



College of Pharmacists  
of British Columbia

**Board Meeting  
February 17<sup>th</sup>, 2017  
Held at the College of Pharmacists of British Columbia  
200-1765 West 8<sup>th</sup> Avenue, Vancouver, BC**

**MINUTES**

**Members Present:**

Anar Dossa, Chair, District 6  
Mona Kwong, Vice-Chair, District 1  
Ming Chang, District 2  
Tara Oxford, District 3  
Christopher Szeman, District 4  
Frank Lucarelli, District 5  
Arden Barry, District 7  
Sorell Wellon, District 8  
Norman Embree, Public  
Kris Gustavson, Public  
Jeremy Walden, Public  
George Walton, Public

**Staff:**

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

**Invited Guests:**

Michael Coughtrie, Dean, Faculty of Pharmaceutical Sciences, UBC

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**1. WELCOME & CALL TO ORDER**

Chair Dossa called the meeting to order at 9:00am on February 17<sup>th</sup>, 2017.

## 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 February 17, 2017 Draft Board Meeting Agenda as circulated.*

CARRIED

## 4. STRATEGIC PLAN

Mary O'Callaghan, Chief Operating Officer, presented (Appendix 3).

It was moved and seconded that the Board:

*Approve the 2017/18 – 2019/20 Strategic Plan as circulated.*

CARRIED

## 5. AUDIT AND FINANCE COMMITTEE

George Walton, Board member and Chair of the Audit and Finance Committee, presented (Appendix 4).

It was moved and seconded that the Board:

*Approve the 2017/18 budget Plan C, with revenue totaling \$8,244,070 and expenditures totaling \$9,594,567, and the accompanying list of fees, as attached in the appendix to this motion.*

CARRIED

## 6. GOVERNANCE COMMITTEE UPDATE

Norman Embree, Board member and Chair of the Governance Committee, provided a brief update of the ongoing priorities of the Governance Committee as distributed in the briefing package (Appendix 5), and added that the yearly Registrar Evaluation process has been initiated.

## 7. NAPRA GOVERNANCE

Blake Reynolds, Director on the NAPRA Board representing the College of Pharmacists of BC, provided a presentation on the proposed changes to NAPRA governance (Appendix 6).

## 8. EXCELLENCE CANADA

Catherine Neville, Vice President of Quality & Integrated Programs with Excellence Canada, presented (Appendix 7).

## 9. LEGISLATION REVIEW COMMITTEE

### a) Pharmacy Security Bylaws – Filing

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

It was moved and seconded that the Board:

*Approve the following resolution to amend the Pharmacy Operations and Drug Scheduling Act Bylaws to create minimum security measures for community pharmacies:*

*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*

**CARRIED\***

\*Frank Lucarelli and Christopher Szeman requested that their negative votes be recorded.

It was moved and seconded that the Board:

*Approve amendments to Professional Practice Policy #74: Community Pharmacy Security as circulated, to come into force at the same time as the bylaws.*

**CARRIED**

It was moved and seconded that the Board:

*Repeal the Community Pharmacy Security Resource Guide, effective at the same time as the bylaws come into force.*

**CARRIED**

### b) Legislation and Policy Review

Jeremy Walden, Board member and Chair of the Legislation Review Committee, presented an update on the prioritization of projects currently tasked to the College's Policy and Legislation team **(Appendix 9)**.

## 10. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA

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

## ADJOURNMENT

Chair Dossa adjourned the meeting at 1:53pm.



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## **BOARD MEETING February 17, 2017**

### **2.b.i. Chair's Report**

#### **INFORMATION ONLY**

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

- Governance Committee
- Legislative Review Committee
- Audit and Finance Committee
- Ministry of Health meeting regarding Telepharmacy
- Regular meetings with Vice Chair, Registrar and Deputy Registrar Meetings regarding COPB Organizational Review
- Canadian Society of Hospital Pharmacists and Certified Pharmacist Prescriber initiative
- BC Pharmacy Association - meeting with President Randy Konrad



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## BOARD MEETING February 17, 2017

### 4.b.ii. Registrar's Update a) Activity Report

#### INFORMATION ONLY

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

- Phase 2 performance evaluations of staff
- Regular meetings with direct reports
- PharmaNet repatriation meetings and discussions
- PODSA project meetings
- Dean Coughtrie – regular meetings
- Meetings with Chair and Vice Chair
- Meeting with Kendall Ho re: pharmacists in primary care
- Pharm 554 – pharmacy as a regulated profession
- Employee handbook discussions and approval
- Telepharmacy meetings in-house and with the Ministry
- Board organizational review response
- Leadership Team planning session
- Discussions re: Opioid situation and response
- Vacation
- Meeting with Justin Bates – Neighbourhood pharmacies
- NAPRA governance review and planning
- Budget meetings to prepare for and attend the Audit and Finance Committee
- .pharmacy executive committee teleconference meeting
- NAPRA executive meetings
- Discipline and inquiry cases
- Joint Venture meetings



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## BOARD MEETING February 17, 2017

### 4.b.ii. Registrar's Update

#### b) Action Items & Business Arising

### INFORMATION ONLY

MOTIONS/ACTION ITEMS	RELEVANT BOARD MEETING	STATUS UPDATE
<p>Motion: Direct the Registrar to take the following actions as outlined in the MMT Action Plan:</p> <ul style="list-style-type: none"> <li>• Develop, plan and implement new undercover investigations,</li> <li>• Conduct priority inspection of identified MMT dispensing pharmacies,</li> <li>• Continue to build and maintain collaborative relationships with key stakeholders, and</li> <li>• Provide recommendations to the Board to strengthen legislation and licensure requirements.</li> </ul>	Jun 2015	IN PROGRESS
Motion: Direct staff to investigate options around site inspection fees and report back to the Board by the June 2017 Board meeting.	Sep 2016	IN PROGRESS
Motion: Pursue officially changing the name of the College of Pharmacists of British Columbia to the College of Pharmacy of British Columbia.	Sep 2016	IN PROGRESS
Motion: Direct the Registrar to pursue a bylaw amendment that would change the term of office for elected Board members from two years to three years, and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms.	Nov 2016	IN PROGRESS
Motion: Direct the Registrar to amend the Certified Pharmacist Prescriber Draft Framework by narrowing the scope of pharmacist prescribing to be within collaborative practice settings.	NOV 2016	??
Motion: Direct the Registrar to develop a proposal for pharmacist prescribing within collaborative practice settings – based on the amendment Draft Framework and results of the stakeholder engagement – to be brought to the Board for approval to submit to the Minister of Health for consideration.	NOV 2016	??
Motion: Direct the Registrar to build the detailed Strategic Plan 2017/2017 – 2019/2020 based on the approved high level version, including budget and bring back to the February 2017 Board meeting for approval.	NOV 2016	FEB 2017



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## BOARD MEETING February 17, 2017

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<b>2.b.iii. November 18, 2016 Draft Board Meeting Minutes</b>
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### DECISION REQUIRED

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#### Recommended Board Motion:

*Approve the Draft November 18, 2016 Board Meeting Minutes as circulated.*

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<b>Appendix</b>
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1	Draft November 18, 2016 Board Meeting Minutes (appendices available on Board site)
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College of Pharmacists  
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**Board Meeting**  
**Friday, November 18<sup>th</sup>, 2016**  
**Held at the College of Pharmacists of British Columbia**  
**200-1765 West 8<sup>th</sup> Avenue, Vancouver, BC**

**MINUTES**

**Members Present:**

Blake Reynolds, Outgoing Chair  
Anar Dossa, Chair, District 6  
Mona Kwong, Vice-Chair, District 1  
Ming Chang, District 2  
Tara Oxford, District 3  
Christopher Szeman, District 4  
Frank Lucarelli, District 5  
Arden Barry, District 7  
Sorell Wellon, District 8  
Norman Embree, Public  
Kris Gustavson, Public (*items 9 to 15*)  
Jeremy Walden, Public  
George Walton, Public

**Staff:**

Bob Nakagawa, Registrar  
David Pavan, Deputy Registrar  
Ashifa Keshavji, Director of Practice Reviews and Quality Assurance  
Mary O'Callaghan, Chief Operating Officer  
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:**

Michael Coughtrie, Dean, Faculty of Pharmaceutical Sciences, UBC  
Kevin Sin, President, Pharmacy Undergraduate Society (PhUS), UBC

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**1. WELCOME & CALL TO ORDER**

Outgoing Chair Blake Reynolds called the meeting to order at 9:02am on November 18<sup>th</sup>, 2016.



## **2. ELECTION OF CHAIR**

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

Outgoing Chair Blake Reynolds called for nominations, the following two names were put forward for consideration:

- Anar Dossa
- Mona Kwong

After 11 votes were electronically cast and tallied, Anar Dossa was declared as the new Board Chair for a one-year term to conclude at the start of the November 2017 Board meeting.

## **3. ELECTION OF VICE CHAIR**

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

Chair Dossa called for nominations, the following two names were put forward for consideration:

- Mona Kwong
- Sorell Wellon

After 11 votes were electronically cast and tallied, Mona Kwong was declared as the new Board Vice Chair for a one-year term to conclude at the start of the November 2017 Board meeting.

