission) Act. That Act requires the patient be given: information needed to understand the nature of their condition, the proposed care, the risks, benefits and alternatives, a chance to ask questions and a chance to get answers. Making subsection 12(5)(a)-(i) consistent with those requirements would better ensure that registrants understand their obligations around obtaining consent and ensure those obligations are met.		•feedback is out of scope •will consider this in the future, this section is focused on counselling not consent Referenced Act says: An adult consents to health care if (a) the consent relates to the proposed health care, (b) the consent is given voluntarily, (c) the consent is not obtained by fraud or misrepresentation, (d) the adult is capable of making a decision about whether to give or refuse consent to the proposed health care, (e) the health care provider gives the adult the information a reasonable person would require to understand the proposed health care and to make a decision, including information about (i) the condition for which the health care is proposed, (ii) the nature of the proposed health care, (iii) the risks and benefits of the proposed health care that a reasonable person would expect to be told about, and (iv) alternative courses of health care, and (f) the adult has an opportunity to ask questions and receive answers about the proposed health care.

Patient Counselling	12(5)(h)(iv)	Suggested wording: 12(5)(h)(iv) appropriate alternatives (therapeutic or otherwise) where, in the pharmacist's professional judgment, it is appropriate to do so.		• language amended to say issues the pharmacist considers relevant to the specific drug or patient
Patient Counselling	12(6)	For refills, it does not make sense to go through each and every time the name and strength of the drug being dispensed, the purpose of the drug, the directions of use including frequency and duration. Since it is a refill (and it may well be their 20th refill), mandatory repetition of such information simply does not make any sense. Moreover, it really does not make any sense at all to go through such extent of information for blister packed patients on every blister pack. For some psychiatrists, they order weekly to every 2 week blister packs. Repeating the same information about lithium to the bipolar patient every week would not make much sense and would not achieve much patient benefit. In fact, I feel that it would irritate the patient more than achieve benefit. I strongly feel that we need to add a provision that the counseling may be subject to the professional judgement of the pharmacist in terms of appropriateness.		• counselling is a minimum standard
Patient Counselling	12(6)	Refill medication counselling/chronic medication - pharmacist should use professional judgement depending on frequency of refills. It is important to question the patient about side effects and expected out comes for the initial few refills. But depending on the medication it may be two weeks or 3 months before outcomes may be seen, so professional judgement is needed.		• counselling is a minimum standard
	12(6)	If a patient is getting medication every week due to compliance issues, maybe a check every 3 months would be acceptable versus every week. Consultation at the refill of a medication needs professional judgement – not a strict checklist. There should be suggested topics a pharmacist can discuss that are written outside of the bylaws: (1) Going over the purpose of the drug for a chronic medication that a patient has been on every month for 10 years will serve of no use to the patient. Selecting key topics that relate to the patient, a few times a year, based on professional judgement, would be more beneficial, (2) Talking at or above the patient on items with little benefit to the patient is the fastest way to dissolve a patient/pharmacist relationship, (3) Following the code of ethics and meeting a good standard of practice should be a priority.		• counselling is a minimum standard
Patient Counselling	12(6)	The reality of community practice is that there are many instances involving frequent dispensing where this level of detailed consultation would seriously disrupt the continuity of care, such as in some residential care environments or in street outreach (e.g., assertive community treatment). It is also widely understood that patients who have been on the same medication therapy for extended periods of time are often highly resistant to in-depth counseling for what they believe to be "regular" medications.		•separate standards of practice for Residential Care Facilities and Homes.

	12(9) new section suggested	Suggested wording: after each consultation, the pharmacist must confirm that the patient understood the information provided and is given an opportunity to ask questions and receive answers.		• Not needed - unnecessary
Patient Counselling	13(2)	All patients who purchase schedule II drugs should be AFFORDED an opportunity to speak to the pharmacist (i.e. the pharmacy assistant should have to ask on every such purchase whether they have not had it before, whether they have experienced any side effects/drug therapy problem or would like the pharmacist to go over anything). Should any of the above questions yield a “yes”, then it must be mandatory that the pharmacist speak to the patient. However, it does not make any sense to force the patient and pharmacist to go into a protracted counseling session each and every time. The vast majority of patients who come for Schedule II drugs already know about the drug and know why they are getting it. Since the schedule II drugs are “not on display outside”, in general, patients can only know about the drug because (1) the pharmacist/physician recommended it to them or (2) they have had it before and need a repeat purchase.	Patients right to refuse consultation.	•Yes- patient can refuse the consultation but pharmacist must offer •language of requirement amended to include that a pharmacist must offer to consult with the patient or patient's representative
Patient Counselling	13(2)	If a patient purchases a Schedule II drug, the patient should be offered the opportunity for pharmacist consultation regarding the selection and use of the drug. Subject to a pharmacist’s professional judgement for appropriateness, the pharmacist/patient consultation should include, etc.	Patients right to refuse consultation.	•Yes- patient can refuse the consultation but pharmacist must offer •language of requirement amended to include that a pharmacist must offer to consult with the patient or patient's representative

***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*;

"drug therapy problem" means a potential or actual adverse consequence of drug therapy that interferes with achieving the goals of the drug therapy~~an actual or potential undesirable event experienced by a patient which involves, or is suspected to involve, drug therapy and that interferes with achieving the desired goals of the therapy~~;

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

"**patient's representative"** means a person who is authorized to act on a patient's behalf;

"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

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Commented [NI1]: Reworded for clarity and concision

Commented [NI2]: Definition added for clarity; whether someone is "authorized" can be explained in a policy if necessary, but would include someone who is authorized by the patient (eg in an email, or in writing), or by law (a court order, a statute etc.)

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) or 13(4) 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.

Commented [NI3]: Revised to track new numbering

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;

Commented [NI4]: As worded, this is not clearly enforceable, and was also the subject of considerable comment. College has said it will be revised in the future.

(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) written confirmation ~~and identification~~ of the registrant who

(i) ~~-~~verified the patient identification,

(ii) verified the patient allergy information,

(iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11(~~-~~4),~~;~~

(iv) performed the consultation,

(v) performed the final check including when dispensing a balance owing, and

(vi) identified and addressed a drug therapy problem, if any.

Commented [NI5]: Removed redundant phrase: "confirmation of the registrant" necessarily includes identification

Commented [NI6]: Allows for possibility that there might not be one.

(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 drug therapy problems, ~~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,

Commented [NI7]: Revised for consistency with new terminology

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

(e) take appropriate action respecting a drug therapy problem~~follow-up on suspected adverse drug reactions~~.

Commented [NI8]: Amended for consistency with new terminology.

(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,

Commented [NI9]: Deleted for consistency with change to s. 11(2)(d)

(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, or

(d) child-resistant packaging is unavailable, or

(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 established and maintained ~~prepared and kept current~~ for each patient for whom a Schedule I drug is dispensed.

Commented [NI10]: Amended to more standard bylaw language

(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 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) the identification of any drug therapy problem and the description of any action taken,

(t) the description of compliance with the prescribed drug regimen, and

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

(c) compliance with the prescribed drug regimen,

(d) 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 any concern regarding the appropriateness of the drug or any drug therapy problem.

~~(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.~~

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Commented [NI11]: Revised as almost all of the listed items are included in the definition of "drug therapy problem.

Pharmacist/Patient Consultation

12. (1) Subject to subsection (2), a~~A~~ full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.

Commented [NI12]: Revised for clarity and per College instruction. "Patient representative" added for consistency with s. 13(2)

(2) Where a patient declines the consultation, the full pharmacist must document that the consultation was offered and declined. ~~The pharmacist/patient consultation for all new and refill prescriptions must occur in person.~~

Commented [NI13]: Revised per College instruction

~~(3) If it is not practical to consult with the patient in person, the pharmacist/patient consultation may occur by telephone.~~

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~~(a)~~

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(3~~4~~) The full pharmacist~~/patient~~ must conduct the consultation in a manner that~~must~~ respects the patient's right to privacy.

Commented [NI14]: Revised to specify the privacy concern.

(5~~4~~) The pharmacist/patient consultation for a new prescription must include:

(a) c~~C~~onfirmation of the identity of the patient,

(b) name and strength of drug, ~~being dispensed,~~

(c) purpose of the drug,

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

(e) potential drug therapy problems, ~~common adverse drug reactions, drug and food interactions and therapeutic contraindications that may be encountered,~~ including any ~~their~~ avoidance measures, and action recommended ~~the actions required~~ if they occur,

Commented [NI15]: Amended for consistency with new terminology; pharmacist cannot "require" a patient to take action

(f) storage requirements,

(g) prescription refill information,

(h) information regarding

(i) how to monitor the response to therapy,

(ii) _ eexpected therapeutic outcomes,

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

(iv) when to seek medical attention, and.

~~issues the pharmacist considers relevant any other information unique to the specific drug or patient.~~

(iv)

(i) issues the pharmacist considers relevant to the specific drug or patient.

(65) The pharmacist/patient consultation for a refill prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug ~~being dispensed~~,

(c) purpose of the drug,

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

(e) whether the patient has experienced a drug therapy problem.

(76) If a drug therapy problem is identified during patient consultation for a new or refill prescription, the full pharmacist must take appropriate action to resolve the problem.

(87) If an adverse drug reaction as defined by Health Canada is identified, ~~a~~ the full pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the appropriate department of Health Canada.

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~~ A pharmacist must offer to consult with the patient or the patient's representative regarding the selection and use of a Schedule II ~~the~~ drug at the time of purchase. ~~, including drug allergies, common adverse drug reacitons, drug and food interactions and therapeutic contraindicaitons that may be encountered, including their avoidance, and the actions required if they occur.~~

(3) The pharmacist/patient consultation for a Schedule II drug must include potential drug therapy problems, including any avoidance measures, and action recommended if they occur.

~~A pharmacist must be available for consultation with a patient or patient's~~

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~~representative who wishes to select a Schedule III drug.~~

(4) A pharmacist must be available for consultation with a patient or patient's representative respecting the selection and use of a Schedule III drug.

Commented [NI20]: Revised for clarity

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 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*;

"drug therapy problem" means a potential or actual adverse consequence of drug therapy that interferes with achieving the goals of the drug therapy;

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

"patient's representative" means a person who is authorized to act on a patient's behalf;

"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), 13(3) or 13(4) 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) written confirmation of the registrant who

(i) verified the patient identification,

(ii) verified the patient allergy information,

(iii) reviewed the personal health information stored in the PharmaNet database in accordance with section 11(4),

(iv) performed the consultation,

(v) performed the final check including when dispensing a balance owing, and

(vi) identified and addressed a drug therapy problem, if any.

(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 drug therapy problems, 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) take appropriate action respecting a drug therapy problem.

(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 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, or

(d) child-resistant packaging is unavailable, or

(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 established and maintained 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 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) the identification of any drug therapy problem and the description of any action taken,

(t) the description of compliance with the prescribed drug regimen, and

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

(c) compliance with the prescribed drug regimen,

(d) 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 any concern regarding the appropriateness of the drug or any drug therapy problem.

Pharmacist/Patient Consultation

12. (1) Subject to subsection (2), a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.

(2) Where a patient declines the consultation, the full pharmacist must document that the consultation was offered and declined.

(3) The full pharmacist must conduct the consultation in a manner that respects the patient's right to privacy.

(4) The pharmacist/patient consultation for a new prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

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

(e) potential drug therapy problems, including any avoidance measures, and action recommended if they occur,

(f) storage requirements,

(g) prescription refill information,

(h) 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.

(i) issues the pharmacist considers relevant to the specific drug or patient.

(5) The pharmacist/patient consultation for a refill prescription must include:

(a) confirmation of the identity of the patient,

(b) name and strength of drug,

(c) purpose of the drug,

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

(e) whether the patient has experienced a drug therapy problem.

(6) If a drug therapy problem is identified during patient consultation for a new or refill prescription, the full pharmacist must take appropriate action to resolve the

problem.

(7) If an adverse drug reaction as defined by Health Canada is identified, the full pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the appropriate department of Health Canada.

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) A pharmacist must offer to consult with the patient or the patient's representative regarding the selection and use of a Schedule II drug at the time of purchase.

(3) The pharmacist/patient consultation for a Schedule II drug must include potential drug therapy problems, including any avoidance measures, and action recommended if they occur.

(4) A pharmacist must be available for consultation with a patient or patient's representative respecting the selection and use of 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.

SCHEDULE

The bylaws of the College of Pharmacists of British Columbia made under the authority of the *Health Professions Act* are amended by repealing and replacing Schedule F- Standards of Practice, Part 1- Community Pharmacy.

College of Pharmacists of British Columbia

125 years

10. Legislation Review Committee

Presented by:

Jeremy Walden

Chair, Legislation Review Committee

c) Pharmacy Security

- In April 2016, the Board approved the bylaws for public posting.
- Subsequently, the bylaws were posted on the College's website for a 90 day public posting period which ended on July 15, 2016.
- 47 submissions were received from registrants and corporate stakeholders.
- As a result, College staff and legal counsel reviewed the comments/feedback from the public posting period and drafted further amendments to address the feedback received.

c) Pharmacy Security

- Subsequently, a second 90 day public posting is required due to significant amendments being proposed.
- If no significant feedback is received within the first 30 days of the posting period then a request to the Ministry of Health for a shortened public posting period is recommended.

c) Pharmacy Security

MOTION 1:

Approve the proposed draft *Pharmacy Operations and Drug Scheduling Act* bylaws for a second public posting period, as circulated, with the amendment that the registrar be notified of any loss of narcotic and controlled drugs within 24 hours.

MOTION 2:

Request a shortened public posting period (30 days), provided that no significant feedback is received within the first 30 days of the posting period.

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

10. Legislation Review Committee
c) Pharmacy Security

DECISION REQUIRED

Recommended Board Motion:

Approve the proposed draft Pharmacy Operations and Drug Scheduling Act bylaws for a second public posting period, as circulated.

Request a shortened public posting period (30 days), provided that no significant feedback is received within the first 30 days of the posting period.

Purpose

To approve amendments to the initially posted (April 2016) Pharmacy Operations and Drug Scheduling Act bylaws (the bylaws) for a second public posting period, as circulated.

The bylaws are made in accordance with the College's bylaw making authority as outlined in section 22 of the *Pharmacy Operations and Drug Scheduling Act* (PODSA).

Background

In September 2015, the Board directed the Registrar to draft bylaws to strengthen the pharmacy security requirements through legislation. College staff drafted proposed bylaws and consulted with stakeholders, internal staff and Pharmacy Advisory Committees (Community, Residential Care and Hospital). Of the 17 pharmacy security requirements, the consultation resulted in some form of agreement on 15. Two issues remained of significant concern to the corporate stakeholders. These were physical barriers and personal information.

In April 2016, the Board approved a 90 day public posting of the bylaws as per section 21(8) of PODSA (Appendix 1).

Discussion

The bylaws were posted on the College's website and the 90 day comment period ended on July 15, 2016. During this time 47 submissions were received from registrants and corporate stakeholders (Shoppers Drug Mart, Pharmasave, People's Drug Mart, Forewest Holding Inc., British Columbia Pharmacy Association and Neighbourhood Pharmacy Association). College staff summarized the feedback received by requirement in a table (Appendix 2).

As a result, College staff and legal counsel reviewed the comments/feedback from the public posting period and drafted further amendments (where possible) to address the feedback received (Appendix 3 and 4).

Minor Amendments:

Based on the feedback received, the following minor amendments are proposed:

- the term "*personal information*" is replaced with the term "*personal health information*" to align with the College's enabling statutes – *Health Professions Act* (HPA) and PODSA
- the definition of "*support person*" from PODSA is added with an exception for pharmacy technicians
    - in the public posting version the term pharmacy assistant was replaced with "support person" as this term is defined in PODSA, the exception clarifies that a pharmacy technician is not a support person in the bylaws
- a duplicate requirement to make reasonable arrangements to prevent unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises is removed

Significant Amendments:

Based on the feedback received, two significant amendments are proposed and one new provision has been drafted.

The first significant proposed amendment is to the requirement to notify the registrar where there has been a loss of drugs or personal information.