## **4. CONSENT AGENDA**

### **a) Items for further discussion**

Item 4.b.x. *PODSA Fee Increase Update* was removed from the Consent Agenda and placed onto the regular Agenda under item 15. *Items Brought Forward 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**

## **5. CONFIRMATION OF AGENDA (Appendix 2)**

It was moved and seconded that the Board:

*Approve the November 18, 2016 Draft Board Meeting Agenda as circulated.*

**CARRIED**

## **6. DEPUTY REGISTRAR APPOINTMENT**

It was moved and seconded that the Board:

*Appoint David Pavan as the Deputy Registrar of the College of Pharmacists of British Columbia in accordance with the Health Professions Act Bylaws section 22, subsection 2.*

**CARRIED**

## **7. GOVERNANCE COMMITTEE UPDATE**

### **a) Update**

Board member and Chair of the Governance Committee provided a verbal update of the activities of the Governance Committee since the September Board.

### **b) Elected Board member terms of office**

It was moved and seconded that the Board:

*Directs the Registrar to pursue a bylaw amendment that would change the term of office for elected Board members from two years to three years, and from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms.*

**CARRIED**

### **c) Approval of the next phase of the review**

It was moved and seconded that the Board:

*Authorize the Governance Committee to enter into a contract with Ernst and Young to conduct Phase 2 of the proposed organizational review with a cost of up to \$83,000 plus applicable taxes and out of pocket travel expenses (not to exceed \$5000).*

**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. EVIDENCE FOR THE BENEFIT OF AN ADVANCED SCOPE OF PHARMACY PRACTICE – THE ALBERTA EXPERIENCE**

Dr. Ross Tsuyuki, Professor of Medicine (Cardiology) and Director, EPICORE Centre at the Faculty of Medicine and Dentistry at the University of Alberta presented new research on the impact of advanced scope of pharmacist practice, particularly prescribing and the impacts its had on patients in Alberta (**Appendix 3**).

## **10. LEGISLATION REVIEW COMMITTEE:**

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

### **a) Drug Schedules Regulation (Appendix 4)**

It was moved and seconded that the Board:

*Approve the following resolution in order to align with the 2016 recommendations from the National Drug Scheduling Advisory Committee which include re-classifying ibuprofen (for relief of rheumatoid arthritis, and osteoarthritis), esomeprazole (for relief of frequent heartburn), and fluticasone (for relief of seasonal allergies):*

*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, which are outlined in the schedule attached to this resolution.*

**CARRIED**

**b) HPA Bylaws – Application Committee (Appendix 5)**

It was moved and seconded that the Board:

*Approve the proposed amendments to the Health Professions Act bylaws that establish an Application Committee, for public posting for a period of 90 days.*

**CARRIED**

**c) HPA Standards of Practice: Parts 1, 2 and 3, and new PPP-75 (Appendix 6)**

It was moved and seconded that the Board:

*Approve the following resolution to amend the Health Professions Act Bylaws, Schedule F – Parts 1, 2 and 3 that create minimum standards for registrants regarding the preparation of prescription product, final product check, and patient identification, by approving 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:

*Approve Professional Practice Policy #75: Patient Identification to come into force at the same time as the bylaws.*

**CARRIED**

**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’*

**12. CERTIFIED PHARMACIST PRESCRIBER**

Board member Jeremy Walden and Director of Communications Gillian Vrooman presented information as distributed in the briefing package (**Appendix 7**).

It was moved and seconded that the Board:

*Direct the Registrar to amend the Certified Pharmacist Prescriber Draft Framework by narrowing the scope of pharmacist prescribing to be within collaborative practice settings.*

**CARRIED**

It was moved and seconded that the Board:

*Direct the Registrar to develop a proposal for pharmacist prescribing within collaborative practice settings – based on the amended Draft Framework and results of the stakeholder engagement – to be brought to the Board for approval to submit to the Minister of Health for consideration.*

**CARRIED**

### **13. PRACTICE REVIEW PROGRAM: PHASE 2 IMPLEMENTATION**

Chair of the Practice Review Committee Michael Ortynsky presented (**Appendix 8**).

It was moved and seconded that the Board:

*Approve the policies, processes and implementation of PRP Phase 2 (hospital practice), as recommended by the Practice Review Committee as circulated.*

**CARRIED**

### **14. STRATEGIC PLAN**

Chief Operating Officer Mary O’Callaghan presented information as distributed in the briefing package (**Appendix 9**).

It was moved and seconded that the Board:

*Approve the exclusion of Phase 3 from the high level Draft Strategic Plan 2017/2018 – 2019/2020.*

**CARRIED**

It was moved and seconded that the Board:

*Approve the high level Draft Strategic Plan 2017/2018 – 2019/2020, with the exclusion of phase 3*

**CARRIED**

It was moved and seconded that the Board:

*Direct the Registrar to build the detailed Strategic Plan 2017/2018 – 2019/2020 based on the approved high level version, including budget and bring back to the February 2017 Board meeting for approval.*

**CARRIED**

### **15. ITEMS BROUGHT FORWARD FROM CONSENT AGENDA**

Item 4.b.x. *PODSA Fee Increase* (**Appendix 10**) was brought forward from the consent agenda for further discussion, specifically regarding when the public posting period will close and the amendments pertaining to the PODSA fee increase may be filed with the Minister of Health. College staff had no further information to provide in this regard.

### **ADJOURNMENT**

Chair Dossa adjourned the meeting at 4:10pm.



College of Pharmacists  
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## BOARD MEETING February 17, 2017

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<b>2.b.iii. November 25, 2016 Draft Board Resolution Minutes</b>
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### DECISION REQUIRED

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#### Recommended Board Motion:

*Approve the Draft November 25, 2016 Board Resolution Minutes as circulated.*

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<b>Appendix</b>
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1	Draft November 25, 2016 Board Resolution Minutes (appendices available on Board site)
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College of Pharmacists  
of British Columbia

**Board Resolution**  
**Sent via email November 23<sup>rd</sup>, 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:

Anar Dossa, Chair & District 6 Board Member  
Mona Kwong, Vice-Chair & District 1 Board Member  
Ming Chang, District 2 Board Member  
Tara Oxford, District 3 Board Member  
Christopher Szeman, District 4 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

1. Be it resolved that the following resolution to file the amended bylaws that will add a new application fee for new pharmacy licensure (for both community and hospital pharmacies) and increase the annual pharmacy license fee (for both community and hospital pharmacies):  
  
*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.*
2. Be it resolved that the Board request a shortened filing period for the amended bylaws to come into force by January 1, 2017.

<b>Appendix</b>	
1	Signed Board Resolution
2	Board Resolution Briefing Note



College of Pharmacists  
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## BOARD MEETING February 17, 2017

### 2.b.v. 2016 Draft Annual General Meeting Minutes

#### INFORMATION ONLY

The draft minutes from the 2016 College of Pharmacists Annual General Meeting are attached for information purposes only.

<b>Appendix</b>	
1	2016 Draft Annual General Meeting Minutes

## **2016 Annual General Meeting Minutes**

### **Vancouver, British Columbia**

### **November 19, 2016**

#### **CALL TO ORDER AND INTRODUCTIONS OF BOARD**

College Chair Anar Dossa called the 125<sup>th</sup> Annual General Meeting of the College of Pharmacists of British Columbia to order at 9:45 a.m. Chair Dossa welcomed attendees to the meeting and introduced herself as the new Chair.

The College's vision, and mission were read aloud by Chair Dossa:

**Vision:**

*"Better health through excellence in pharmacy"*

**Mission:**

*The CPBC regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.*

Chair Dossa introduced Board members in attendance, College Registrar Bob Nakagawa, newly appointed Deputy Registrar David Pavan, and other College staff in attendance.

Chair Dossa noted that notice of the AGM was sent out on October 7, 2016, thus meeting the three week bylaw requirement. She also confirmed that the required quorum of 25 registrants had been met, and the meeting was duly convened. Chair Dossa also stated that no resolutions had been submitted.

#### **MINUTES OF PREVIOUS MEETING – NOVEMBER 21, 2015**

The November 21, 2015 Annual General Meeting Minutes were approved by consensus.

#### **FINANCIAL STATEMENTS AND AUDITOR'S REPORT**

Chair Dossa reminded registrants that the audited and Board approved financial statements were available for review on the College website and asked if there were any comments or questions pertaining to them. Hearing no questions, Chair Dossa noted the financial statements will be placed on file.

#### **CHAIR'S REPORT**

Past Chair Reynolds provided the following report:

As the outgoing Board Chair I am pleased to present this report on behalf of the Board. I would like to start by welcoming our newest Board Member Christopher Szeman who will be replacing me as District 4 Representative and our new Deputy Registrar David Pavan. I'd also like to congratulate the College on celebrating their 125th Anniversary! Thank you to everyone who joined us in Kelowna and online this past September to celebrate the occasion and here's to many more years of excellence in Pharmacy!

The College has been busy at work this past year, continuing to build upon the initiatives set out in the strategic plan. The Board has just approved the Plan for the next three years and directed the Registrar and College staff to build a detailed Plan and budget for approval at the February Board Meeting. In creating the Draft Strategic Plan, it was vital that all of the Stakeholders were represented. The College



conducted a comprehensive Engagement Campaign using ThoughtExchange which garnered over 5,000 thoughts from 1300 people. The campaign also used the College's social media channels creating over 85,000 impressions. The new plan has a goal of strengthening the foundation of the College and thereby providing a sound base for further enhancements. By focusing on modernizing the legislation, on professional excellence, and drug therapy access we can enhance patient care.

The Board has adopted Right Touch regulation and hopes that going forward all bylaws, policies and Board discussions will keep this principle in mind.

As we move toward the future, I'd like to draw your attention to the incredible and effective work done by the College Staff over the past year. I'd first like to acknowledge the efforts of our Practice Review Team. The Practice Review Program has been instrumental in ensuring community pharmacies meet College standards and pharmacy professionals are applying their knowledge, skills, and abilities to deliver safe and effective pharmacy care. Considerable work has also gone into the development of the upcoming Practice Review Program for Hospital Practice. The results of the practice reviews will be used to modernize our legislation, as the tools we are using to assess registrants enable us to identify legislation that requires enhancement.

This year also saw renewed focus towards developing a proposal for pharmacist prescribing in BC. A Certified Pharmacist Prescriber Draft Framework was developed which includes information on societal need, proposed eligibility criteria and standards limits and conditions. The Draft Framework was used to help facilitate stakeholder engagement, and the College conducted one of the most wide-reaching stakeholder engagements the College has ever seen, working with over 25 different groups and organizations and receiving over 11,000 comments from over 1,500 survey respondents. Pharmacists are primary care providers, we will need to work with our healthcare partners to ensure access to advanced care for all British Columbians. This is an important advance in public health as was pointed out by Dr. Ross Tsuyuki's presentation at the Board meeting yesterday. By allowing pharmacists to prescribe and order lab tests we can screen for risk factors and treat conditions that put the public at risk. There is strong evidence to support advanced scope of practice. Pharmacist prescribing would provide better outcomes for patients and save the health care system money. As I said we will need to get this message out to the stakeholders to ensure pharmacist prescribing becomes a reality.

We're also over a year into the College's launch of The DrugSafeBC Program. Community pharmacies across the Province are now equipped with time-delay safes to store all narcotics. This has resulted in a major reduction in pharmacy robberies. From 41 in 2015 to just 5 in 2016. I'd like to take this time to recognize Chief Constable Adam Palmer and the Vancouver Police Department for their support throughout the creation and implementation as well as all the pharmacies across the province for their participation.

An internal review of the organization was recently completed and has given us direction moving forward as to the needs of the College and staff in light of the continued growth of the organization. By implementing the recommendations the College will be able to better address the needs of the public and our registrants. The next step is to do an external review to ensure we work cooperatively with our partners to ensure better health outcomes for the public. I am sure Bob and David look forward to enact change within the organization to ensure the College has the foundation to move forward in this exciting and challenging time.

Finally I would also like to take this opportunity to acknowledge those of you who volunteer your time on committees. Committees accomplish very important work, and we thank you for your dedication to the profession and your hard work.

Anar and Mona have a great team of directors to accomplish the work ahead and I will miss working with all of them and the staff.

In conclusion I would like to thank the staff, Board and the many volunteers for their time and effort for making my year as Board Chair an enjoyable and successful one.

## **REGISTRAR'S REPORT**

Registrar Nakagawa provided the following report:

I'm proud of what the College was able to accomplish this year. There continues to be a lot happening in pharmacy practice, and this has a huge impact on the College. It doesn't seem to matter how bad the economy is, or what the pressures are on the professions, the number of pharmacies and pharmacy professionals continues to increase.

The leadership of our dynamic and action-oriented Board, the dedication of College staff, and the hard work of registrants across the province have allowed us to accomplish much this year. We are all dedicated to providing better health through excellence in pharmacy.

### **DrugSafeBC Drastically Reduces Pharmacy Robberies**

- As our Past Chair mentioned, reducing the number of robberies in pharmacies across BC was essential for us in protecting the public and our registrants.
- As you can appreciate, these are very traumatic events for everyone involved.
- On September 15, 2015 – the College held a press conference to launch its DrugSafeBC public awareness campaign.
- All community pharmacies implemented new security measures including installing time-delay safes to store narcotic and targeted drugs, and displaying College-produced signage in their stores to deter robberies.
- In addition to standard signage provided to all community pharmacies, the DrugSafeBC campaign featured print, radio, television and social media ads to build awareness of the new security measures.
- DrugSafeBC is expected to have a huge impact in curbing the flow of dangerous narcotics from pharmacies onto the street, in fact, since launching to program, there has been a significant decrease in the number of pharmacy robberies in BC.
  - There were 39 pharmacy robberies in 2014 and 41 between January and September of 2015.
  - Since implementation, there have only been 8 recorded incidents, and only 5 so far in 2016.

### **Practice Review Program: Year 1**

- The College implemented the Practice Review Program (PRP) in community pharmacies in January 2015.
- As you know, these are an in-person review of a pharmacy professional's practice and the pharmacy where they work.
- As part of this practice review program, every pharmacy professional and pharmacy will be reviewed at least once every six years to ensure they meet College standards.
- In its first year, the College completed over 200 Pharmacy Reviews and more than 550 Pharmacy Professional Reviews.
- The progress to date shows that the College is on track to review every pharmacy professional and every pharmacy within the 6-year time frame.

- These practice reviews will help us ensure all registrants and practice settings meet College standards and are appropriately protecting public safety.
- PRP will expand to include hospital practice in early 2017.

#### **Pharmacy Technician Bridging Program Ends**

- The College began regulating pharmacy technicians in 2010/11, with a 5-year transition timeline for those who were currently practicing as pharmacy assistants to meet the requirements for regulation.
- This transition timeline ended on December 31, 2015
- The College now regulates 1331 pharmacy technicians across the province.

#### **College Wins Appeal in Incentives Case**

- The Board of the College of Pharmacists of BC strongly believes that incentives negatively impact a patient's decision to receive a prescription and/or pharmacy service.
- As a result, the Board felt compelled to act within their jurisdiction to protect public safety by implementing bylaws that prohibit the provision of incentives for a prescription or pharmacy service.
- In 2014, the bylaws were contested and the BC Supreme Court ruled against the bylaws.
- As you know, the College appealed this decision, and in January of this year the BC Court of Appeal ruled unanimously to reinstate the College's bylaws.
- A request to file an appeal against the College's bylaws was made to the Supreme Court of Canada in later 2016, but that request was dismissed with costs.

#### **Growth**

- As I mentioned, the number of pharmacies and pharmacy professionals continues to increase.
- We registered nearly 400 new pharmacists, 730 new pharmacy technicians, and over 90 new pharmacies.
- We also have over 3722 pharmacists authorized to administer injections.
- **Community Pharmacies:** 63 opened / 32 closed  
**Hospital Pharmacies:** 0 opened / 0 closed  
**TOTAL:** 1297 community pharmacies and 70 hospital pharmacies
- **Registered Pharmacists**  
**Total Active: 5,818 as of November 15, 2016**  
With 5,434 in the 2014-15 fiscal year, this represents a net increase over the previous year.
- **Pharmacy Technicians**  
1391 pharmacy technicians were registered, 239 were pre- registered.

#### **Strategic Planning**

- As the College's 2014/15 - 2016/17 Strategic Plan comes to a close, the Board has asked us to involve registrants to help scope out the next Strategic Plan.
- As the Past Chair highlighted, the College used ThoughtExchange, an online engagement tool, to capture feedback from registrants, health care professionals and the public in January 2016.
- Over 1300 participated in the ThoughtExchange process contributing over 5000 thoughts and ideas.

#### **Closing remarks**

- I look forward to working together with registrants and the Board in the year ahead. Please continue to share your ideas and feedback with us.
- It is an honour and a privilege to serve as Registrar of the College.

- I would also like to thank my staff who were introduced earlier for their support and dedication in ensuring the College continues to move forward with its important work.

Registrar Nakagawa noted the following statistics from the College's Annual Report:

- **Community Pharmacies:** 75 opened / 17 closed  
**Hospital:** 0 opened / 0 closed  
**TOTAL:** 1202 community pharmacies and 69 hospital pharmacies
- **Registered Pharmacists**  
5,434 in 2013-14 a net increase over the previous year.  
\* Due to change in reporting statistics based on payment date, there are variances between previous fiscal year end count and current fiscal year begin count.
- **Pharmacy Technicians**  
661 pharmacy technicians were registered, 1179 were pre-registered.

#### **REPORT OF BOARD ELECTIONS**

Registrar Nakagawa reported the results for the elections held in the fall:

Ming Chang was re-elected in District 2  
Christopher Szeman was elected in District 4  
Anar Dossa was re-elected in District 6  
Sorell Wellon was acclaimed in District 8

Registrar Nakagawa also recognized the remaining College Board members:

Mona Kwong, District 1  
Tara Oxford, District 3  
Frank Lucarelli, District 5  
Arden Barry, District 7  
Norm Embree, Government Appointee  
Kris Gustavson, Government Appointee  
Jeremy Walden, Government Appointee  
George Walton, Government Appointee

At the November 19, 2016 Board meeting Anar Dossa was elected as Chair and Mona Kwong was elected as Vice-Chair.

#### **ADJOURNMENT**

Chair Dossa thanked the assembly for attending and participating in the College of Pharmacists of BC's 125<sup>th</sup> Annual General Meeting, and adjourned the meeting at 10:19 am.