Some of the issues raised during the 90 day comment period included:

- requirement is far too broad
- schedule III drugs are not at risk of abuse or diversion and risk to public safety is low

- reporting loss of schedule III drugs has no value to the public
- section 79 of the HPA bylaws already requires registrants to notify the College of any unauthorized access, use, disclosure or disposal of personal information about patients

The amendment posted April 2016 was:
A manager *must notify the registrar of any incident of loss of drugs or loss of personal information, whether electronic or physical.*

The proposed amendment for September 2016 is:
A manager must notify the registrar of any incident of loss of Schedule I, IA, II drugs or controlled drug substances.

The proposed amendment for September 2016 lists which category of drugs are to be reported to the registrar in any incident of loss. Schedule III drugs are not included as these drugs are not at risk of abuse and the risk to public safety is low. Furthermore, as the HPA bylaws already require registrants to notify the college of any unauthorized access, use, disclosure or disposal of personal information about patients as soon as possible after the breach is discovered.

The second significant proposed amendment is to the physical barrier requirement.

Some of the issues raised during the 90 day comment period included:
- schedule III drugs are not at risk of abuse or diversion and risk to public safety is low
- cost of barriers puts an unfair burden on pharmacy
- no transition to implement barriers puts an unfair cost on pharmacy

The amendment posted April 2016 was:
When no full *pharmacist is present and the premise is accessible to non-registrants, Schedule I, II and III drugs, controlled drug substances and personal information, are secured by physical barriers.*

The proposed amendment for September 2016 is:
When no full pharmacist is present and the premise is accessible to non-registrants, subject to section 2.1, schedule I, and II drugs, controlled drug substances and personal health information, are secured by physical barriers.

The proposed amendment for September 2016 requires a physical barriers for schedule I, and II drugs, controlled drug substances and personal health information. Again, schedule III drugs are removed from the requirement as the risk of abuse and the risk to public safety is low.

Furthermore, a transition clause has been drafted to provide pharmacies that exist (from the day the bylaws are in force) three years to renovate and become compliant with the physical barrier requirement. All new pharmacies must have physical barriers.

A number of minor amendments were also made to PPP-74 (Appendix 5).

As part of the bylaw change process College staff consulted with the Ministry of Health, Professional Regulation and Oversight Branch on the amendments to the bylaws. The Ministry of Health supported a second public posting of the amended bylaws.

Recommendation

The Legislation Review Committee recommends that the Board approve the proposed amendments to the bylaws for a second public posting period and request a shortened public posting period if no significant feedback is received within the first 30 days of the posting period.

Appendix	
1	April 2016 Public Posting Bylaws (track changes)
2	Feedback Summary Table
3	Proposed September 2016 Bylaws (track changes)
4	Proposed September 2016 Bylaws (clean)
5	Revised PPP-74 (track changes)

Pharmacy Operations and Drug Scheduling Act - BYLAWS

Table of Contents

Commented [AS1]: A new section has been added under the Community Pharmacies section of the bylaw to include pharmacy security requirements for community pharmacies.

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~~ the Schedules to the *Controlled Drugs and Substances Act* (Canada) or Part G of the Food and Drug Regulations (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;

"drug" has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

"health authority" means

(a) a regional health board designated under the *Health Authorities Act*, or
(b) the Provincial Health Services Authority, or
~~(b)~~(c) First Nations Health 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;*

Commented [AS2]: Existing definition is further refined to include Part G of the Food and Drug Regulations.

Commented [AS3]: The word 'drug' is defined in PODSA and should be used in the bylaw. The term "medicine" and its definition has been removed from the bylaw.

Commented [AS4]: Minor correction identified by the MoH. The First Nations Health Authority is not included under (a) and (b) therefore it has been added.

~~**"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*;

"personal information" has the same meaning as in the *Freedom of Information and Protection of Privacy 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 security" means

(a) measures to prevent unauthorized access and loss of Schedule I, IA, II and III drugs, and controlled drug substances;
(b) measures providing for periodic and post-incident review of pharmacy security;
(c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal information

"pharmacy services" has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

"pharmacy technician" 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;

"Schedule I, Schedule IA, Schedule II, or Schedule III", as the case may be, refers to the drugs listed in Schedule I, IA, II or III of the Drug Schedules Regulation;

Commented [AS5]: Removed this definition as the word 'drug' is defined in PODSA and should be used in the bylaw.

Commented [AS6]: New definition to clarify what the term personal information means in this bylaw.

Commented [AS7]: Removed this definition as the term "support person" is defined in PODSA and should be used in the bylaw.

Commented [AS8]: New definition.

"pharmacy security" means measures to prevent and respond to incidents of robbery, break and enter, forgery, theft, unexplained drug loss or adulterated drugs at a pharmacy, including:
(a)secure storage of narcotic and controlled drugs,
(b)surveillance systems,
(c)alarm systems,
(d)physical barriers,
(e)protection of confidential patient information,
(f)public notice of security measures,
(g)incident review, and
(h)pharmacy security evaluation

Above was the draft text used for consultations. Through consultations comments were received that this definition stated more than measures. Specifically secure storage of narcotics and controlled drugs and protection of confidential patient information were identified as not being measures. The definition has been revised and reworded to reflect these concerns. The objective is to have measures to prevent unauthorized access to drugs and personal information associated with drugs in a pharmacy.

Commented [AS9]: New definition to clarify that when referenced these terms refer to BC scheduled drugs as listed in the Drug Schedules Regulation and to avoid any confusion with schedules listed in Federal legislation.

"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 pharmacist at a central pharmacy site.

Commented [AS10]: Minor correction identified by the MoH. The word pharmacist was missing.

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 registrant and ~~pharmacy assistant~~support person staff levels are commensurate with the workload volume and patient care requirements at all times;

Commented [AS11]: support person is the correct term to use as defined in PODSA.

(f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and ~~pharmacy assistants~~support persons;

(g) establish policies and procedures to specify the duties to be performed by registrants and ~~pharmacy assistants~~support persons;

(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)~~(n) make reasonable ~~security~~ arrangements ~~in respect of unauthorized respecting~~to prevent unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;

~~(p)~~(o) 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)~~(p) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;

~~(r)~~(q) 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;

(r) ~~ensure that appropriate security is in place for the premises generally~~establish and maintain policies and procedures respecting pharmacy security;

Commented [AS12]: support person is the correct term to use as defined in PODSA.

Commented [AS13]: support person is the correct term to use as defined in PODSA.

Commented [AS14]: Through consultations it was identified that this requirement caused confusion and is very similar to (n). Former Privacy Commissioner David Loukedilis agreed and suggested that this requirement should be removed and consolidated with (n).

Commented [AS15]:
(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

Both of these were existing requirements in the bylaws. During consultations comments were received that these two existing requirements were "sufficient" enough to prevent access and loss of personal information in a pharmacy. Former Privacy Commissioner, David Loukidelis advised the College that these two subsections should be consolidated. Also, during consultations David clarified to stakeholders that these requirements provide further guidance, and protection, for pharmacies, in fulfilling their PIPA obligations.

As advised by David, (n) and (o) have been consolidated and the revised text is now aligned with PIPA.

Commented [AS16]: The existing requirement which referenced security has been updated.

No comments were received in consultations on this requirement.

(r.1) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;

(s) notify the registrar of any incident of loss of drugs or loss of personal information, whether electronic or physical;;

(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~~ drugs 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~~support persons 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~~ personal 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;

Commented [AS17]: This is a new requirement.

No comments were received in consultations.

Commented [AS18]: This is a new requirement.

"Notify the registrar of any breach of pharmacy security" was the draft text used for consultations. Through consultations comments were received that reporting any instance was too broad and. Based on the consultations the text has been revised and the revised PPP-74 provides further details on what and how to report.

Commented [AS19]: The term drug should be used medication has been replaced with drug throughout the bylaw.

Commented [AS20]: support person is the correct term to use as defined in PODSA.

(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.

(bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws;

(3) Subsection (2)(~~r~~g) 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),~~ (n), (q), (r), (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.

Commented [AS21]: New requirement.

"notify the registrar of non-compliance by owners and directors with their obligations under the bylaws" was the draft text used for consultations. Through consultations concerns about the degree of accountability this imposes on managers and the impact on the employment relationships of registrants were raised. It was suggested that pharmacy managers should first address the issues with the owners and directors and if no resolution then notify the registrar. PPP-74 already has this wording so we further refined this requirement to clarify that continued non-compliance must be notified.

Commented [AS22]: Updated existing references to reflect numbering changes in 3(2).

Commented [AS23]: Updated existing references and included new requirements which owners and directors are also responsible for.

(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~~support persons, 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.

Commented [AS24]: support person is the correct term to use as defined in PODSA.

(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.

Community Pharmacy Security

11.1 (1) A community pharmacy must:

(a) Keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes;

(b) Install and maintain a security camera system that:

(i) has date/time stamp images that are archived and available for no less than 30 days, and

(ii) is checked daily for proper operation.

(c) Install and maintain motion sensors in the dispensary;

(2) When no full pharmacist is present and the premise is accessible to non-registrants,

(a) the dispensary area of a community pharmacy must be secured by a monitored alarm, and

(b) Schedule I, II and III drugs, controlled drug substances and personal information, are secured by physical barriers;

(3) Subject to subsections (5), a community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College;

(4) The pharmacy manager and owners or directors of a community pharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises;

(5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsections (3).

Commented [AS25]: New section for pharmacy security requirements.

Commented [AS26]: No comments were received on this requirement in consultations.

Commented [AS27]: No comments were received in consultations on this requirement.

Commented [AS28]: No comments were received in consultations on this requirement.

Commented [AS29]: No comments were received in consultations on this requirement.

Commented [AS30]: Many comments were received regarding this requirement in consultations. The main concerns were the cost and timing.

Physical barriers prevent access. Other jurisdictions also require barriers when a pharmacy is operating lock and leave. This requirement in the bylaw is for community pharmacies when a full pharmacist is not present and the premise is accessible to non-registrants.

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~~support persons 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~~support persons, 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

Commented [AS31]: support person is the correct term to use as defined in PODSA.

Commented [AS32]: support person is the correct term to use as defined in PODSA.

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~~o), (~~s~~r) and (t)(ii) and (iii).

Commented [AS33]: Updated existing references to reflect numbering changes in 3(2).

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.

Pharmacy Security Bylaws Public Posting Feedback

Amendment Posted April 2016		Comments Received	Recommendations Received	Proposed Amendment Sept 2016
Definitions	controlled drug substance (revised), drug (added from PODSA), health authority (added First Nations Health Authority), medication (deleted and replaced with drug), personal information (new), pharmacy security (new), schedule I, IA, II, III (new)	1)while the College has the responsibility as an agency regulated under FOIPPA to ensure that the personal information of registrants which is under the control of the College is managed appropriately, the authority afforded the College under PODSA and the HPA with respect to registrants and pharmacies is specific to personal health information and health care records. 2)"personal information" is a much broader term that encompasses many other types of information that may be present in an organization that may be secured by other means. For example, this would include human resources records, customer databases relevant to other areas of the retail operations such as computers, photofinishing, grocery, cosmetics, etc.. Requirements for organizations to manage these types of personal information are outlined under PIPA and physical barriers may not necessarily be the best or most appropriate means by which to ensure that this information is secure.	1)add definition "support person" has the same meaning and in the PODSA but for greater clarity does not include a pharmacy technician 2)add to the definition of "pharmacy security" (c) measures to protect against unauthorized access to, collection, use, disclosure or disposal of personal information <u>of patients of the pharmacy</u> 3)add to the definition of "Schedule I, Schedule IA, Schedule II, or Schedule III" ... made pursuant to the *Pharmacy Operations and Drug Scheduling Act* 4)add a definition of "physical barriers" as "means an impediment to access and includes a lockable gate, cabinet, case, door, or screen, or grillwork or panel or other similar things." 5)"personal information" as defined in FOIPPA be changed to "personal health information" as defined in PODSA	Add exclusion of pharmacy technician to the definition of "support person" Replace "personal information" with "personal health information"
3(2)(n) - deleted	~~ensure that confidentiality is maintained with respect to all pharmacy and patient records in accordance with all applicable legislation~~			
3(2)(o) revised and is now 3(2)(n)	A manager must make reasonable arrangements to prevent unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises	1)having 3(2)(n) as a distinct obligation is redundant and causes confusion because complying with 3(2)(r) will necessarily include making reasonable arrangements to prevent unauthorized access etc., to personal information	1)delete 3(2)(n)	Delete 3(2)(o) as 3(2)(n), pharmacy security includes measures to prevent unauthorized access, collection, use, disclosure or disposal of personal health information.
3(2)(r) revised	A manager must establish and maintain policies and procedures respecting pharmacy security;		1)add implement to 3(2)(r) "establish, <u>implement</u> and maintain policies and procedures respecting pharmacy security"	
3(2)(r.1) new	A manager must ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security			
3(2)(s) new	A manager must notify the registrar of any incident of loss of drugs or loss of personal information, whether electronic or physical	1)requirement is far too broad 2)already reporting loss of narcotics and targeted drugs to HC (medications at greatest risk to public) 3)reporting shortage of blood pressure pill, tylenol or stool softeners would greatly increase the volume of data that would have to be submitted 4)what value is it to the public if the pharmacy is short of 5 aspirin tablets, a couple dozen of metformin, bottle of gravol on a given day? 5)is the College prepared to process all the data and what will be done with the information that will benefit the public 6)pharmacists are already required to report privacy breaches under the HPA Bylaws, section 79 (below), thus it is redundant to include here. The HPA bylaws are clear that it is the registrant who must report, and all pharmacy managers are registrants, hence the addition in the PODSA Bylaws is not necessary. 7)reporting of Schedule I, II or III items, which is what "loss of drugs" implies, is unnecessary and an administrative burden to both pharmacy and the College. These items are not products of abuse or diversion. Robbery and security is around the controlled drug substances that are found in our safes, the Oxycontin and Fentanyl type products that are wanted for abuse and diversion. Reporting Schedule I, II and III items will not help the public, however reporting of Schedule IA items would be helping the public	1)revise to read "notify the registrar of any incident of loss of drugs or loss of personal information <u>of patients of the pharmacy</u>, whether electronic or physical." 2)revise to read "notify the registrar of any incident of loss of controlled drug substances." 3)revise to read "notify the registrar of any incident of loss of narcotic or controlled substances"	Add schedule I, IA, II and remove loss of personal information, whether electronic or physical. HPA bylaws section 79 already requires notification to the College of any unauthorized access, use, disclosure or disposal of personal information about patients.

3(2)(bb) new	A manager must notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws	1)This is broader than merely complying with the security obligations, and appears to mandate notification in respect of any persistent failure to comply with any obligation. Is this the intention? 2)what if the manager has a reasonable belief that the policy or act is compliant, and the College ultimately determines otherwise? Will the manager be subject to discipline for the failure to report something he or she believed didn't require reporting? 3)there is a real risk that these new duties will create an adversarial relationship between employee and employer, because employers will know that the employees have the power, and the duty, to trigger investigations against them. And employees have competing duties of loyalty, good faith and confidentiality to their employers 4)mandating a whistleblower duty without the ability to provide whistleblower protection is, we would suggest, inherently unfair.	1)recommend, the bylaw wording should be amended to that of PPP-74 and say "The Pharmacy Manager should take appropriate action to resolve any issues relating to Section 11.1, Community Pharmacy Security"	Revise PPP-74 to further clarify what persistent non-compliance is.
3(2)(4) revised	Owners and directors must comply with subsection (2) (d), (e), (j),(n), (q), (r), (t), (v), (w), (x) and (aa)			Revisions based on re-numbering.
11.1(1)(a) new	A community pharmacy must: (a) Keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes;			
11.1(1)(b)(i) new	A community pharmacy must: (b) Install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days	1)specific type of camera? HD ?		
11.1(1)(b)(ii) new	A community pharmacy must: (b) Install and maintain a security camera system that: (ii) is checked daily for proper operation.	1)checked weekly instead of daily 2)what is the rationale for 30 days, why not 7 or 14 days		
11.1(1)(c) new	A community pharmacy must: (c) Install and maintain motion sensors in the dispensary;			
11.1(2)(a) new	When no full pharmacist is present and the premise is accessible to non-registrants, (a) the dispensary area of a community pharmacy must be secured by a monitored alarm	1)confusion around the difference between "accessible to non-registrants" and section 12 operation without a full pharmacist "open to the public" 2)we would like clarification and distinction made between, when a full pharmacist is not present and the premises is "open to the public, open for business" and "open to the public, not open for business" 3)"Open to the public and open for business" is defined as the doors are open, non-registrants are on the premises, purchasing product. In this instance, Section 11.1(2)b is agreed upon. Non-registrants should not be able to select and purchase any Schedule I, II or III item without a full pharmacist present for consultation; no access to the dispensing area or access to Patient Health Information should be permitted. This scenario and definition would be equivalent to Lock and Leave. 4)"Open to Public (staff/cleaners) but not open for business" is defined as the premises is accessible to staff/cleaners only. The doors are locked, no products are being selected, or sold, no pharmacist consultation is required, therefore Schedule III items do not need to be locked up. It is agreed that staff/cleaners should not have access to the dispensing area, and this are can and should be monitored for access. This monitoring can be done properly via an alarm system, motion sensors and security camera. A physical barrier is not necessary to prevent access to the dispensing area. We feel that these required security measures will suffice to prevent access to patient health information and Schedule I and II medications. 5)definition of a pharmacy technician as it relates to a "non-registrant"	1)amend 11.1(2) to say "when no full pharmacist is present ~~and the premise~~ **and the community pharmacy is not operating but is** accessible to non-registrants, 2)recommend Section 11.1(2) be broken further to: Section 11.1(2) When no Full pharmacist is present and the premise is accessible to non-registrants and is: (a) …open for business (ie Lock and leave) a. The dispensary area of the community pharmacy must be secured by a monitored alarm, and b. Schedule I, II and III drugs, controlled substances and personal health information, are secured by physical barriers (b) …not open for business a. The dispensary area of the community pharmacy must be secured by a monitored alarm, and b. Schedule I, and II drugs, controlled substances and personal health information, are secured by physical barriers	

11.1(2)(b) new	When no full pharmacist is present and the premise is accessible to non-registrants, (b) Schedule I, II and III drugs, controlled drug substances and personal information, are secured by physical barriers;	1)seems like "lock and leave" when pharmacy is closed as it includes over the counter meds 2)lock and leave is already in place for those pharmacies who close when the rest of the store is open 3)when we close the doors for the night and set the alarm we have already accomplished protection of meds 4)the only protection this requirement provides is from a person unlawfully entering the premises after hours, using force for the intent to commit a crime and that person is likely to force to remove any additional barriers 5)is there any evidence that this type of break and enter is a widespread issue that it is a risk for the public? 6)is there any evidence to demonstrate that adding physical barriers to already very controlled and limited access areas will provide any benefit to the public? 7)this bylaw seems to be drafted over a perceived problem, where little to no problem actually exists 8)will impose very significant costs for many pharmacy owners to implement with extremely little to no benefit to the public 9)physical barrier requirement puts an unfair burden on pharmacy as a whole in which some pharmacies could be addled with capital costs over $100,000 in renovations 10)requirement that only registrants have access to the pharmacy is intended to deter drug diversion from our staff at our stores and this is not necessary 11)there are enough safeguards for every pharmacy manager to know if there is any drug diversion or losses from our staff (or patients) stealing 12)in smaller store where there is only one pharmacists at night, we often ask a cashier to watch the pharmacy while we go to the bathroom - do we then lock the whole pharmacy just to go to the bathroom? 13)what happens in smaller communities where the pharmacist or manager is off duty or away for the evening, no one has keys and there is an emergency alarm event, power outage, break and enter or fire? who will have keys to attend the off hour emergency event? 14)idea of a physical barrier is old school when we can now have a dispensary armed electronically and separately from the rest of the store 15)cameras in dispensary, motion detectors, a timed safe and staff who could care less about rx files are enough 16)with a separate security system in the dispensary a physical barrier is not required as there is a an electronic "fence". With this electronic barrier in place, pharmacy staff (non-registrants) would be able to come to work without a pharmacist present as the dispensary is off limits to them (it is protected). 17)There is no need to be concerned because if schedule 3 items are so dangerous then why not make them schedule 2. The risk posed to the public by not locking the schedule 3 items is so miniscle, thats why they are schedule 3 and schedule 2 items.	1)as currently written, in order to comply with the proposed section 11.1(2)(b), physical barriers would need to be installed in multiple areas of the retail operation. Personal health information is consistent with the authority of the College and spirit in which the bylaws are intended 2)as an alternative to physical barriers, electronic barriers (separately monitored alarm systems, motion detectors and high definition cameras) be permitted as a a reasonable approach to maintaining the physical security of the pharmacy premises	Removal of schedule III from physical barrier requirement. Add a transition clause - A community pharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with section 11.1(2)(b) no later than three years after the date that provision comes into force
11.1(3) new	Subject to subsections (5), a community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College			
11.1(4) new	The pharmacy manager and owners or directors of a community pharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises;			
11.1(5) new	A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsections (3).			

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 the Schedules to the *Controlled Drugs and Substances Act* (Canada) or Part G of the Food and Drug Regulations (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;

"drug" has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

"health authority" means

(a) a regional health board designated under the *Health Authorities Act*, or
(b) the Provincial Health Services Authority, or
(c) First Nations Health 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;*

"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*;

"**personal health information**" has the same meaning as in section 25.8 of the *Health Protection~~Freedom of Information and Protection of Privacy~~ Act*;

Commented [NI1]: Replace the term "personal information" with "personal health information". This change narrows the scope of the personal information with which this bylaw is concerned to conform more closely to the College's enabling statutes – the HPA and PODSA. PODSA s. 21 (1)(a) authorizes the College to make bylaws regarding prescription information and patient records." Such information would be personal health information. "Personal information" is significantly broader in scope. Pharmacies are statutorily obliged to protect the personal information of customers and employees under PIPA.

"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 security" means

(a) measures to prevent unauthorized access and loss of Schedule I, IA, II and III drugs, and controlled drug substances;
(b) measures providing for periodic and post-incident review of pharmacy security;
(c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information

"pharmacy services" has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

"pharmacy technician" 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;

"Schedule I, Schedule IA, Schedule II, or Schedule III", as the case may be, refers to the drugs listed in Schedule I, IA, II or III of the Drug Schedules Regulation;

"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 pharmacist at a central pharmacy site;~~.~~

"support person" has the same meaning as in the Act except that it does not include a pharmacy technician.

Commented [NI2]: Definition added for clarification

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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 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;

(f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and support persons;

(g) establish policies and procedures to specify the duties to be performed by registrants and support persons;

(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) make reasonable arrangements to prevent unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;~~

~~(o)~~(n) 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;

~~(p)~~(o) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;

~~(q)~~(p) 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;

~~(r)~~(q) establish and maintain policies and procedures respecting pharmacy security;

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Commented [AS3]: Deleted as requirement captured under 3(2)(q) below.

Commented [NI4]: Re-numbering of subsections (n) through (r) and deletion of subsection (r.1).

Commented [NI5]: Section 3(2)(n) (above) has been deleted because it is redundant in light of this section – pharmacy security includes measures to prevent unauthorized access, collection, use, disclosure or disposal of personal health information.

(r.~~1~~) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;

(s) notify the registrar of any incident of loss of Schedule I, IA, II drugs or controlled drug substances; ~~or loss of personal information, whether electronic or physical;~~

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Commented [NI6]: What drug losses trigger duty to notify has been narrowed to these categories; reference to personal information has been deleted because s. 79 of the HPA bylaw requires registrants to notify the College of any unauthorized access, use, disclosure or disposal of personal information about patients as soon as possible.

(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 drugs 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, support persons 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 personal 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.

(bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws;

(3) Subsection (2)(q) 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)~~, (p),(q),~~ (r)~~, (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.

Commented [NI7]: PPP-74 will be revised to clarify that pharmacy managers should notify owners and directors when the manager becomes aware that they are not meeting their obligations under the bylaws. If compliance is not achieved within a reasonable time, the requirement to notify the registrar under this sub-section is triggered.

Commented [AS8]: Reflects renumbering.

(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, support persons, 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.

Community Pharmacy Security

11.1 (1) A community pharmacy must:

(a) Keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes;

(b) Install and maintain a security camera system that:

(i) has date/time stamp images that are archived and available for no less than 30 days, and

(ii) is checked daily for proper operation.

(c) Install and maintain motion sensors in the dispensary;

(2) When no full pharmacist is present and the premise is accessible to non-registrants,

(a) the dispensary area of a community pharmacy must be secured by a monitored alarm, and

(b) Subject to section 2.1, s~~S~~chedule I, and II ~~and III~~ drugs, controlled drug substances and personal health information, are secured by physical barriers;

(2.1) A community pharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with section 11.1(2)(b) no later than three~~wo~~ years after the date that provision comes into force.

(3) Subject to subsection~~s~~ (5), a community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College;

(4) The pharmacy manager and owners or directors of a community pharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises;

(5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsections (3).

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.

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Commented [NI9]: This change would mean that the physical barrier requirement applies immediately to new pharmacies and existing pharmacies that are renovated in the next 2 years. However, existing pharmacies that are not renovated would have 2 years to implement physical barriers. PPP 74 will be revised to explain this transition provision.

(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, support persons 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 support persons, 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), (o), (r) 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~~support persons,

(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.

Commented [AS10]: Was missed in the repeal and replace of the term "pharmacy assistant" to "support person"

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.

Pharmacy Operations and Drug Scheduling Act - BYLAWS

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FORMS

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2. Telepharmacy Services Application
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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 the Schedules to the *Controlled Drugs and Substances Act* (Canada) or Part G of the Food and Drug Regulations (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;

"drug" has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

"health authority" means

(a) a regional health board designated under the *Health Authorities Act*, or
(b) the Provincial Health Services Authority, or
(c) First Nations Health 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;*

"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*;

"personal health information" has the same meaning as in section 25.8 of the *Health Protection Act*;

"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 security" means

(a) measures to prevent unauthorized access and loss of Schedule I, IA, II and III drugs, and controlled drug substances;
(b) measures providing for periodic and post-incident review of pharmacy security;
(c) measures to protect against unauthorized access, collection, use, disclosure or disposal of personal health information

"pharmacy services" has the same meaning as in section 1 of the bylaws of the college under the *Health Professions Act*;

"pharmacy technician" 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;

"Schedule I, Schedule IA, Schedule II, or Schedule III", as the case may be, refers to the drugs listed in Schedule I, IA, II or III of the Drug Schedules Regulation;

"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;

Commented [NI1]: Replace the term "personal information" with "personal health information". This change narrows the scope of the personal information with which this bylaw is concerned to conform more closely to the College's enabling statutes – the HPA and PODSA. PODSA s. 21 (1)(a) authorizes the College to make bylaws regarding prescription information and patient records." Such information would be personal health information. "Personal information" is significantly broader in scope. Pharmacies are statutorily obliged to protect the personal information of customers and employees under PIPA.

"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 pharmacist at a central pharmacy site;

"support person" has the same meaning as in the Act except that it does not include a pharmacy technician.

Commented [NI2]: Definition added for clarification.

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 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;

(f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and support persons;

(g) establish policies and procedures to specify the duties to be performed by registrants and support persons;

(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) 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;

(o) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;

(p) 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;

(q) establish and maintain policies and procedures respecting pharmacy security;

(r) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;

Commented [NI3]: Re-numbering of subsections (n) through (r) and deletion of subsection (r.1).

Commented [NI4]: Section 3(2)(n) (above) has been deleted because it is redundant in light of this section – pharmacy security includes measures to prevent unauthorized access, collection, use, disclosure or disposal of personal health information.

(s) notify the registrar of any incident of loss of Schedule I, IA, II drugs or controlled drug substances;

Commented [NI5]: What drug losses trigger duty to notify has been narrowed to these categories; reference to personal information has been deleted because s. 79 of the HPA bylaw requires registrants to notify the College of any unauthorized access, use, disclosure or disposal of personal information about patients as soon as possible.

(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 drugs 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, support persons 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 personal 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.

(bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws;

(3) Subsection (2)(q) 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), (p), (q), (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.

Commented [NI6]: PPP-74 will be revised to clarify that pharmacy managers should notify owners and directors when the manager becomes aware that they are not meeting their obligations under the bylaws. If compliance is not achieved within a reasonable time, the requirement to notify the registrar under this sub-section is triggered.

(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, support persons, 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.

Community Pharmacy Security

11.1 (1) A community pharmacy must:

(a) Keep Schedule IA drugs in a locked metal safe that is secured in place and equipped with a time delay lock set at a minimum of five minutes;

(b) Install and maintain a security camera system that:

(i) has date/time stamp images that are archived and available for no less than 30 days, and

(ii) is checked daily for proper operation.

(c) Install and maintain motion sensors in the dispensary;

(2) When no full pharmacist is present and the premise is accessible to non-registrants,

(a) the dispensary area of a community pharmacy must be secured by a monitored alarm, and

(b) Subject to section 2.1, schedule I, and II drugs, controlled drug substances and personal health information, are secured by physical barriers;

(2.1) A community pharmacy that exists on the date this provision comes into force and is not renovated during the period must comply with section 11.1(2)(b) no later than three years after the date that provision comes into force,

Commented [NI7]: This change would mean that the physical barrier requirement applies immediately to new pharmacies and existing pharmacies that are renovated in the next 3 years. However, existing pharmacies that are not renovated would have 3 years to implement physical barriers. PPP 74 will be revised to explain this transition provision.

(3) Subject to subsection (5), a community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College;

(4) The pharmacy manager and owners or directors of a community pharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises;

(5) A pharmacy that is never open to the public and has no external signage identifying it as a pharmacy is exempt from the requirements in subsections (3).

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, support persons 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 support persons, 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), (o), (r) 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 support persons,

(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.

Commented [AS8]: Was missed in the repeal and replace of the term "pharmacy assistant" to "support person" from April 2016 amendments.

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.

College of Pharmacists of British Columbia

Policy Category: Professional Practice Policy – 74
Policy Focus: Community Pharmacy Security

This policy provides guidance to community pharmacies for complying with community pharmacy security requirements. *Pharmacy Operations and Drug Scheduling Act ("PODSA")* Bylaws section 1, section 3(2)(q), section 3(2)(r), ~~section 3(2)(r.1)~~, section 3(2)(s), section 3(2)(bb), section 3(4) and section 11.1 address community pharmacy security.

POLICY STATEMENT(S):

1. Written Policies and Procedures Regarding Pharmacy Security

Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following:

- Training,
- Pharmacy security equipment,
- Emergency responses,
- Incident review, and
- Pharmacy security evaluation,

Additionally, pharmacy owners and directors should ensure that critical stress debriefing and stress counseling is offered as soon as possible following an incident.

2. Staff Training on Pharmacy Security Policies and Procedures

Pharmacy managers should ensure that staff members are retrained at least annually to maintain knowledge of pharmacy security policies and procedures.

Staff training is critical both to prevent and respond effectively to security breaches. Training includes initial training and periodic review/refresher of skills. Training should include instruction on:

- Operation of security-related equipment, such as security camera, alarms, safes, etc.,
- What to do in the event of a pharmacy security breach, and
- How to handle potential precursors to robbery (e.g., the presence of suspicious customers and phishing style phone calls, etc.).

3. Notification Procedures

~~Pharmacy managers should notify the pharmacy owner(s) and director(s) immediately as soon as the manager becomes aware that the minimum pharmacy security requirements (as defined in~~

Policy Category: Professional Practice Policy – 74
Policy Focus: Community Pharmacy Security

~~PODSA bylaws section 11.1) are not being met by pharmacy staff. The pharmacy manager should ensure that appropriate action is taken to resolve the issue(s).~~

~~The CPBC Complaints Resolution Department via the complaints line **778-330-0967** should be used to notify the registrar of any persistent non-compliance by the pharmacy owner(s) and director(s) with community pharmacy security bylaws and/or this policy.~~

~~*Note: If the pharmacy manager is unavailable, another CPBC registrant can notify the registrar.*~~

As outlined in PODSA bylaws section 3(2)(s), pharmacy managers notify the registrar of any incident of loss of -schedule I, IA, II drugs or controlled drug substances~~drugs or loss of personal information, whether electronic or physical~~. This notification should occur within 24 hours of an occurrence through the Robbery Prevention Portal located in e-Services under the "report an incident" tab. Incidents to be reported include but are not limited to any of the following:

a. Robbery (armed/unarmed) or attempted robbery
b. Break and enter
c. Forgery
d. Theft
e. Drug loss (unexplained or adulterated)
~~f. Loss of personal information (electronic or physical)~~

~~Examples of personal information which can be at risk of loss in a pharmacy can include but are not limited to:~~

- ~~Filled prescriptions waiting to be picked up,~~
- ~~Hard copies of prescriptions, and~~
- ~~Computer hard drives~~

Pharmacy managers should also notify the College Registrar within 24 hours of an incident (via the Robbery Prevention Portal located in e-Services), of the names and counts of the top 5 (by quantity) targeted narcotic and controlled drugs that were taken or diverted.