College of Pharmacists  
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## BOARD MEETING February 17, 2017

### 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:

- 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.

<b>Appendix – available on the Board Portal under <a href="#">‘Committee Minutes’</a></b>	
1	Audit and Finance Committee Meeting Minutes
2	Discipline Committee
3	Inquiry Committee
4	Legislation Review Committee Meeting Minutes
5	Practice Review Committee Meeting Minutes
6	Quality Assurance Committee Meeting Minutes



College of Pharmacists  
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## BOARD MEETING February 17, 2017

### **2.b.vii. Committee Member Appointments** **a) Audit and Finance Committee**

### **DECISION REQUIRED**

#### **Recommended Board Motions:**

- 1. Re-appoint George Walton as the Chair of the Audit and Finance Committee to a term ending at the start of the February 2018 Board meeting.*
- 2. Appoint Mona Kwong as the Vice-Chair of the Audit and Finance Committee to a term ending at the start of the February 2018 Board meeting.*

#### **Background**

The terms of reference for the Audit and Finance Committee (AFC) states that the Chair and Vice-Chair of the committee will be determined annually. The terms of reference also states that the membership of the committee must include the Board Chair, the Board Vice-Chair, and a public representative. As elections for the positions of Chair and Vice-Chair of the Board occur every year at the November Board meeting, the Audit and Finance Committee membership is determined at that time and does not align with the regular committee appointments brought forward at every April Board meeting. It is the practice of the AFC to meet after the November Board meeting to discuss interest in the positions of Chair and Vice-Chair and bring a recommendation forward at the February Board meeting.

#### **Recommendation**

To re-appoint George Walton as Chair, and Mona Kwong as Vice-Chair of the Audit and Finance committee.



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## BOARD MEETING February 17, 2017

### **2.b.vii. Committee Member Appointments b) Discipline Committee**

### **DECISION REQUIRED**

#### **Recommended Board Motions:**

- 1. Appoint Patricia Gerber as the Chair of the Discipline Committee to a term commencing March 1, 2017 and ending April 30, 2017.*
- 2. Appoint Wayne Chen as the Vice-Chair of the Discipline Committee to a term commencing March 1, 2017 and ending April 30, 2017.*

#### **Background**

The terms of reference for the Discipline Committee states that any committee member may resign upon written notification. It also states that the Chair and Vice-Chair will be appointed by the Board. Discipline Committee member and Chair, Jerry Casanova has submitted written notification of his resignation from the committee to be effective March 1, 2017. Although Mr. Casanova's departure will require the appointment of a new Chair, the committee remains properly constituted with at least 1/3 of its members consisting of public representatives, and no additional members need to be appointed at this time.

Patricia Gerber, Discipline Committee member and Vice-Chair, has agreed to an interim appointment of Chair in order for the committee to remain properly constituted until such time as the regular committee appointments/re-appointments take place at the April 2017 Board meeting. Similarly, Discipline Committee member Wayne Chen has agreed to an interim appointment of Vice-Chair to replace Patricia Gerber.

#### **Recommendation**

To appoint a new Chair, Patricia Gerber, and a new Vice-Chair, Wayne Chen, from amongst the existing membership of the Discipline Committee in response to the resignation of the current Chair. The terms of both appointments to begin March 1, 2017 and end April 30, 2017.



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## BOARD MEETING February 17, 2017

### 2.b.vii. Committee Member Appointments c) Governance Committee

### DECISION REQUIRED

#### Recommended Board Motion:

*Appoint Mona Kwong as a member of the Governance Committee to a term commencing February 17, 2017 and ending April 30, 2018.*

#### Background

The terms of reference for the Governance Committee states that the membership must be at least 3 but no more than 5 Board members appointed by the Board. Currently, this committee is properly constituted with the following three members:

- Norm Embree (Chair),
- Anar Dossa (Vice-Chair), and
- George Walton.

Outgoing Board Chair Blake Reynolds was previously the fourth member of this committee, Mona Kwong would serve as his replacement.

#### Recommendation

To appoint Mona Kwong as a member of the Governance Committee.





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## BOARD MEETING February 17, 2017

### 2.b.viii. Audit and Finance Committee a) Financial Report (October)

#### INFORMATION ONLY

##### Purpose

To report on the highlights of the October financial reports.

##### Background

The May financial reports reflect **eight 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.

##### Statement of Financial Position

The College continues to have sufficient cash and investment balances on hand to meet operating requirements. 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 \$446,227 is quite satisfactory.

Short Term Investments are still substantial at \$6,472,533.

Payables and Accruals are \$674,413.

##### 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:

<b>Department</b>	<b>Budget</b>	<b>Actual</b>	<b>Comment</b>
<b>Board &amp; Registrar's Office</b>	\$359,077	\$311,921	Some expense categories are under budget but are off-set by the loyalty points legal costs. The invoices re the Organization Review will bring this department over budget.
<b>Grant distribution</b>	\$295,491	\$186,067	Timing. Both ADAPT and the physical assessment course will have one more round of invoices.
<b>Registration &amp; Licensure</b>	\$172,670	\$192,869	This variance is primarily due to consulting re Pharmacist Prescriber and PODSA.
<b>Quality Assurance</b>	\$391,307	\$340,357	The e-library portion will be under-budget as we will be discontinuing the subscriptions as of Dec. 31 <sup>st</sup> .
<b>Practice Review (Inspections)</b>	\$196,834	\$105,149	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.
<b>Complaints Resolution (Discipline and Investigations)</b>	\$258,288	\$263,247	Legal and outside contractors' fees depend upon the timing of Discipline Hearings.
<b>Policy and Legislation</b>	\$114,800	\$115,854	Due to timing of legal expenditures. The PODSA ownership changes will require significant legal review.
<b>Public Engagement (Communications)</b>	\$336,440	\$183,219	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.
<b>Finance and Administration</b>	\$1,041,418	\$1,192,286	This category has been busy due to the IT upgrades. IT activities

			and the recruitment of the new Deputy Registrar could cause this to go over budget.
<b>Salaries and benefits</b>	\$3,424,289	\$3,201,242	Due to timing of recruitment and staff turnover.
<b>Amortization</b>	\$274,751	\$195,928	Timing – as some calculations are done at year end.

<b>Appendix</b>	
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 October 31, 2016**

<b>Assets</b>	<b>\$</b>
Current	
Cash	446,227.43
Short term investments	6,472,532.50
Receivables	332,407.03
Prepays and deposits	216,176.22
Investment in Joint Venture	1,610,046.57
	<u>9,077,389.75</u>
Development costs	434,927.24
Property and equipment	915,327.72
	<u><b>10,427,644.71</b></u>
<hr/>	
<b>Liabilities and Net Assets</b>	<b>\$</b>
<b>Liabilities</b>	
Current	
Payables and accruals	674,413.22
Deferred revenue	2,895,336.25
Unearned revenue	191,185.42
	<u>3,767,514.32</u>
Capital lease obligations	56,334.46
	<u>3,823,848.78</u>
<b>Net Assets</b>	
Closing Balance	<u>6,603,795.93</u>
	<u><b>10,427,644.71</b></u>

## College of Pharmacists of BC

## Statement of Revenue and Expenditures

For the 8 months months ended October 31, 2016

	2016/17 YTD Budget	2016/17 YTD Actual	Variance (Budget vs. Actual) \$	Variance (Budget vs. Actual) %
	8 months	8 months	8 months	8 months
<b>REVENUE</b>				
Licensure	3,866,897	3,760,990	(105,908)	(3%)
Non-Licensure	1,550,990	1,570,189	19,199	1%
<b>Total Revenue</b>	<b>5,417,887</b>	<b>5,331,178</b>	<b>(86,709)</b>	<b>(2%)</b>
Transfer from Balance Sheet	1,447,478	1,527,507	80,029	6%
<b>TOTAL REVENUE</b>	<b>6,865,365</b>	<b>6,858,686</b>	<b>(6,679)</b>	<b>(0%)</b>
<b>TOTAL EXPENSES BEFORE AMORTIZATION</b>	<b>6,590,614</b>	<b>6,092,212</b>	<b>498,402</b>	<b>8%</b>
<b>NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:</b>	<b>274,752</b>	<b>766,474</b>	<b>491,722</b>	
Amortization expenses	274,751	195,928	78,824	29%
<b>TOTAL EXPENSES AFTER AMORTIZATION</b>	<b>6,865,365</b>	<b>6,288,140</b>	<b>577,225</b>	<b>8%</b>
<b>NET SURPLUS(DEFICIT)</b>	<b>0</b>	<b>570,546</b>	<b>570,546</b>	