Additionally, pharmacy managers should provide the College Registrar, within 10 days of an occurrence, with a copy of the mandatory Health Canada report **(Form HC 4010 or HC 4004)** via the

Robbery Prevention Portal located in e-Services containing the complete inventory of drugs (including the drug count) that were taken or diverted.

Pharmacy managers should notify the pharmacy owner(s) and director(s) immediately as soon as the manager becomes aware that they are unable to meet the minimum pharmacy security requirements (as defined in PODSA bylaws section 11.1). If compliance is not achieved within a reasonable amount of time, then the pharmacy manager must notify the registrar of any persistent non-compliance by the pharmacy owner(s) and director(s) with community pharmacy security bylaws and/or this policy as required in PODSA bylaws section 3(2)(bb). The CPBC Complaints Resolution Department via the complaints line **778-330-0967** should be used for this notification.

4. Pharmacy Security Equipment

Safe

The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. The safe should only be open when items are being placed into or removed from the safe. ***It is never appropriate for the safe to be left open; this would defeat the purpose of the time-delay lock security measure*.**

Security Camera System

It is important to ensure that images captured by the security camera system are sufficient to enable law enforcement to identify the criminals. In order to identify a person, specific individual features must be distinguishable.

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

Under the *Personal Information Protection Act* (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras. Guidance on the use of cameras, including security arrangements and policies can be found on the Office of Information Privacy Commissioner's site.

Motion Sensors

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

Monitored Alarms Systems

Independent alarms for the dispensary **are optional**, when a full pharmacist is present **at all times and the premise is accessible by non-registrants.**

Physical Barriers

Physical barriers provide an additional layer of security and deter:

1. Unauthorized access to drugs, including but not limited to:
    - All Schedule I, and II and, controlled drug substances and personal health information ~~III drugs~~.

2. Unauthorized access to personal health information, ~~. Prevents unauthorized individuals from seeing patient and personal health information,~~ including but not limited to:
    - Hard copies of prescriptions,
    - Filled prescriptions waiting to be picked up, and/or
    - Labels, patient profiles, and any other personal health information documents waiting for disposal.

Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. The physical barriers should prevent access.

As per section 11.1(2.1), existing community pharmacies have 3 years (from the date the bylaws are in force) to implement physical barriers. All new pharmacies must have physical barriers. Pharmacies that are renovated within this 3 year period must include physical barriers in the renovations.

When a full pharmacist is present at all times, physical barriers **are optional**.

Signage

The College will send signs to all new pharmacies at the time of licensure approval. In addition, signs can also be ordered via the e-Services portal. Signage provides a consistent province-wide deterrent message that additional layers of security are in place. It is critical that all pharmacies comply with this requirement to ensure that their pharmacy does not become a "soft target".

5. Emergency Response Kit

An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff.

Policy Category: Professional Practice Policy – 74
Policy Focus: Community Pharmacy Security

Pharmacy robberies and break and enters can be very stressful and traumatic events for pharmacy staff. Having an accessible and plain language step-by-step guide on what do if such an event occurs can help pharmacy staff take the steps necessary to appropriately respond to the situation.

6. Incident Review

Incident reviews should be conducted annually to determine concerns about pharmacy security and/or activity trends.

Policies and procedures should be in place regarding a privacy breach response plan consistent with s. 79 of the *Health Professions Act* Bylaws. The plan should provide for notification of affected individuals and other health care providers in appropriate cases. It should also include notification to the College and the Office of the Information and Privacy Commissioner of British Columbia.

7. Pharmacy Security Evaluation

Pharmacy security evaluations should be conducted on an annual basis to identify areas of risk and needed improvements.

College of Pharmacists of British Columbia

125 years

10. Legislation Review Committee

Presented by:

Jeremy Walden

Chair, Legislation Review Committee

d) Drug Schedules Regulation Amendment - Naloxone

Current Legal Status

- Currently, naloxone is scheduled as the following under the BC Drug Schedules Regulation:
    1. Naloxone and its salts (except when used for opioid overdose emergencies outside hospital settings)
    2. Naloxone and its salts when used for opioid overdose emergencies outside hospital settings

- BC Drug Schedules Regulation states that drugs listed in Schedules I, IA, II, III and IV must be sold from licensed pharmacies.
- Therefore, naloxone must only be sold via a prescription or from a licensed pharmacy.

d) Drug Schedules Regulation Amendment - Naloxone

BC Public Health Crisis

- In April 2016, a public health crisis was declared in B.C., along with the formation of a provincial joint task force to address the rising numbers of overdose deaths.
- The Legislation Review Committee recommends to un-schedule naloxone in order to respond to the provincial crisis.
- This change will provide greater accessibility to the drug by authorizing non-pharmacy outlets such as regional health authorities, recovery houses, and safe injection sites to sell (or make available) naloxone.
- Recently, a survey was sent to College Committees and a variety of relevant stakeholders to inform them of the proposed amendment. Most, if not all responses are supportive of un-scheduling naloxone.

d) Drug Schedules Regulation Amendment - Naloxone

MOTION:

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.

SCHEDULE

1 The Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules by striking out the following:

2 Naloxone and its salts when used for opioid overdose emergencies outside hospital settings.

College of Pharmacists of British Columbia

125 years

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

10.d. Drug Schedules Regulation Amendment – Naloxone

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 Schedules Regulation by classifying naloxone as unscheduled in order to provide greater accessibility in an effort to respond to BC's public health emergency regarding the significant increase in opioid overdoses and deaths.

Background

Naloxone is an opioid antagonist. It is used to treat an opioid overdose, be it a natural or synthetic opioid, in an emergency situation.

A significant increase in drug-related overdoses and deaths has prompted provincial health officer Dr. Perry Kendall to declare a public health emergency. In April 2016, this declaration was the first time the provincial health officer has served notice under the *Public Health Act* to exercise emergency powers. BC is the first province to take this kind of action in response to the current public health crisis from drug overdoses.[1]

In response to this public health emergency, on July 27, 2016, BC's Premier Christy Clark announced a newly formed Joint Task Force on Overdose Response headed by provincial health

[1] https://news.gov.bc.ca/releases/2016HLTH0026-000568

officer Dr. Perry Kendall and Clayton Pecknold, director of police services. Other members are still being determined but will include representatives from BC Centre of Disease Control and the ministries of Health and Public Safety.[2]

In February 2016, the Board approved the classification of naloxone as a Schedule II drug (i.e. held behind the counter and sold by pharmacist) in an effort to provide greater accessibility from its prescriptions only status. However, given the increased severity of the opioid crisis, the benefits of even greater accessibility outweigh the risks associated with having naloxone available in non-pharmacy outlets (i.e. un-scheduling it from the Drug Schedules Regulation). See Appendix #1 for further background to the Board decision from February 2016.

Legislative Authority

The legislative authority for the College to amend the Drug Schedules Regulation is outlined in section 22 of the *Pharmacy Operations and Drug Scheduling Act* (PODSA). PODSA 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.

From a federal regulatory perspective, subject to the *Food and Drugs Act* (Canada), Health Canada determines whether a drug must be sold by prescription only or can be sold over the counter (non-prescription status). In the case of naloxone, it is classified as non-prescription if a particular set of conditions are met.

As stated on Health Canada's Prescription Drug List (PDL), naloxone requires a prescription "except when indicated for emergency use for opioid overdose outside hospital settings". As there is no other qualifier to this statement, naloxone does not necessarily have to fall under any other provincial drug schedules when used in this way.

Further, naloxone is listed in the *Controlled Drugs and Substances Act* (Canada) Schedules, however, it is listed under the "but not including" section of Schedule I and therefore is not controlled. Although substances specified in Schedule I to the *Controlled Drugs and Substances Act* are regulated under the Narcotic Control Regulations (NCR), naloxone is excluded from the schedule to the NCR and is therefore not subject to the federal legislative framework.

[2] https://news.gov.bc.ca/releases/2016PREM0082-001361

Discussion

Earlier this year, when Health Canada was modifying naloxone's status on the PDL, in its notice it stated "Health Canada cannot stress enough of the importance of appropriate training of potential administrators of the drug before distribution". In addition, it was stated that "It was suggested that pharmacists can play a major role when naloxone is purchased in a pharmacy; however, this training will take a significant amount of the pharmacist's time. Other distributors such as "take home programs" commented they have had a very high success rate of overdose reversal when they train potential administrators". Accordingly, while the importance of intervention and training by healthcare professionals is seen as valuable by Health Canada, there has been success with programs which provide naloxone outside of a pharmacy setting as suggested in the notice. The College would expect to work with other regulatory authorities, Office of the Provincial Health Officer, and regional health authorities to reinforce the need to educate those who obtain or purchase naloxone.

A second notion, is a legal barrier that exists with the current scheduling of naloxone. Section 2(1) of the Drug Schedules Regulation states "Drugs listed in Schedules I, IA, II, III, and IV must be sold from licensed pharmacies" and section 2(2) states "Unscheduled drugs may be sold from non-pharmacy outlets." This means, that naloxone can only be sold from a pharmacy or via a prescription in hospital settings. Given these legal impediments, unscheduling naloxone will allow non-pharmacy outlets such as regional health authorities (and their respective facilities/programs) along with recovery houses and safe injection sites to sell (or make available) naloxone. This change will help support the greater provincial effort in battling the opioid overdose public health emergency.

On August 10, 2016, the College sent a survey to all of the College committees and a number of relevant stakeholders to inform them of the proposed amendment along with providing an opportunity for them to comment. Most, if not all of the comments received are in support of the College unscheduling naloxone.

Recommendation

The Board approve the proposed Drug Schedules Regulation changes as presented.

Appendix	
1	February 2016 Decision Briefing Note
2	Tagged schedule of Drug Schedules Regulation amendments (waiting for document from Ministry of Health)

College of Pharmacists of British Columbia

BOARD MEETING
February, 18 & 19, 2016

11. Drug Schedule Regulation Amendment: Naloxone

DECISION REQUIRED

Recommended Board Motion:

That the Board approve the following resolution on the condition that Health Canada confirms the amendments to the Prescription Drug List regarding Naloxone.

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 to align with Health Canada's proposed amendments. Health Canada is proposing to revise the Prescription Drug List in order to authorize the use of non-prescription Naloxone for opioid overdose emergencies outside hospital settings.

Background

Naloxone is an opioid antagonist. It is used to treat an opioid overdose, be it natural or synthetic, in an emergency situation.

Health Canada's Proposal

Health Canada proposed an amendment to revise the Prescription Drug List to allow non-prescription use of Naloxone specifically for opioid overdose emergencies outside hospital settings. The proposed amendments are in response to the serious public health concern over the large increase in opioid overdose episodes across Canada, many of which have resulted in loss of life.

In its review of Naloxone, Health Canada completed a Benefit-Harm-Uncertainty assessment. This assessment recommended that Naloxone could safely be administered without the direct supervision of a healthcare practitioner if the person administering the drug has appropriate training. Furthermore, Health Canada has publicly stated, evidence from provincial take-home programs indicate that Naloxone can be administered (intramuscularly) by a layperson and its effects monitored successfully without practitioner supervision. Although an opioid overdose

might be mistakenly diagnosed by a layperson, the injection of Naloxone in a person not overdosing on an opioid will not cause serious harm.

A consultation period on Health Canada's proposed amendments is currently underway until March 19, 2016. If the consultation period results in support for the changes to the Prescription Drug List, Health Canada has committed to waiving the six-month implementation period that usually follows a consultation period. Essentially, this proposed change is likely to be in effect by April 2016.

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.

Subject to the *Food and Drugs Act* (Canada), Health Canada determines whether a drug must be sold by prescription only or can be sold over the counter (non-prescription status). In the case of Naloxone, Health Canada is proposing a mixed approach where it will be classified as non-prescription if a particular set of conditions are met. Once, the change is approved, BC has the opportunity to classify the drug as per the Drug Schedule Regulation.

Typically, for those drugs determined by Health Canada to be non-prescription, the provinces and territories have looked to the National Association of Pharmacy Regulatory Authorities (NAPRA) to assist with non-prescription drug scheduling to ensure public safety of drug therapy. However, BC is unique in that it has its own regulatory authority to autonomously conduct its own drug scheduling.

BC's autonomous process requires CPBC to submit the proposed regulation amendment to the Ministry of Health, Professional Regulation & Oversight branch for a preliminary review. As the topic of Naloxone has been recognized with a sense of urgency, it has been identified as a high priority by the Province (and nationally) and consequently, CPBC has deviated from the typical process for having the drug scheduling recommendation move forward. CPBC's recommendation is currently under preliminary review by the Ministry of Health. Assuming no issues are identified, the Ministry of Health process will continue with a legal review and formal approval.

Discussion

- Currently, Naloxone is a Schedule I drug requiring a prescription. Once Health Canada finalizes its proposed amendments, BC has the option of scheduling non-prescription use of Naloxone (as per the particular set of conditions) as Schedule II, Schedule III, or unscheduled. The prescription use of Naloxone for inside hospital settings will remain as Schedule I.
- On February 2, 2016, an informal telephone consultation with NAPRA informed CPBC staff that due to NAPRA's drug scheduling recommendation process as per its bylaws, a recommendation will be forthcoming after its June 7-8, 2016 meeting. Anecdotally, it has been indicated that the manufacturer developing a submission for NAPRA is proposing a Schedule II recommendation. Additionally, Quebec will classify Naloxone as Schedule II once Health Canada finalizes its proposed amendments to the Prescription Drug List.
- On February 2, 2016 an in-person consultation was facilitated by CPBC in order to gather insight into the appropriate scheduling of Naloxone. Representatives from the College of Physicians and Surgeons of BC, the College of Registered Nurses of BC, the BC Centre for Disease Control (BCCDC), First Nations Health Authority, and the Ministry of Health all had the opportunity to share their views. A majority consensus in favor of Schedule II was received.
- Rationale for supporting the option for Schedule II include:
    - Aligns with other jurisdictions and NAPRA's anticipated recommendation;
    - Provides an opportunity for education on the delivery method (intramuscularly is the only option in Canada at this time, due to availability of current approved manufactured products); and
    - Provides an opportunity for training by a regulated health professional on the appropriate administration and follow-up care that is recommended by BCCDC.
- Limitations to classifying it as Schedule II include limited access as per the operating hours of a community pharmacy and the risk of patients neglecting to purchase Naloxone from behind the counter due to social stigma.
- CPBC is working with the BCCDC to develop educational sessions for registrants. At this time, the plan is to deliver 4 sessions across BC towards the end of March 2016 in order to orient registrants on the anticipated non-prescription status of Naloxone. There is also intent to video tape one of the sessions and post it to CPBC's website in order to have the educational content accessible to registrants that are unable to attend in person. The content and delivery of the education session will be developed by BCCDC.

Recommendation

The Board approve the proposed drug schedule regulation changes as presented.

Appendix	
1	Draft schedule of Drug Schedule Regulation amendments

APPENDIX

I *The Drug Schedules Regulation, B.C. Reg. 9/98, is amended in the Schedules by striking out thefollowing:*

2 Naloxone and its salts when used for opioid overdose emergencies outside hospital settings.

[August 30, 2016)

[For administrative purposes only - R/741/2016/33]

College of Pharmacists of British Columbia

125 years

11. College Name Change

Presented By:

Sorell Wellon

Board Member

Reflecting Change in College Responsibilities

In 2010, the responsibilities of the College of Pharmacists of BC were expanded to include regulating pharmacy technicians in BC.

Since then, the College's name has not reflected its role in regulating both pharmacists and pharmacy technicians.