## College of Pharmacists of BC

## Statement of Revenue and Expenditures

For the 8 months months ended October 31, 2016

	2016/17 YTD Budget	2016/17 YTD Actual	Variance (Budget vs. Actual) \$	Variance (Budget vs. Actual) %
	8 months	8 months	8 months	8 months
<b>REVENUE</b>				
<b>Licensure</b>				
Pharmacy Fees	1,236,263	1,225,171	(11,092)	(1%)
Pharmacist Fees	2,249,037	2,175,115	(73,922)	(3%)
Pharmacy Technician Fees	381,598	360,704	(20,894)	(5%)
	<b>3,866,897</b>	<b>3,760,990</b>	<b>(105,908)</b>	<b>(3%)</b>
<b>Non Licensure</b>				
Other revenue	1,121,917	1,184,617	62,700	6%
Grant revenue	156,825	110,000	(46,825)	(30%)
Investment Income - GIC	105,581	108,293	2,712	3%
Investment Income - JV	166,667	167,278	611	0%
	<b>1,550,990</b>	<b>1,570,189</b>	<b>19,199</b>	<b>1%</b>
<b>Total Revenue</b>	<b>5,417,887</b>	<b>5,331,178</b>	<b>(86,709)</b>	<b>(2%)</b>
<b>Transfer from Balance Sheet</b>	<b>1,447,478</b>	<b>1,527,507</b>	<b>80,029</b>	<b>6%</b>
<b>TOTAL REVENUE</b>	<b>6,865,365</b>	<b>6,858,686</b>	<b>(6,679)</b>	<b>(0%)</b>

## College of Pharmacists of BC

## Statement of Expenditures

For the 8 months months ended October 31, 2016

	2016/17 YTD Budget	2016/17 YTD Actual	Variance (Budget vs. Actual) \$	Variance (Budget vs. Actual) %
	8 months	8 months	8 months	8 months
<b>EXPENSES</b>				
Board and Registrar	359,077	311,921	47,156	13%
Grant Distribution	295,491	186,067	109,425	37%
Registration, Licensure and Pharmanet	172,670	192,869	(20,199)	(12%)
Quality Assurance	391,307	340,357	50,949	13%
Practice Reviews	196,834	105,149	91,684	47%
Complaints Resolution	258,288	263,247	(4,959)	(2%)
Policy and Legislation	114,800	115,854	(1,054)	(1%)
Communications and Engagement	336,440	183,219	153,221	46%
Finance and Administration	1,041,418	1,192,286	(150,869)	(14%)
Salaries and Benefits	3,424,289	3,201,242	223,047	7%
<b>TOTAL EXPENSES BEFORE AMORTIZATION</b>	<b>6,590,614</b>	<b>6,092,212</b>	<b>498,402</b>	<b>8%</b>
<b>NET SURPLUS (DEFICIT) BEFORE THE FOLLOWING:</b>	<b>274,752</b>	<b>766,474</b>	<b>491,722</b>	
Amortization expenses	274,751	195,928	78,824	29%
<b>TOTAL EXPENSES AFTER AMORTIZATION</b>	<b>6,865,365</b>	<b>6,288,140</b>	<b>577,225</b>	<b>8%</b>



College of Pharmacists  
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## BOARD MEETING February 17, 2017

### **2.b.viii. Audit and Finance Committee b) Appointment of Auditors**

### **DECISION REQUIRED**

#### **Recommended Board Motion:**

*Directs the Registrar to issue a competitive bid opportunity for audit services for the year end audits for the three years beginning with the February 28, 2018 audit.*

#### **Background**

In 2015, Grant Thornton's contract was ending and Donna Diskos, Partner, offered to extend their existing fees (of \$20,000 per year) for up to three years. The Board approved a two year extension with the recommendation that audit services be opened for competitive bid after that. The February 2017 year-end audit completes the two year extension.

#### **Discussion**

Grant Thornton has been the College's auditor for a number of years now. Although the audit team changes regularly, Donna has been the Partner in charge for the entire time. It is considered best practices to change auditors periodically to bring fresh eyes to the review.

#### **Recommendation**

The Audit and Finance Committee considered this and is recommending that a competitive bid be issued for audit services for the College.





## BOARD MEETING February 17, 2017

### 2 (b) Board Member Terms of Office: Status Update

#### INFORMATION ONLY

##### Purpose

To provide the Board with an update on the elected board member term of office project recommended by the Governance Committee and directed by the Board in November 2016.

##### Background

Currently, elected College Board members are drawn from eight geographical districts and, according to s. 7(1) of the *Health Professions Act* (HPA) – Bylaws, are elected for two-year terms. Additionally, s.7(2) of those bylaws limit elected Board members' tenure to three consecutive terms. Elections take place in even-numbered districts in even years, and in odd-numbered districts in odd years. A change to the term length and maximum number of consecutive terms served requires bylaw amendments under the HPA.

On November 18, 2016, as recommended by the Governance Committee, the Board directed, *"the Registrar to pursue a bylaw amendment that would change the term of office for elected Board members from two years to three years, and from a maximum of three consecutive terms to a maximum of two consecutive terms."*

As a result, College staff completed a scan of elected board term lengths of each of the regulatory colleges under the HPA along with a jurisdictional scan of pharmacy regulatory bodies across Canada. There is no consistent approach across these organizations, with the College's current approach and the approach directed at the November 2016 Board meeting both being commonplace. More specifically:

- Approximately half the colleges under the HPA have terms of office that mirror the Governance Committee's proposed approach for three year terms and a maximum of two consecutive terms.
- Both the pharmacy regulatory bodies in Alberta and Ontario follow the aforementioned structure.
- Conversely, the pharmacy regulatory bodies of Saskatchewan, Manitoba and Nova Scotia have the same model as the College's current structure of two year terms with a maximum of three consecutive terms.

The HPA mandates any amendments to the bylaws (with limited exceptions, such as amendments to forms) must include a 90-day public posting period, along with a 60-day filing period with the Minister of Health. Also, the planning and operation process for annual elections begins in mid-summer. Given these legislative timelines along with the operational capacity and time needed to organize elections, it is not feasible for these amendments to take effect for the 2017 elections.

## **Next Steps**

Following the completion of composing draft bylaws, it is expected that the LRC will seek Board approval at the June 2017 board meeting to publicly post the bylaws for a 90 day period. After contemplating any feedback from the posting, the LRC will seek Board approval at the November 2017 board meeting to file the bylaw amendments with the Minister of Health in an effort to implement the changes for the 2018 elections.



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## BOARD MEETING February 17, 2017

### 2.b.x. Practice Review Committee Update

#### INFORMATION ONLY

#### Purpose

To provide the Board with an update on the Practice Review Program (PRP).

#### Business Stream:

Update	Next Steps
Phase 1 – Community Practice <ul style="list-style-type: none"> <li>Conducted December 2016 and January 2017 reviews (Appendix 1)               <ul style="list-style-type: none"> <li>Decrease in number due to holidays</li> </ul> </li> <li>Scheduled pharmacies for February and March 2017 reviews</li> <li>Drafting PRP data report</li> <li>Enhancing Pharmacy Professional Reviews for Pharmacy Technicians</li> </ul>	Phase 1 – Community Practice <ul style="list-style-type: none"> <li>Schedule pharmacies for April 2017 reviews</li> <li>Finalize PRP data report</li> <li>Continue enhancing Pharmacy Professional Reviews for Pharmacy Technicians</li> <li>Develop Release 2 of Phase 1: Residential Care, packaging, compounding and other ancillary forms (contingent on resources)</li> </ul>
Phase 2 – Hospital Practice <ul style="list-style-type: none"> <li>Developed Risk Register to identify and track implementation issues</li> <li>Finalized review forms</li> <li>Sent first selection emails to hospital pharmacies on February 1<sup>st</sup>, 2017</li> </ul>	Phase 2 – Hospital Practice <ul style="list-style-type: none"> <li>First onsite review scheduled for April 3<sup>rd</sup>, 2017</li> <li>Schedule pharmacies for May 2017 reviews</li> </ul>

#### Communications / Stakeholder Stream:

Update	Next Steps
General <ul style="list-style-type: none"> <li>Re-organized PRP webpage</li> <li>Developing new PRP video</li> </ul>	General <ul style="list-style-type: none"> <li>Finalize new PRP video</li> </ul>



College of Pharmacists  
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## BOARD MEETING February 17, 2017

<p>Phase 1 – Community Practice</p> <ul style="list-style-type: none"> <li>• New PRP Insights articles published (Appendix 2)</li> <li>• Registrant support tools for preparation and remediation formatted and branded</li> </ul>	<p>Phase 1 – Community Practice</p> <ul style="list-style-type: none"> <li>• Continue to draft monthly PRP Insights articles based on findings from reviews</li> <li>• Publish registrant support tools for preparation and remediation once approved by the Practice Review Committee</li> </ul>
<p>Phase 2 – Hospital Practice</p> <ul style="list-style-type: none"> <li>• Published resources for pharmacy managers and registrants prior to launch</li> </ul>	<p>Phase 2 – Hospital Practice</p> <ul style="list-style-type: none"> <li>• Begin drafting PRP Insights articles</li> </ul>

### Legislation Stream:

Update	Next Steps
<p>General</p> <ul style="list-style-type: none"> <li>• New legislation in force as of January 20<sup>th</sup>, 2017</li> <li>• Provided feedback on legislation based on findings from reviews</li> </ul>	<p>General</p> <ul style="list-style-type: none"> <li>• Continue to provide feedback on legislation based on findings from reviews</li> </ul>

### Enforcement Stream:

Update	Next Steps
<p>General</p> <ul style="list-style-type: none"> <li>• Sharing PRP Information as needed</li> <li>• Working with Complaints Resolution team to review selected pharmacies (to prevent overlap)</li> </ul>	<p>General</p> <ul style="list-style-type: none"> <li>• Continue to share PRP information as needed</li> <li>• Continue to work with Complaints Resolution team to review selected pharmacies (to prevent overlap)</li> </ul>



College of Pharmacists  
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## BOARD MEETING February 17, 2017

### IT Stream:

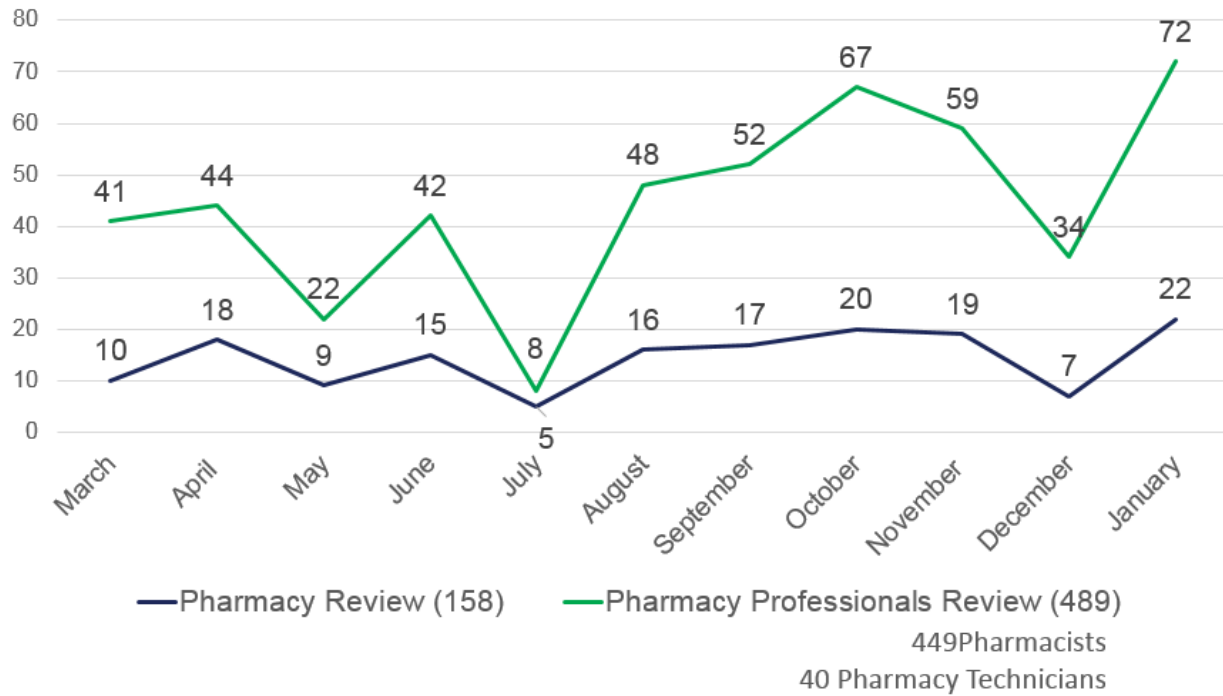
Update	Next Steps
Phase 1 – Community Practice <ul style="list-style-type: none"> <li>Ongoing application enhancements</li> </ul>	Phase 1 – Community Practice <ul style="list-style-type: none"> <li>Continue with application enhancements</li> <li>Build reports for administrative use</li> </ul>
Phase 2 – Hospital Practice <ul style="list-style-type: none"> <li>Developed review tool for Compliance Officers (excel database)</li> </ul>	Phase 2 – Hospital Practice <ul style="list-style-type: none"> <li>Test and deploy review tool for Compliance Officers (excel database)</li> </ul>

Appendix	
1	Phase 1 – Community Practice Operational Statistics
2	Phase 1 – Insights Articles for Readlinks

**PRP: Community Pharmacy Operational Statistics**

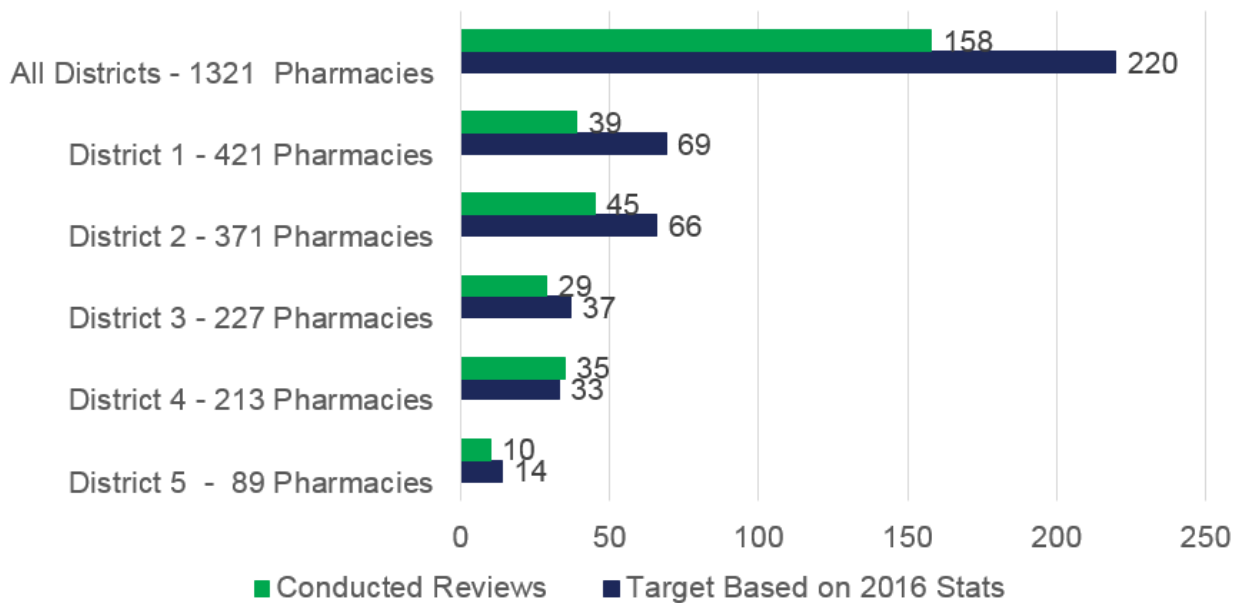
2016-17 Fiscal Year Progress: March 1<sup>st</sup>, 2016 – January 31<sup>st</sup>, 2017

Conducted Pharmacy Reviews and Pharmacy Professionals Reviews



2016-17 Fiscal Year Progress: March 1<sup>st</sup>, 2016 – January 31<sup>st</sup>, 2017

Conducted Pharmacy Reviews by District



## Practice Review Program Insights Articles

March 2015:



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.

<b>Drug</b>	<b>Drug Schedule</b>
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)	2
Dimenhydrinate and its salts (for oral use when sold in packages of 30 dosage units or less or for rectal use)	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 preparations 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](mailto:PRP@bcpharmacists.org).

May 15, 2015

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

June 2015:



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

[Home](#) > Practice Review Program Insights: Retaining Prescriptions

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## **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](mailto:practicesupport@bcpharmacists.org)*

Jun 01, 2015

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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>)

[Home](#) > Practice Review Program Insights: Policy and Procedure Manual

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## **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:



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

[Home](#) > Practice Review Program Insights: Signing Narcotic Records

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## **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.

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Source URL: <http://www.bcpharmacists.org/readlinks/practice-review-program-insights-signing-narcotic-records>

March 2016:



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

[Home](#) > PRP Insights: Expiry Dates of Compounding Materials and Products

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## **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

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

June 2016:



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[Home](#) > PRP Insights: Privacy, Confidentiality and Security of Patient Health Information

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## **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

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Source URL: <http://www.bcpharmacists.org/readlinks/prp-insights-privacy-confidentiality-and-security-patient-health-information>

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[Home](#) > PRP Insights: When Are CPP Forms Required for Residential Care Facilities, Hospices and Hospitals

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## **PRP Insights: When Are CPP Forms Required for Residential Care Facilities, Hospices and Hospitals**

### **PRP Insights: When Are CPP Forms Required for residential care facilities, hospices and hospitals**

The Controlled Prescription Program (CPP) is a common staple in community pharmacies to help prevent forgeries and reduce the inappropriate prescribing of selected drugs. However, certain hospital, institutional, and long-term care settings do not require the use of CPP forms. This is where confusion around CPP requirements may arise.

Recently, the College's practice support team has received many questions and requests for clarification on CPP requirements for pharmacies serving residential care facilities, hospices and hospitals. To help provide clarification on when the use of CPP forms is required, we've developed a Controlled Prescription Program Guidance Flow Chart.

#### **When are CPP forms required for residential care facilities, hospices and hospitals?**

CPP form requirements for pharmacies serving residential care facilities, hospices and hospitals depend on whether the facility satisfies specific requirements outlined in PODSA.