College of Pharmacists of British Columbia

125 years

Pharmacy Regulator Names Across Canada

BC	AB	MB	ON
College of Pharmacists of British Columbia	Alberta College of Pharmacists	College of Pharmacists of Manitoba	Ontario College of Pharmacists
NB	**NS**	**PEI**	**NL**
New Brunswick College of Pharmacists	Nova Scotia College of Pharmacists	Prince Edward Island College of Pharmacists	Newfoundland and Labrador Pharmacy Board
SK			
Saskatchewan College of Pharmacy Professionals			

College of Pharmacists of British Columbia

125 years

College Board Direction

- 2013 – Directed the College to investigate the scope of an official and unofficial name change in 2013
- 2014 – College Name change discussed again by the Board (no decision made)
- 2014/15 – College met with Ministry of Health and legal counsel to learn more about what a College name change would entail
- 2015 – Board directed Registrar to engage with stakeholders on changing the College name and report back at the September 2016 meeting

College of Pharmacists of British Columbia

125 years

Role of Provincial Government in College Name Change

A College name change falls under the responsibility of the Provincial Government, not the College.

- A College name change would require the Legislature to amend the Health Professions Act and any other legislation that names the College
- A College name change would likely not be prioritized above addressing other high priority regulatory issues
- Development of regulatory amendments to change the College's name could be an opportunity to consider other amendments that could be made at the same time

College of Pharmacists of British Columbia

125 years

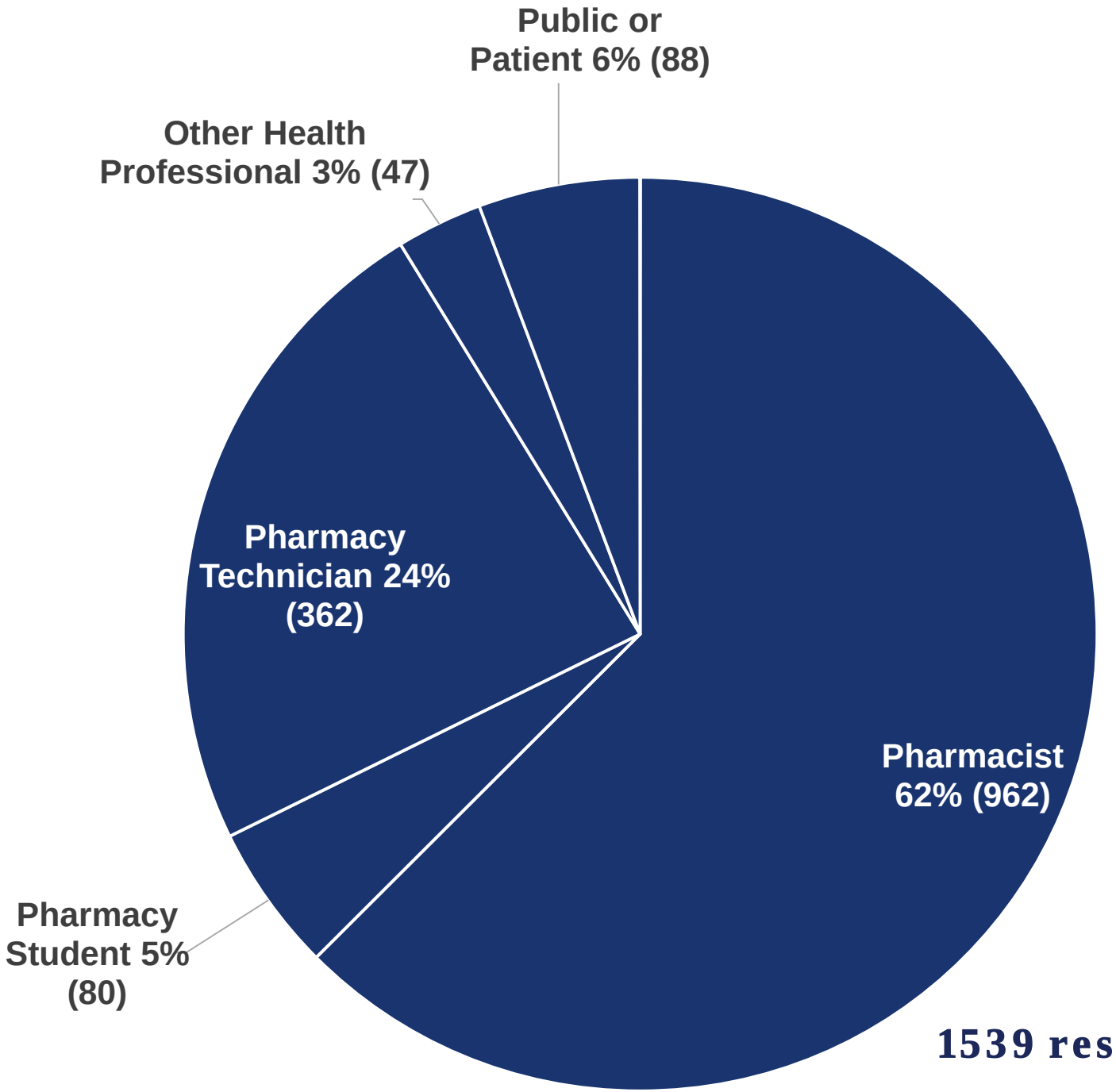
College Name Change Engagement

- Launched College name change engagement on August 12, 2016
- Asked for feedback through an online survey over a three week period
- Survey closed on September 5, 2016

College of Pharmacists of British Columbia

125 years

Who we heard from

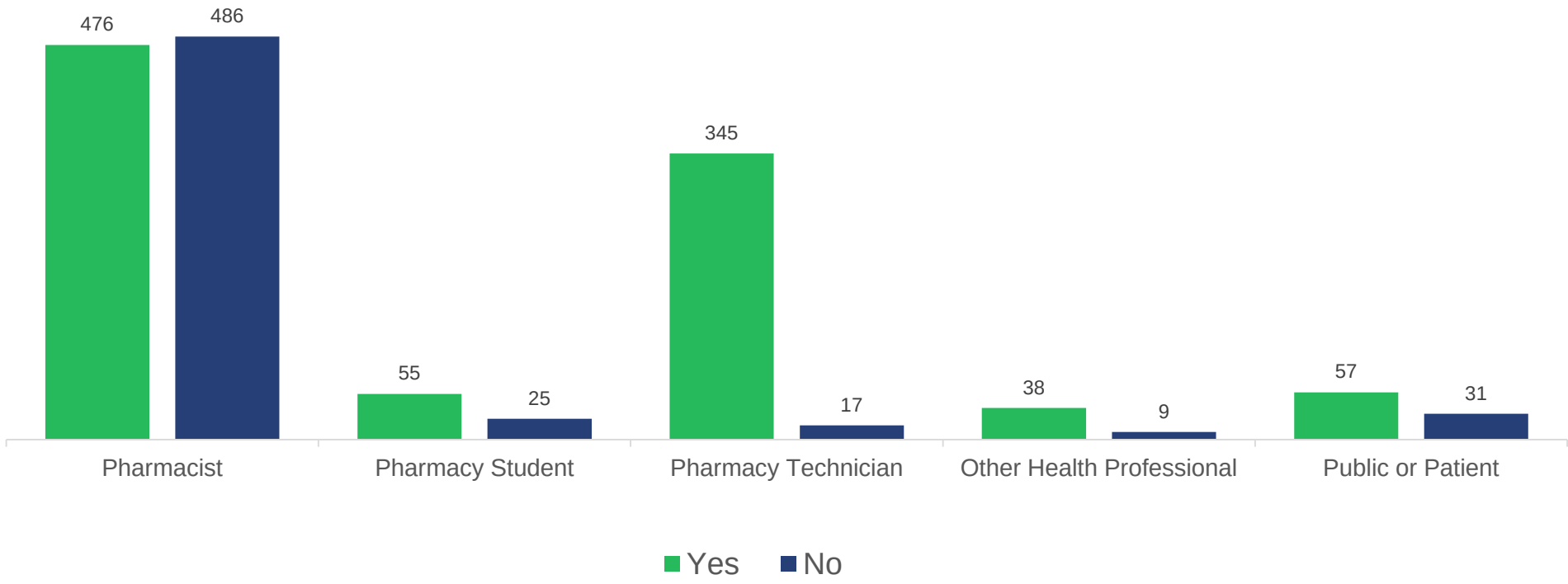


1539 responses

College of Pharmacists of British Columbia

125 years

Response by Respondent Group
Should the College Change its Name?



College of Pharmacists of British Columbia

125 years

Overall Response
Should the College Change its Name?

College of Pharmacists of British Columbia
125 years

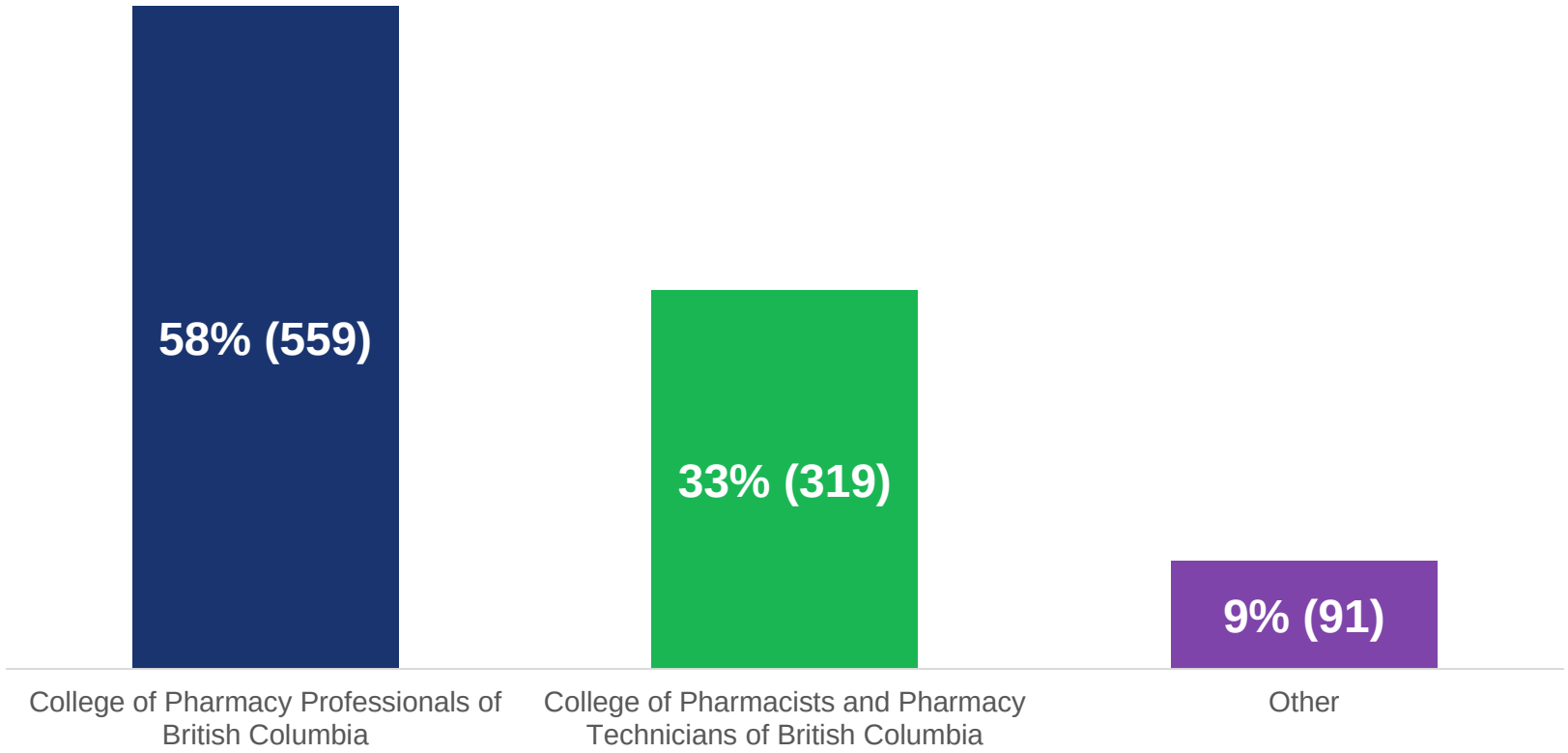
Names for Consideration

We asked respondents who indicated the College should pursue changing its name were asked which name they would encourage the College to consider.

The options provided were:

- College of Pharmacy Professionals of BC
- College of Pharmacists and Pharmacy Technicians
- Other (with an invite to suggest an alternative name)

Overall Responses
Names for Consideration



College of Pharmacists of British Columbia
125 years

11. College Name Change

MOTION 1:

Approve pursuing an official name change for the College of Pharmacists of British Columbia.

MOTION 2:

Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy of British Columbia.

College of Pharmacists of British Columbia

125 years

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

11. College Name Change

DECISIONS REQUIRED

Recommended Board Motions:

Approve pursuing an official name change for the College of Pharmacists of British Columbia.

Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy Professionals of British Columbia.

Purpose

To report back on the ongoing results of the College's online engagement with registrants on an official College name change.

Background

The notion of changing the College name has been discussed at the Board table since pharmacy technicians became regulated in 2010.

Several Canadian pharmacy regulators who register pharmacy technicians are facing the same challenge (see chart below). In October 2015, the Saskatchewan regulator changed its official name from the Saskatchewan College of Pharmacists to the Saskatchewan College of Pharmacy Professionals.

BC	AB	MB	ON
College of Pharmacists of British Columbia	Alberta College of Pharmacists	College of Pharmacists of Manitoba	Ontario College of Pharmacists
NB	**NS**	**PEI**	**NL**
New Brunswick College of Pharmacists	Nova Scotia College of Pharmacists	Prince Edward Island College of Pharmacists	Newfoundland and Labrador Pharmacy Board
SK			
Saskatchewan College of Pharmacy Professionals			

The Board first directed the College to investigate the scope of an official and unofficial name change in 2013. The name change was discussed again by the Board in April 2014 where they reviewed issues associated with an official and unofficial name change. Legal counsel informed the College that an official name change was the best course of action, but it would be a long process to implement a name change, as it requires the Legislature to amend the *Health Professions Act* and any other legislation that names the College.

College staff also met with Ministry of Health representatives who confirmed that an official College name change would require a regulatory amendment. In addition, similar to the College's legal advice, Ministry staff also raised concerns that an "unofficial" name change would be misaligned with the public protection role of the College.

Ministry representatives also noted that a College name change project could become larger than anticipated. Development of regulatory amendments to change the College name would create a useful opportunity to consider other potential amendments that could be made at the same time (e.g., regulatory amendments to insert some College bylaw provisions into regulation as appropriate, etc.). They also advised that a College name change would likely not be prioritized by the Ministry above addressing other high priority regulatory issues.

With this in mind, in September 2015, the Board passed a motion for the Registrar to engage with stakeholders on changing the College name and report back at the September 2016 meeting.

College Proposed Name Change Engagement

The College launched an engagement on a proposed College name change on August 12 to learn how pharmacy professionals, other health stakeholders and the public feel about a College name change. The online survey was open until September 5, 2016 – providing a three week period for feedback to be submitted.

The survey asked whether the College should pursue changing its name to reflect our role in regulating both pharmacists and pharmacy technicians in BC. It also asked for input on suggested new names for the College. Options included:

- *College of Pharmacy Professionals of BC,*
- *College of Pharmacists and Pharmacy Technicians, and*
- *Other (with an invite to suggest an alternative name).*

Appendix	
1	College Name Change – Results of Online Engagement

College of Pharmacists of British Columbia

College Name Change

Results of Online Engagement

September 9, 2016

Introduction

In 2010, the responsibilities of the College of Pharmacists of BC were expanded to include regulating pharmacy technicians in BC. Since then, the College's name has not reflected its role in regulating both pharmacists and pharmacy technicians. Several Canadian pharmacy regulators who register pharmacy technicians are facing the same challenge and are considering name changes. Recently, the Saskatchewan regulator changed its official name from the Saskatchewan College of Pharmacists to the Saskatchewan College of Pharmacy Professionals.

The College Board has acknowledged the issue with the College's name. At the same time, the Board also recognizes that the provincial government is ultimately responsible for the decision to change the College's name as it would require a regulatory amendment. It is also clear that there would be a significant amount of work required to complete the name change, which would not take priority over the College's important work in regulating pharmacy and protecting public safety.

The College Board felt that it was important to hear from others on this issue. In September 2015, the College of Pharmacists of BC Board passed a motion for the Registrar to engage with stakeholders on changing the College name and report back at the September 2016 meeting.

The College launched an engagement on a proposed College name change to learn how pharmacy professionals, other health stakeholders and the public feel about a College name change. The online survey was open from August 12 open until September 5, 2016 – providing a three week period for feedback to be submitted.

The survey asks whether the College should pursue changing its name to reflect our role in regulating both pharmacists and pharmacy technicians in BC. It also asks for input on suggested new names for the College.

Over 1500 contributed to the survey during the three week period. We'd like to thank everyone who took the time to share their thoughts on a College name change.

Who We Heard From

The College heard from pharmacy professionals, other health stakeholders and the public through an online survey and through social media.

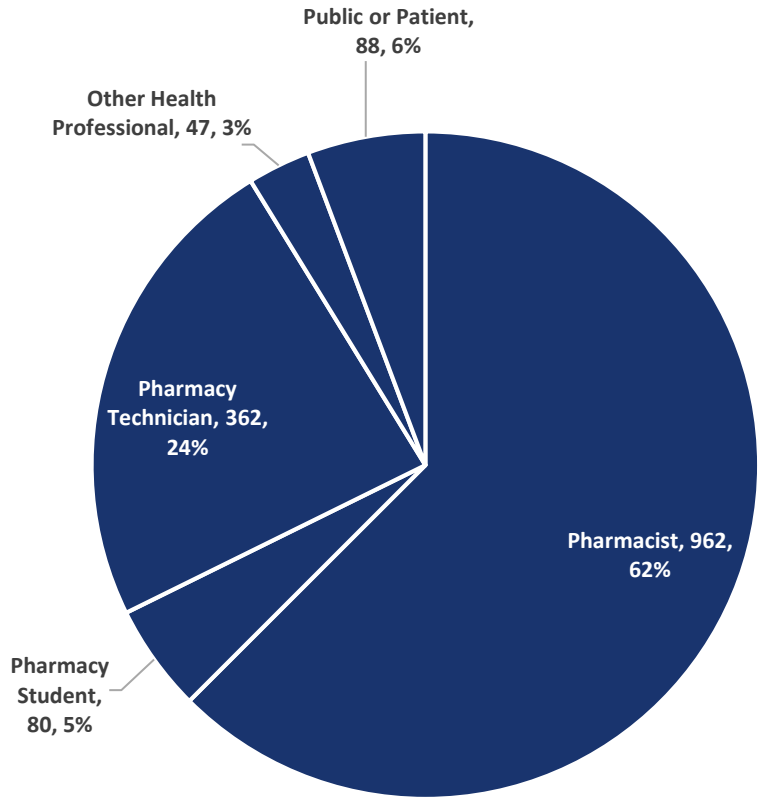
Online Survey

The College's name change survey was shared with all registrants by email. It was also shared with other health regulators, organizations and patient stakeholder groups. The College received 1539 responses to its name change survey.

Survey participants indicated whether they were a pharmacist, pharmacy student, pharmacy technician, other health professional or member of the public. These make up the five respondent groups identified in this report.

Pharmacists (with 962 responses), followed by pharmacy technicians (with 362 responses) had the highest response rate. Those who identified as a patient or member of the public had the third highest response rate.

Online Survey Participation



Social Media

The College used social media to build awareness of the College name change online engagement and encourage those interested to participate in the survey. College name change posts on Twitter and Facebook were viewed over 130,000 times (impressions). Only a small number of comments were shared through social media (less than 5), however this was expected as the primary focus of the social media posts were intended encourage participation in the survey.

ReadLinks Blog

The College published two different ReadLinks articles on the College's website that provided context for the College Name Change Engagement and encouraged participation in the survey.

The first article, *What's in a Name? College Explores Official Name Change*, was published on August 12, 2016 and introduced the College Name Change Engagement. The article received over 770 unique views.

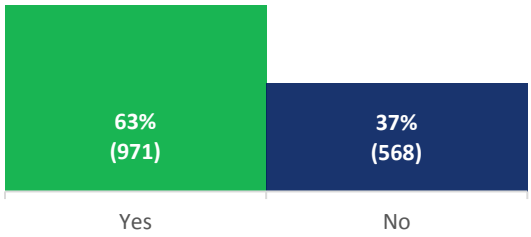
The second article published was a guest post by Pharmacy Technician Society of BC Director Bal Dhillon. In this article, *Guest Post: Thoughts on the College name change*, Bal shared her thoughts on the name change and encouraged others to participate in the survey. The article was published on August 24, 2016 and was viewed by over 370 unique visitors.

Should the College Change its Name?

We asked survey respondents to tell us if the College should pursue changing its name to better reflect the College's role in regulating both pharmacy technicians and pharmacists in BC. Participants were asked to indicate yes or no to the question and were given the opportunity to provide additional comments.

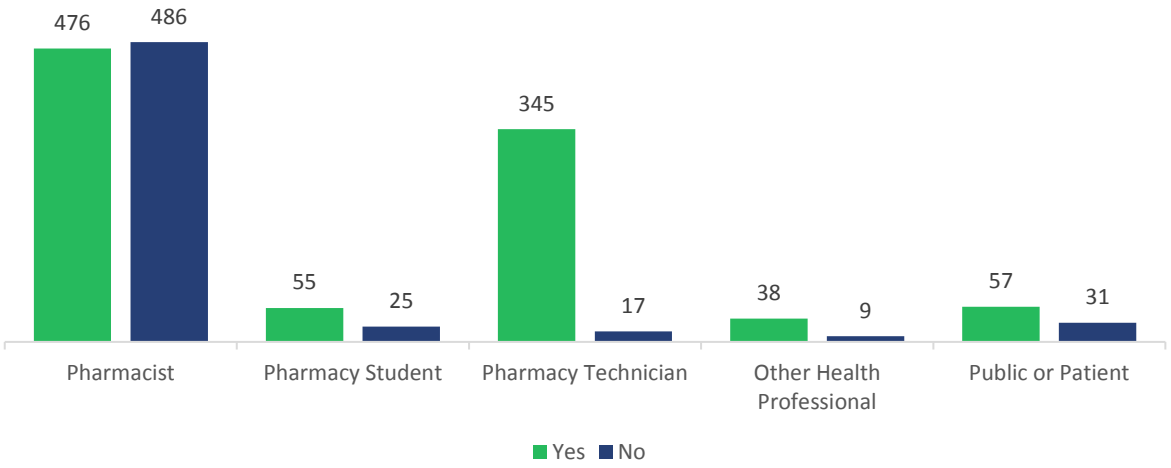
Overall, 63% indicated that the College should change its name to better reflect the College's role in regulating both pharmacy technicians and pharmacists in BC. The remaining 37% did not think that the College should change its name.

Overall Response - Should the College Change its Name?



While the overall response indicated support for a College name change, not every respondent group felt the same way.

Response by Respondent Group - Should the College Change its Name?



Pharmacists

Pharmacist responses on changing the College's name change were split. Out of the 962 responses received from pharmacists, 50.5% indicated the College should not pursue a name change, while 49.5% indicated the College should pursue a name change.

Pharmacy Students

Pharmacy student responses were mostly in favour of a College name change. Of the 80 pharmacy students who responded to survey, 68.8% indicated the College should pursue a name change. The remaining (31.3%) of respondents were not in favor of a name change.

Pharmacy Technicians

Pharmacy technician responses were largely in favour of a College name change. Out of the 362 responses received from pharmacy technicians, 95.3% indicated the College should pursue a name change. Only 4.7% of Pharmacy Technicians who responded to the survey indicated they did not support the College pursuing a name change.

Patients and Members of the Public

Responses from those who identified as a patient or member of the public were mostly in favour of a College name change. Of the 88 responses in this respondent group, 64.8% were in favour of the College pursuing a name change. The remaining (35.2%) of respondents were not in favor of a name change.

Other Health Professionals

Responses from other health professionals were also largely in favour of a College name change. Of the 88 responses received, 80.9% indicated the College should pursue a name change. 19.1% indicated that the College should not pursue a name change.

As a pharmacy tech the current name does not at all represent me. It should be changed.
– Pharmacy Technician

If pharmacy technicians are also regulated, the current name is misleading - not adequately descriptive/inclusive.
– Member of the Public

The name should be changed to BC College of Pharmacy because you also regulate pharmacies as well as the people working in them. – Pharmacist

It's just a name and it's not worth all the overhead costs just to change it. I think the general public assumed, even before technicians were regulated by the College, that technicians fell under this category.
– Member of the Public

I didn't know the College regulated pharmacy technicians. The name is not clear currently.
– Other Health Professional

Time for a fresh and more modern relevant name.
– Member of the Public

Names for Consideration

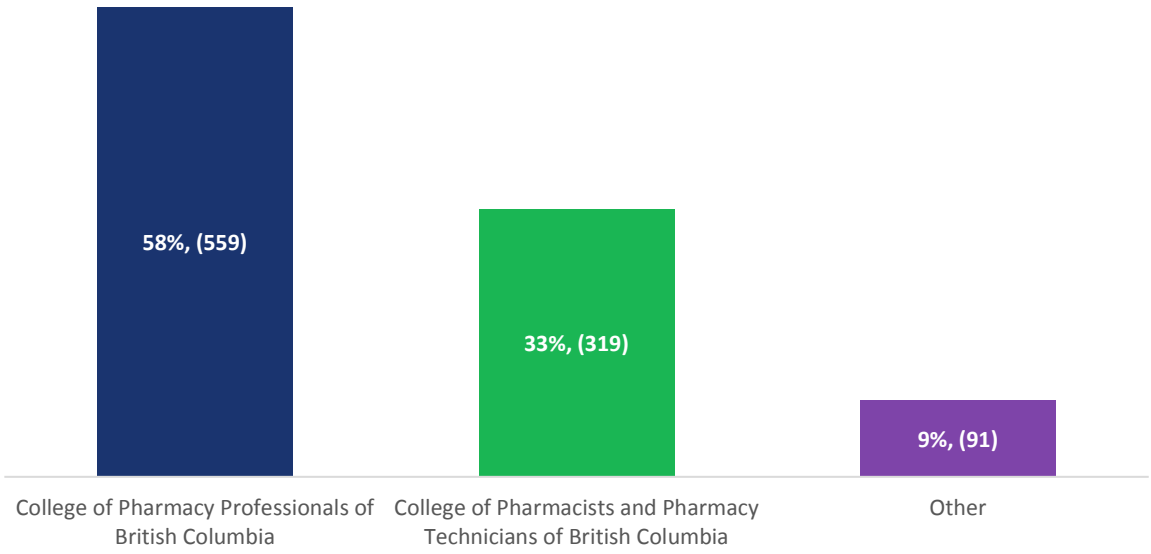
The 971 survey respondents who indicated the College should pursue changing its name were asked which name they would encourage the College to consider.

The options provided were:

- College of Pharmacy Professionals of BC,
- College of Pharmacists and Pharmacy Technicians, and
- Other (with an invite to suggest an alternative name).

Overall the majority of respondents (58%) recommended the name "College of Pharmacy Professionals of British Columbia" for a possible College name change. The name suggestion of "College of Pharmacists and Pharmacy Technicians" was selected by 33% of respondents. The remaining 9% provided alternative suggestions.

Overall Results – Names for Consideration



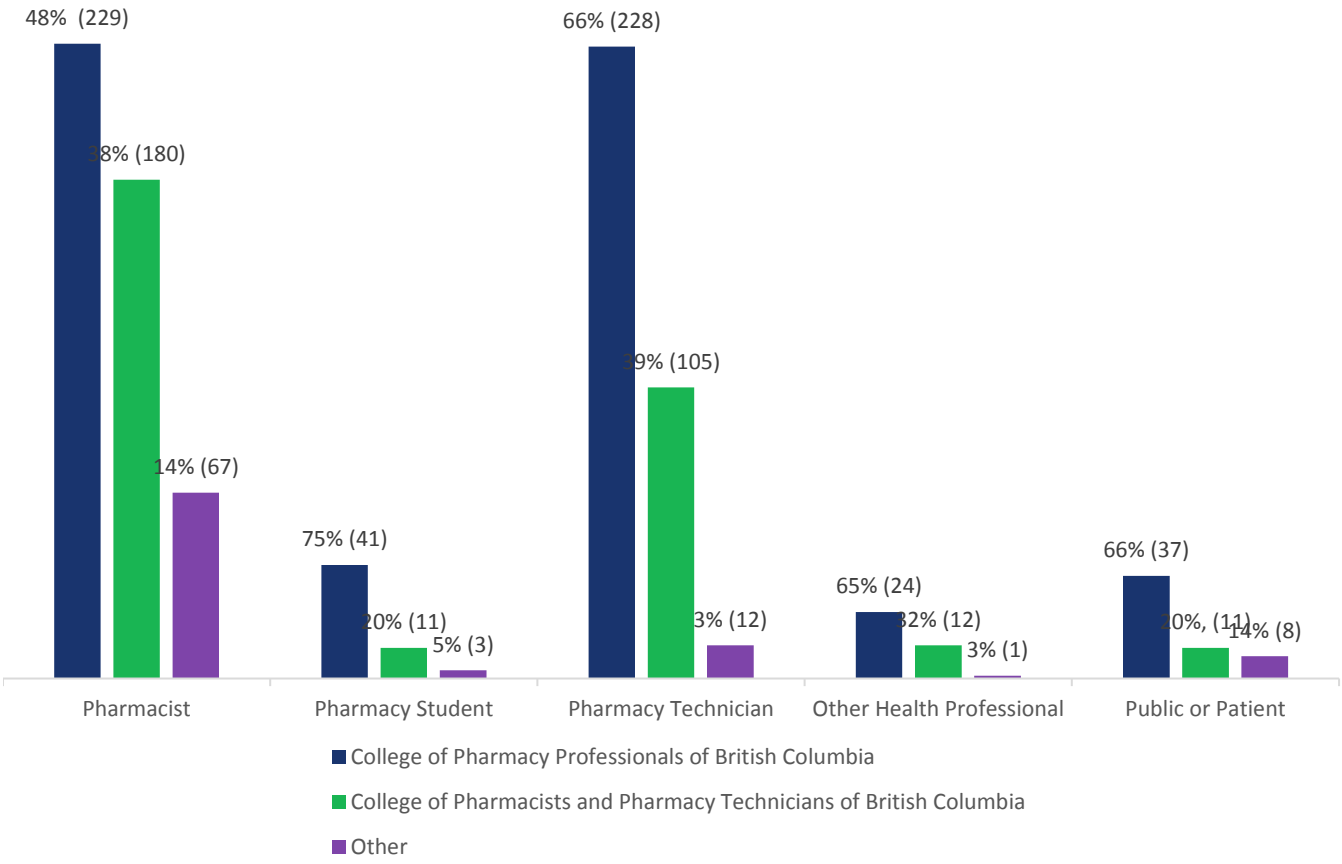
The preference for "College of Pharmacy Professionals of British Columbia" continued across all the respondent groups as the majority consensus. However, the amount of support for names varied.

Pharmacy students had the highest level of support for the name “College of Pharmacy Professionals of British Columbia” with 75% of the respondent group suggesting it for a possible College name change. Both pharmacy technicians and members of the public showed the second most support for this name with 66% of each group recommending it. Other health professionals also indicated 65% support for “College of Pharmacy Professionals of British Columbia”.

Pharmacists were more closely split between the two suggested names for a College name change. Only 48% of pharmacists chose “College of Pharmacy Professionals of British Columbia”.

While the suggested name of “College of Pharmacists and Pharmacy Technicians” did not receive the majority of support from any of the respondent groups, it received just under 40% support from both pharmacy technicians (39%) and pharmacists (38%).