Based on current PODSA Bylaws Section 4(8):

*Subsection (6) (Requirement for CPP forms for certain drugs) does not apply to prescriptions written for*

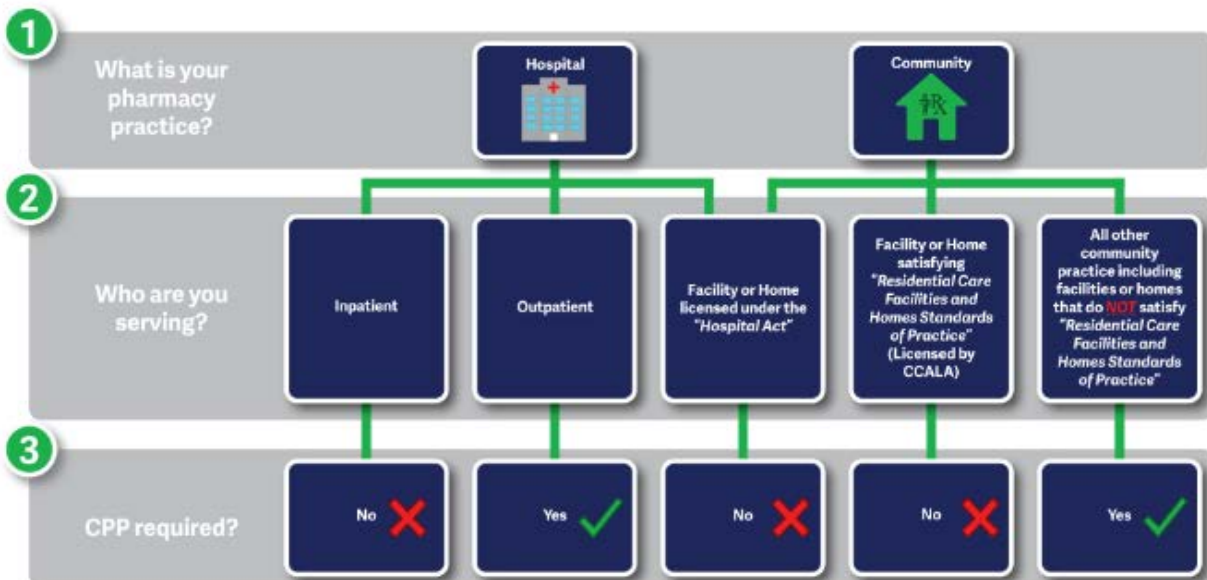
*(a) residents of a facility or home subject to the requirements of the Residential Care Facilities and Homes Standards of Practice, or*

*(b) patients admitted to a hospital.*

To expand upon subsection 4(8)(a), to qualify for CPP exemption, facilities or homes served by community pharmacies must meet the "Residential Care Facilities and Homes Standards of Practice" **INCLUDING** licensure under the "Community Care and Assisted Living Act" (CCALA). Both of these requirements must be met for a facility or home to be exempt from the use of CPP forms.

We've mapped out what this looks like in practice with a Controlled Prescription Program Guidance Flow Chart.

### Controlled Prescription Program (CPP) Guidance Flow Chart



Oct 26, 2016

Source URL: <http://www.bopharmacists.org/readlinks/prp-insights-when-are-cpp-forms-required-residential-care-facilities-hospices-and>

January 2017:



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[Home](#) > [PRP Insights: Managing Return-to-Stock Medications](#)

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## **PRP Insights: Managing Return-to-Stock Medications**

### **Managing Return-to-Stock Medications**

Occasionally, in community pharmacy practice, prescription products are prepared, but not picked up by the patient or the patient's representative. During Pharmacy Practice Reviews, Compliance Officers observe how these medications and accompanying patient information are managed. Prescriptions that have not been picked up within 30 days of the original entry date should be reversed in accordance with PODSA Bylaw, Part VI, Section 21(5) which states:

*"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."*

**What to do when a patient fails to pick-up a balance owing?**

Pharmacies are sometimes unable to fill prescriptions in their entirety due to stock availability. If a patient fails to pick up the balance owing of the prescription within 90 days of the original fill date, their PharmaNet entry must be corrected to reflect the actual amount received by the patient as opposed to the original amount billed as per [PODSA Bylaw, Part VI, Section 21\(4\)](#) which stipulates that:

*"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."*

Registrants are responsible for ensuring that dispensed medications will be used up completely before their expiration date, if used in accordance with the prescribed directions. This responsibility means that if a medication is returned to stock, the product should be labelled with the manufacturer's expiry date if it is no longer in the original packaging. As always, security measures to protect the personal information of the patient should be taken into consideration. If there is any patient information on the packaging of the returned-to-stock medication, this should be removed or made unreadable before returning to stock.

It is important to note that this is only applicable to prescriptions that have not left a community pharmacy. Prescriptions that have left the pharmacy cannot be returned to stock as per [PODSA Bylaw, Part I, Section 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."*

Jan 06, 2017

Source URL: <http://www.bcpharmacists.org/readlinks/prp-insights-managing-return-stock-medications>



College of Pharmacists  
of British Columbia

## BOARD MEETING February 17, 2017

### 2.b.xi. 2017 Board Meeting Schedule

### DECISION REQUIRED

#### Recommended Board Motion:

*Amend the 2017 Board Meeting Schedule that was previously approved at the November 2016 Board meeting, as follows:*

Thursday, February 16, 2017

Friday, February 17, 2017

Thursday, April 20, 2017

Friday, April 21, 2017

Thursday, ~~June 15~~ June 22, 2017

Friday, ~~June 16~~ June 23, 2017

Thursday, September 14, 2017

Friday, September 15, 2017

*Location/venue for this date to be considered at a future Board meeting*

Thursday, November 16, 2017

Friday, November 17, 2017

#### **CPBC Annual General Meeting**

Saturday, ~~November 18~~ November 25, 2017

*Please reserve this date, subject to consideration at a future Board meeting*

#### Background

- a. **June 2017 Board Meeting Date:** It was identified after the '2017 Board Meeting Schedule (the Schedule)' was approved at the November 2016 Board meeting, that the recommended June 2017 meeting date was not a viable option for some Board members. A poll was conducted to determine a date that would be most suitable for the majority of the Board. The results of the poll indicate that moving the date to June 22-23, 2017 would result in the highest attendance.



- b. **September 2017 Board Meeting Location:** It was the decision of the Board to hold the September 2015 and September 2016 Board meetings at locations other than the College office in order to provide registrants and the public outside of the lower mainland, the opportunity to attend. The Schedule approved at the November 2016 Board meeting stated that potential locations/venues for the September 2017 Board meeting would be brought to a future meeting for consideration. At this time, it is the recommendation of the Board Chair to hold the September 2017 Board meeting at the College office, and not consider alternate locations/venues.
- c. **2017 Annual General Meeting Date:** Historically, College Annual General Meetings (AGMs) have been poorly attended by registrants. HPA Bylaws section 34 states that quorum is 25 registrants, and that if quorum ceases to be present at any time, the meeting must be adjourned to one month later. For the past 10 years or longer the AGM has been held jointly with either the BC Pharmacy Association or the Canadian Society of Hospital Pharmacists (CSHP) in order to draw enough registrants to meet quorum. This year, CSHP set their meeting date for the week after the College's approved AGM date, which does not align with the November Board meeting. However, it is the recommendation of the Board Chair and Vice-Chair that we amend the College's AGM date and hold it jointly with CSHP on November 25, 2017, but not require all Board members to attend, particularly out of town members.

### **Recommendation**

Approve the amended 2017 Board Meeting Schedule as presented.



**Board Meeting**  
Friday, February 17, 2017  
CPBC Office, 200-1765 West 8th Avenue, Vancouver

DRAFT AGENDA

<b>9:00am - 9:10am</b>	<b>1.</b> Welcome & Call to Order	Chair Dossa
	<b>2.</b> Consent Agenda a) Items for further discussion b) Approval of Consent Items	Chair Dossa
	<b>3.</b> Confirmation of Agenda [ <b>DECISION</b> ]	Chair Dossa
<b>9:10am - 9:45am</b>	<b>4.</b> Strategic Plan [ <b>DECISION</b> ]	Mary O'Callaghan
<b>9:45am - 12:00pm</b>	<b>5.</b> Audit and Finance Committee - Budget [ <b>DECISION</b> ]	George Walton
<b>12:00pm - 1:00pm</b>	<b>LUNCH</b>	
<b>1:00pm - 1:15pm</b>	<b>6.</b> Governance Committee a) Update	Norm Embree
<b>1:15pm - 1:45pm</b>	<b>7.</b> NAPRA Governance	Blake Reynolds
<b>1:45pm - 2:15pm</b>	<b>8.</b> Excellence Canada	Catherine Neville
<b>2:15pm - 2:30pm</b>	<b>BREAK</b>	
<b>2:30pm - 4:00pm</b>	<b>9.</b> Legislation Review Committee: a) Pharmacy Security Bylaws - Filing [ <b>DECISION</b> ] b) Legislation and Policy Overview	Jeremy Walden
<b>4:00pm - 4:15pm</b>	<b>10.</b> Items brought forward from Consent Agenda	
<b>CLOSING COMMENTS, ROUND TABLE EVALUATION OF MEETING, AND ADJOURNMENT</b>		



College of Pharmacists  
of British Columbia

## 4. Strategic Plan

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**Mary O'Callaghan**

Chief Operating Officer

# Vision

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Better health through excellence in pharmacy



# Mission

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The CPBC regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.