Response by Respondent Group – Names for Consideration

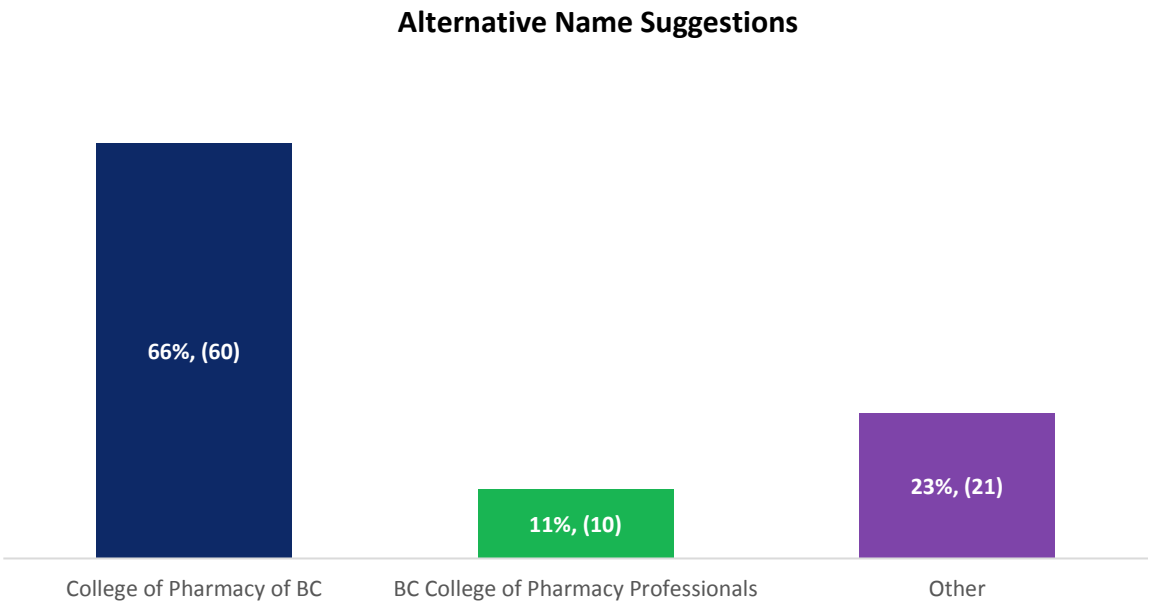


Alternative Name Suggestions

In seeking input on a possible College name change, we also invited respondents to provide us with additional name suggestions. Of the 971 survey respondents who indicated the College should pursue changing its name, 91 chose to provide an alternative name.

Within the alternative names suggestions received there was a clear trend towards "College of Pharmacy BC". Over 65% of the "Other" responses included versions of "College of Pharmacy of BC" or "BC College of Pharmacy".

A smaller trend of 11% (10 out of the 91 responses) suggested changing the order of "BC" to become "BC College of Pharmacy Professionals".



Other name suggestions provided by respondents included:

- College of Pharmacists and Technicians of BC,
- British Columbia Board of Pharmacy,
- Certified Pharmacy Professionals of British Columbia,
- College of Pharmacy Practitioners of British Columbia,
- College of Pharmacy Practice & Regulations,
- Pharmacy Authority of British Columbia,
- College of Pharmacists and Registered Pharmacy Technicians of British Columbia,
- College of Pharmacy Registrants of British Columbia, and
- College of Pharmacy and Pharmacy Affairs.

Comments on Pursuing a College Name Change

The College received over 460 comments through the survey that expressed thoughts on whether the College should pursue changing its name to better reflect the College's role in regulating both pharmacy technicians and pharmacists in BC.

Pursuing a College Name Change

We heard that a name change was important to clarify the College's role in regulating pharmacy technicians to ensure the public recognizes that pharmacy technicians are a regulated health professional that must adhere to the College's *Code of Ethics* and follow legislated requirements. Others felt that accuracy in both name and practice were important. We also heard that the current name could be misleading to the public by only referencing pharmacists. Pharmacy technicians also felt that a name change would build greater awareness of this newly regulated health profession in BC and help address issues that arise when other health professionals and the public are not aware of the scope of practice provided to the profession.

As a pharmacy tech the current name does not at all represent me. It should be changed. – Pharmacy Technician

Time for a fresh and more modern relevant name. – Member of the Public

A name change will inform the community that there are now more than just Pharmacists who require a license to practice in a pharmacy. – Pharmacy Technician

I didn't know the college regulated technicians. Not clear currently. – Other Health Professional

As a regulated technician, I am strongly in favor of this! College of Pharmacy Professionals has a lovely ring to it! – Pharmacy Technician

The name should be changed to BC College of Pharmacy because you also regulate pharmacies as well as the people working in them. – Pharmacist

The College should change its name to include pharmacy technicians because accuracy is part of pharmacy and Pharmacy Techs are hard-working, regulated professionals. – Pharmacy Technician

If pharmacy technicians are also regulated, the current name is misleading - not adequately descriptive/inclusive. – Member of the Public

I think College of Pharmacists, pharmacy professionals, doesn't adequately communicate to the public the primary role of the regulating body which is to protect the public. – Pharmacist

I think it is clearer for the public and others to know who what professionals you are regulating. – Other Health Professional

Clarity matters here. The proposed name change would capture the broadened scope and mandate of the College. This particularly important for public perception of the profession and its changing scope of practice. – Other Health Professional

Retaining the College's Current Name

We also heard that some think it is unnecessary to change the College's name – that our name is already well known for its role in regulating all pharmacy professionals in BC. Others felt that the benefit of providing more clarity through a name change would not outweigh the time and cost that would likely be required to change the College's name. Some also felt that a name that reflected both professions could mislead the public into thinking that pharmacists and pharmacy technicians have the same scope of practice.

I do not feel that it is necessary to change the name to include technicians. We are all under the same umbrella of pharmacy. – Pharmacy Technician

I believe the name is already quite clear and aligned with all the other regulatory colleges. – Member of the Public

Technicians are still working under the guidance of, or in co-operation with pharmacists. Leaving the name the same does somewhat reflect that for the general public. As such, I am comfortable with leaving the name the same. I do not, and will not, feel excluded from having the college keep its name unchanged. – Pharmacy Technician

The College should not spend money on a name change, better to spend it elsewhere. – Pharmacy Technician

If there is no chance that implementing this change would lead to an increase in yearly dues then I would say yes to a name change, but if there is a cost associated with the change that could not be covered by the current budget and requires an increase then I do not support a name change. – Pharmacy Technician

It's just a name and it's not worth all the overhead costs just to change it. I think the general public assumed, even before technicians were regulated by the College, that technicians fell under this category. – Member of the Public

I believe the focus should be on the patient - as opposed to the different types of professionals within it. The College of Pharmacists is an established name that is clear to understand. Any name change should be driven by public/patient need/benefit. Unless people are contacting the College with issues about the name, I don't think time and money should be spent changing it. – Member of the Public

Most people don't know the difference. Change it if there is doubt in the profession, but it's not needed for the public. – Member of the Public

Although it is a great idea to have an inclusive name which will better reflect the role of the College, I personally think the College of pharmacists BC should keep its current name. Instead of going though complex name changing process, the College could work to inform the public and related health professionals about the changed role of the College. – Pharmacy Student

A name change may give the wrong impression to the public that pharmacists and pharmacy technicians are equivalent as they are governed by the same College. – Pharmacy Student

The name has little bearing on the role of the College to regulate its members. It is also a change that costs significant financial amounts that could be diverted to another effort. – Pharmacy Student

So long as the public is aware of the role of pharmacy technicians and their regulation, the name does not need to be changed. – Pharmacy Student

I don't think it is necessary. I don't think the public is confused by the role the College plays in regulating those working in pharmacies. It would have to be a really good new name! – Other Health Professional

Other Comments

Some respondents suggested that separate Colleges for the different regulated health professional roles in pharmacy would help provide clarity. This suggestion is outside of the scope of the College Name Change Engagement and is not an option the College is considering pursing.

Each profession should have its distinct and independent regulator. – Member of the Public

I feel that such a name change will confuse the public as to what the technicians do and what the pharmacists do. I would prefer a separate lineage for technicians. – Pharmacy Student

The College of Pharmacists has proudly served the public for many years and it should remain a prestigious College as it so named. A separate College of Pharmacy Technicians should be created to govern a profession that so often be confused as "pharmacists". The service I received from a technician at a drugstore has been quite different than from a pharmacist. Grouping it together create an expectation that would be too high for the public and oversight will follow if you are talking to a technician. – Member of the Public

Conclusion

The majority of feedback to the College's Name Change Engagement suggested that the College should consider changing its name to better reflect the College's role in regulating both pharmacy technicians and pharmacists in BC. However, feedback also emphasized that the College should take into consideration the time and cost that may be involved in completing an official name change.

"College of Pharmacy Professionals of British Columbia" received the most support from survey respondents a new name for consideration. Consideration should also be given to the alternative name suggestion of "College of Pharmacy of BC" which was the clear consensus among those who suggested other names and reflects the College's regulation of both pharmacy professionals and pharmacies.

The results of the this Name Change Engagement will provide the College Board with valuable feedback from pharmacy professionals, other health stakeholders and the public that can aid in Board discussions and decision making. Ultimately, the Provincial Government is responsible for the decision to change the College's name. This report is intended to assist the Board in forming a decision on whether to begin discussions with the Provincial Government's Ministry of Health on a College name change.

Injecting Innovation into BC's Health Framework:

The BC Select Standing Committee on Health Experience

Aaron Sihota
College of Pharmacists of BC
September.16th, 2016

Objective(s):

- Recognize the BC Select Standing Committee on Health's Strategic Mandate and current areas of focus as well as the public consultation process and the unique role of the profession pharmacy in the conversation

- Learn about committee member feedback on the proposed provincial Health Innovation Council in relation to strategic priorities of the Ministry of Health

- Explore the innovation and regulation conundrum and what role our College could play in addressing an area of unmet need and emerging relevance to patient safety and care

BC Standing Committee for Health

- One of nine permanent all-party committees of the Legislative Assembly of British Columbia
- Composed of Members of the Legislature with a mandate to identify strategies for maintaining the sustainability and quality of B.C.'s health care.

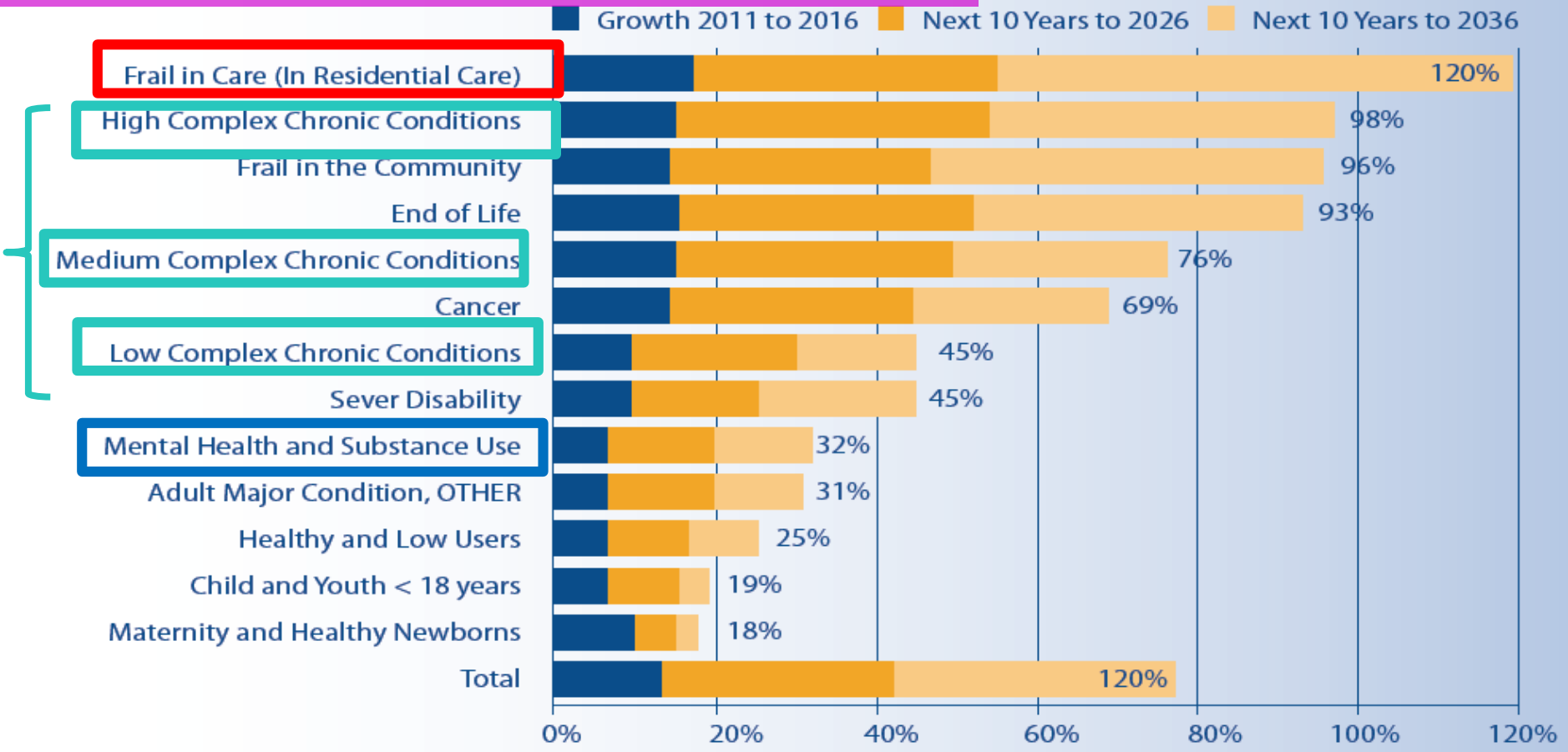
Strategic Priorities for BC Health

- Sets out the broad strategy and future direction of the British Columbia health care system.
- Released in 2014

GROWTH IN DEMAND FOR HEALTH CARE BY POPULATION SEGMENT

IMPACT OF PROJECTED GROWTH IN B.C. POPULATION

Setting Priorities for the BC Health System (Feb 2014)



BC Healthcare Sustainability Solutions

1. How can we improve health and health care services in rural British Columbia?
2. How can we create a cost-effective system of primary and community care built around interdisciplinary teams?
3. How can we enhance the effectiveness of addiction recovery programs?

We suggested one broad solution addressing each of the above

The Gap

What's the issue:

BC currently does not have an established guiding body to provide direction on the integration of health technology innovation into the BC health care system.

New models of healthcare delivery are relying more and more on the integration of health tech to enhance patient care and maximize cost containment.

Includes pioneering new models of integrated working across the primary care sector

BC Innovation Council (BCIC)

The mandate of the BCIC:

- To advance commercialization in British Columbia through focused support to startup companies and facilitation of partnerships between industry and academia;
- To work with willing partners in industry, academia, government and associations that support entrepreneurship and the development of entrepreneurial talent.

BC Innovation Council (BCIC)

- BCIC's cross sector strategy deals with commercialization of technology across 8 sectors:
- Agrifoods, Natural Gas, International Education, Tourism, Technology, Transportation, Mining and Forestry **of which healthcare is not one.**

Ontario Health Innovation Council (OHIC)

Established by the Ontario government in 2013.

Experts from:

Health care, research, academia, business and not-for-profit sectors.

Mandate was to provide recommendations on how Ontario could accelerate the adoption of new technologies in the health care system and support the growth of Ontario's health technology sector.

Ontario Health Innovation Council (OHIC)

- *Facilitate technological innovations that promote health and well-being,*
- *improve access to health services, and deliver effective, efficient, and quality care*
- *use the purchasing power of the province and broader public sector strategically to accelerate the growth of the health technology sector*
- *expand the adoption of new technologies more broadly across the health care sector (e.g., hospitals, home and long-term care settings).*

Where does OHIC currently stand?

All recommendations accepted by the Ontario government

The Office of the Chief Health Innovation Strategist (OCHIS)

September 2015

A catalyst to help accelerate health technology commercialization efforts in Ontario.

OCHIS works on behalf of health technology innovators to remove barriers and improve access to Ontario's health care system.

Goal is to grow businesses and build a health innovation ecosystem in Ontario.

The Office of the Chief Health Innovation Strategist (OCHIS)

September 2015

- Optimize pathways to adoption and diffusion for innovative Ontario health technologies
- Shift the health care system to strategic, value-based procurement
- Provide better care closer to home via virtual, mobile and digital health technologies
- Empower Ontarians by building a dynamic market of ehealth to navigate and personalize their path to health and wellness
- Enhance Aboriginal health by advancing opportunities for innovation to address health challenges in their communities.

PROVINCIAL STRATEGY For Health Transformation Information Management and Technology (2015 Policy Paper)

Current Health Sector IM/ IT Challenges

1. Lack of a common sector-wide vision and approach for IM/ IT.

2. Distributed IM/ IT governance and limited business representation and leadership.

3. Multiple funding sources and lack of long-term investment strategy.

Examples of notable cross-sector collaboration:

- Michael Smith Foundation (Centre for Healthcare Innovation and Improvement)
- Centre for Drug Research and Development (CDRD)


“Establish a working group involving the Ministry of Health, industry and health sector partners to develop policy, strategies and tools that will enable uptake of innovations that improve outcomes, productivity and sustainability of the healthcare system”
#BCTECH Strategy
Jan 2016

BC Standing Committee for Health

Primary Recommendations

- Establish a BC Health Innovation Council type of body
- Alternate: Include healthcare as one of the sectors under the BCIC mandate
- Ensure front-line clinician representation on any such advisory group

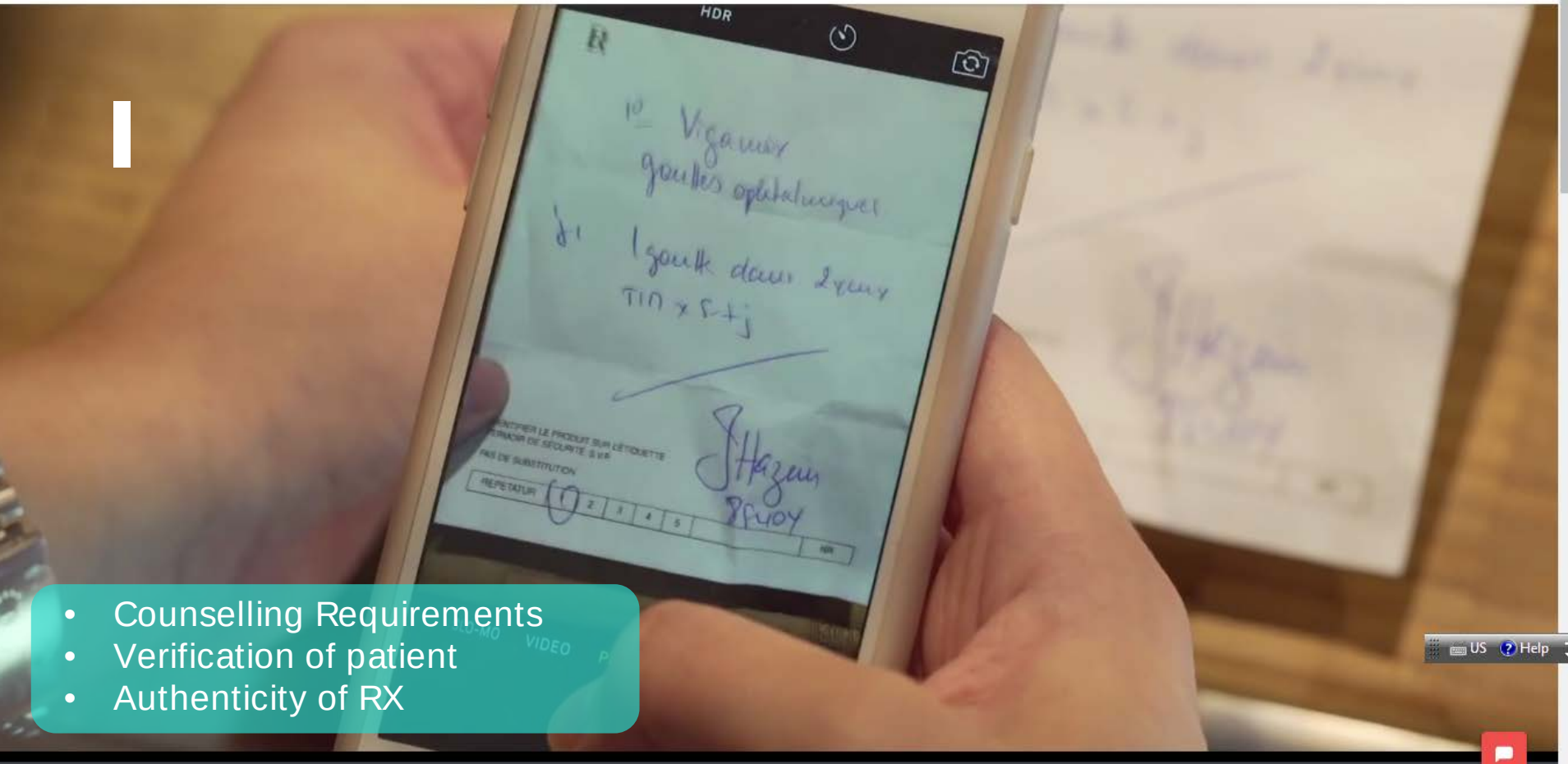
- Prioritize as part of #BC Tech Strategy

Committee Reaction

New Models of Care Meet Pharmacy in BC

TELEHEALTH SOLUTIONS

- Bringing patients closer to clinicians
- New models of care



- Counselling Requirements
- Verification of patient
- Authenticity of RX

Virtual Medical Clinics In Pharmacies

Walk-In Clinics
Walk-In Clinic Wait Times

Kelowna Doctors
Family Doctors Accepting New Patients

A GP For Me
Doctors Accepting Patients 65+

The Virtual Walk-In Clinic

Using a secure web application, which connects patients with healthcare providers for private video visits, you can now visit a doctor without having to go to a walk-in clinic.
In as little as 20 minutes, you can visit with a licensed physician to assess a variety of conditions. Use the virtual walk-in clinic for:

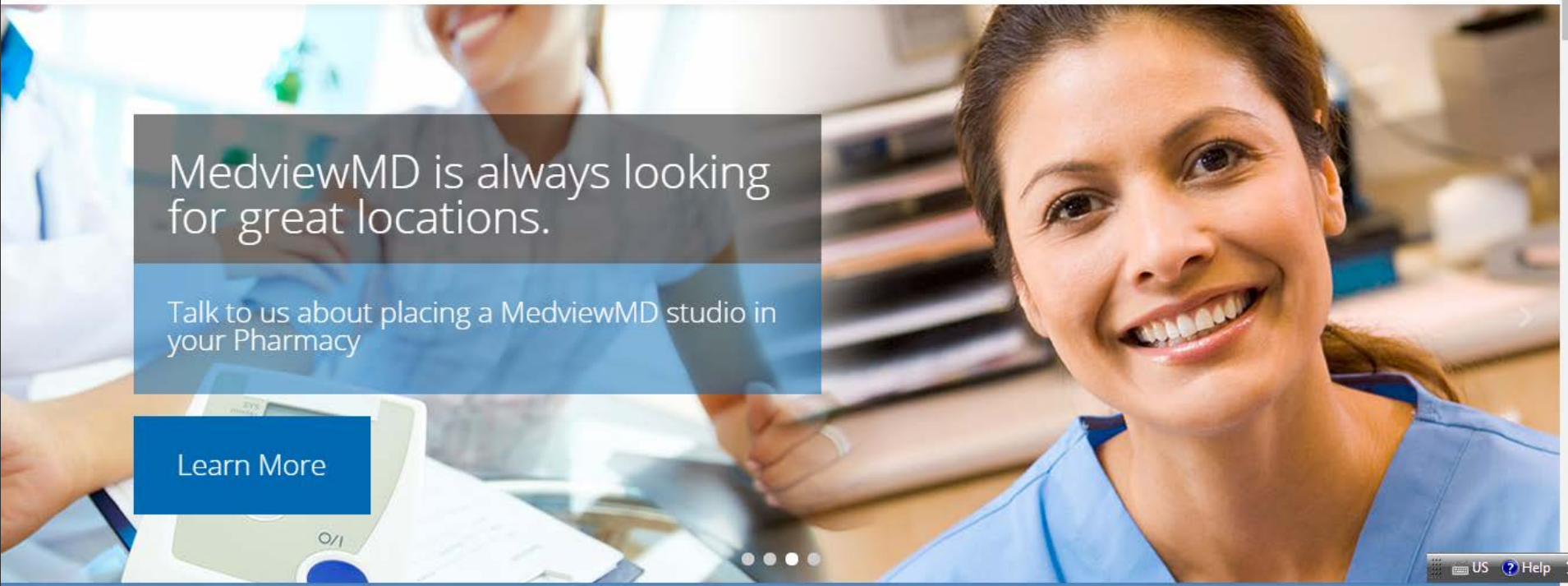
- General consultations
- Counseling
- Prescriptions
- Lab requisitions
- Referrals to specialists

Walk-Ins and the Shortage of Doctors

In December of 2015, it was reported that only one doctor in the Central Okanagan area (home to 185,000 people) was accepting new patients. People are now having to resort to walk-in clinics simply to have a routine visit with a doctor. As a result, walk-in clinics are becoming too busy to continue with the workload.

On August 20th, 2016, the **Rutland Walk-In Clinic**, will be closing, leaving most Rutland residents (a location home to about 40,000 people) without an easily accessible way to see a doctor.

At Revolution Pharmacy, we saw an urgent need for patients to be able



NOW OPEN! Visit us in Studio or call for an appointment.

See Locations

New Models of Care Delivery

Physical Assessment by Nurse or Pharmacist?

CANADA'S ELECTRONIC PRESCRIPTION SERVICE

BENEFITS

Patients

- Fewer medication-related errors
- Less risk of losing prescriptions
- Lower risk of privacy breaches due to fax transmissions issues

Prescribers

- Fewer prescribing errors
- Better management of patients with chronic conditions
- More time for patient care

Pharmacists

- Fewer dispensing errors
- Improved communication with prescribers
- More time for patient consultations

Health System

- Improved medication safety = fewer ED visits and hospitalizations
- Improved detection of fraud and abuse
- Improved medication cost management

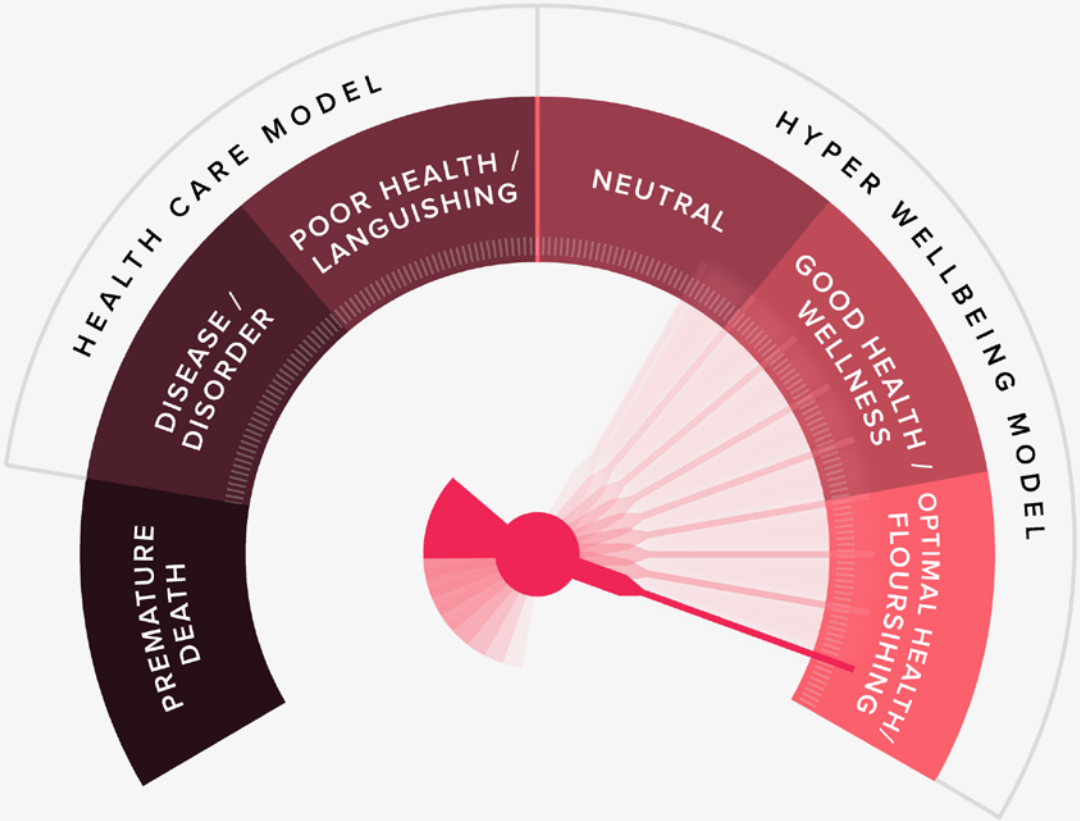
The Case for Patient Safety

INNOVATION & REGULATION

- What’s the Relation?
- What’s the role of the College in this?

Today

PASSIVE
REACTIVE



Future

PROACTIVE
PREDICTIVE
PREVENTIVE

ENABLED BY DATA

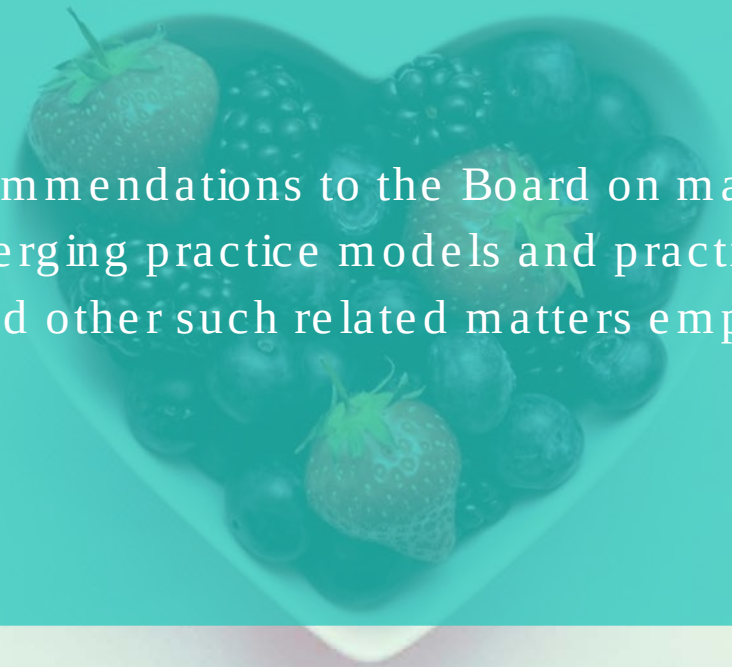
College Technology Advisory Committee

Now disbanded

Evolving with New Models of Pharmacy Care Delivery

Ad-Hoc Pharmacy Practice Innovation Advisory Committee

Example Mandate:



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

Responsibilities :

• Evaluate the integration and uptake of emerging models of patient care include the employment of technologies (eg. Point of care testing, digital health monitoring) and provide advice, oversight and make recommendations to the Board on strategies designed to ensure the appropriate and safe integration in to pharmacy practice.

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

• Provide guidance in the development of policies and standards pertaining to health innovation related issues

The Full Conversation

https://www.leg.bc.ca/documents-data/committees-transcripts/20160707am-Health-Vancouver-Blues

College of Pharmacists of British Columbia

BOARD MEETING
September 16, 2016

14. Items Brought Forward from Consent Agenda
a) Quality Assurance Committee – Mobile Application

INFORMATION ONLY

Purpose

To provide the Board with an update on the development of a mobile application of the Professional Development and Assessment Program (PDAP) Portal where registrants access, edit and submit their Continuing Education requirements for registration renewal.

Background

At the Quality Assurance Committee's March 2015 meeting, the committee directed staff to look into the development of a mobile application of the PDAP Portal where registrants access, edit and submit their Continuing Education requirements for registration renewal.

On November 3rd, 2015 a contract was signed with Claymore Inc., the PDAP Portal provider to develop a mobile application version. Since then, Claymore Inc. have gathered requirements for this project and are in the development stages.

At the Quality Assurance Committee's July 2016 meeting, they made a motion to name the mobile application PDAP Mobile. The mobile application which can be accessed by both android and apple devices is scheduled to be launched in winter 2016/17.