# 2017/18 - 2019/20 Strategic Plan

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## Goal One:

Legislative Standards and  
Modernization



# 2017/18 - 2019/20 Strategic Plan

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**Goal Two:**  
Professional Excellence



# 2017/18 - 2019/20 Strategic Plan

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## Goal Three:

Drug Therapy Access and Monitoring

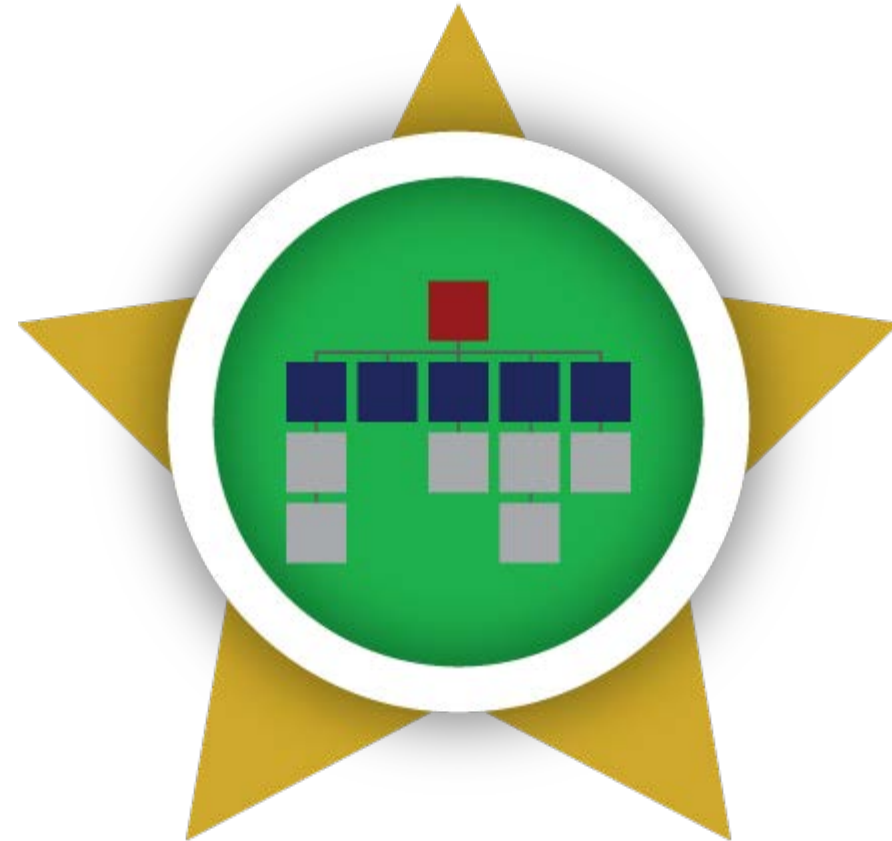




# 2017/18 - 2019/20 Strategic Plan

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## Goal Four: Organizational Excellence



# 2017/18 - 2019/20 Strategic Plan

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## Timeline



## 4. Strategic Plan

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**MOTION:**

Approve the 2017/18 – 2019/20 Strategic Plan as circulated.





College of Pharmacists  
of British Columbia

## BOARD MEETING February 17, 2017

### 4. Strategic Plan

#### DECISION

#### Recommended Board Motion:

*Approve the 2017/18 – 2019/20 Strategic Plan as circulated.*

#### Background

The Board approved, in principle, the Draft Strategic Plan at the November 18, 2016 meeting with one change – removing the Objective in Goal Two which was to plan to extend the Practice Review Program into other practice settings. Staff was directed to develop detailed timelines and a multi-year budget.

#### Discussion

Staff considered each of the draft Strategic Plan objectives as well as workload and budget required. New information, such as the Telepharmacy Project and the results of the Organization Review was also considered. The workload impact to key departments (i.e. Policy and Legislation and Information Technology) was examined. Because of these considerations, some timelines have been extended.

The draft Strategic Plan document has been updated. A timeline document has been created. The multi-year budget implications will be discussed as part of the budget discussion.

Appendix	
1	Strategic Plan
2	Timeline

# 2017/18 - 2019/20 Strategic Plan

**Vision** - Better health through excellence in pharmacy

**Mission** – The CPBC regulates the pharmacy profession in the public interest. We set and enforce standards and promote best practices for the delivery of pharmacy care in British Columbia.

**Theme** – Organizational Excellence?

Goal One		
<p><b>Legislative standards &amp; Modernization</b></p> <p>The College and the pharmacy profession have continued to evolve and increase in complexity, making it important to re-examine our legislative requirements and their effectiveness in protecting the public. The College will work to modernize the legislative requirements under the <i>Pharmacy Operations and Drug Scheduling Act</i> (PODSA) to ensure they are clear, consistent and enforceable.</p>		
Objectives	Key Results	Considerations
<p>1. Develop and implement bylaws to operationalize the recent changes enacted by the provincial government regarding pharmacy ownership provisions under PODSA.</p>	<ul style="list-style-type: none"> <li>• New bylaws are in force by February 2018.</li> <li>• Key bylaws include:               <ul style="list-style-type: none"> <li>○ Establishing an Application Committee.</li> <li>○ Specifying the information required from pharmacy owners for licensure purposes. Pharmacy owners and directors understand and adhere to the bylaws.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Must be integrated with IT system changes.</li> <li>• Potential resource requirements for staff and contractors.</li> </ul>
<p>2. Implement a comprehensive review and reform of legislative requirements under PODSA.</p>	<ul style="list-style-type: none"> <li>• Bylaws are clearer and duplication in bylaws and policies is addressed.</li> <li>• Policies are standardized and transitioned to bylaw where needed.</li> <li>• Bylaws and policies have consistent writing style and structure.</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-year project from March 2018 – 2020 (and beyond).</li> <li>• Subject to impact of other initiatives.</li> <li>• Potential resource requirements for staff and contractors.</li> </ul>

Goal Two		
Professional Excellence		
Professional excellence involves ensuring that the practice of pharmacy meets or exceeds the standards set out to protect the public and maintain their trust.		
Objectives	Key Results	Considerations
1. Extend the practice review program into hospitals.	<ul style="list-style-type: none"> <li>Pharmacy professionals and owners/directors understand and meet College standards of professional practice.</li> <li>PRP - Hospital is implemented.</li> <li>Targets: an average of 15 hospitals and 400 pharmacy professionals per year.</li> </ul>	
2. Continue to implement the 2015-18 Methadone Action Plan to ensure that pharmacies providing methadone treatment to vulnerable populations meet the required standards for professionalism and patient safety.	<ul style="list-style-type: none"> <li>Pharmacies providing methadone therapy understand and meet College standards of professional practice.</li> <li>Decreased complaints regarding MMT dispensing.</li> <li>Target: 40 inspections of MMT dispensing pharmacies completed between 2015-18.</li> </ul>	

## Goal Three

### Drug Therapy Access and Monitoring

The College will explore avenues that enhance the ability of pharmacy professionals to maximize the public's access to safe, high quality drug therapy.

Objectives	Key Results	Considerations
1. Recommend to the Minister of Health that pharmacists be granted the authority to prescribe.	<ul style="list-style-type: none"> <li>• A comprehensive proposal is approved by the Board and delivered to the Minister of Health.</li> </ul>	<ul style="list-style-type: none"> <li>• There will be further budget and staffing impacts if the Board and Ministry approve the proposal.</li> <li>• Potential resource requirements for contractors.</li> </ul>
2. Seek greater access to patient lab values to enhance pharmacists' ability to provide quality, timely service to patients.	<ul style="list-style-type: none"> <li>• Pharmacists can access patient lab reports directly.</li> <li>• Pharmacists are using knowledge gained from lab results to provide an increased level of quality and timeliness to patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Scope of this objective does not extend to ordering lab tests and being paid for them.</li> </ul>

## Goal Four

### Organizational Excellence

The College has grown significantly over the last 10-15 years both in the number of registrants and pharmacies and in the staff required to govern them in the public interest. Over the next three years, the College will ensure that the efficiency and effectiveness of its foundational business processes and technological supports are upgraded to meet the ongoing needs of registrants, pharmacy owners and directors, staff and the public. It will also ensure that College governance and staffing are well organized and provided at the appropriate level to ensure the efficient and effective delivery of services to all stakeholders.

Objectives	Key Results	Considerations
1. Streamline the licensure business process to improve its efficiency and effectiveness.	<ul style="list-style-type: none"> <li>• Updated business processes are in place.</li> <li>• Registrants report the processes are clearer and more understandable.</li> </ul>	<ul style="list-style-type: none"> <li>• This objective will start after the implementation of PODSA ownership bylaws (Goal 1).</li> <li>• This objective must be integrated with IT changes.</li> </ul>
2. Update the College's information technology infrastructure to integrate and support the College's departments, programs and functions.	<ul style="list-style-type: none"> <li>• Design and implementation plan completed.</li> <li>• Updates planned include:               <ul style="list-style-type: none"> <li>a. Key database modules</li> <li>b. Enhancing privacy and security</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Follows implementation of PODSA ownership bylaws.</li> <li>• Integrates with business process changes.</li> <li>• Potential resource requirements for staff and contractors.</li> </ul>
3. Consider the Organization Review recommendations, which will inform a review of Board Policies and staffing levels and organization.	<ul style="list-style-type: none"> <li>• Board policies are updated</li> <li>• Staffing levels and organization are reviewed and changes are implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Potential resource requirements for consulting and staffing.</li> </ul>









## FEE SCHEDULE (HPA) - PLAN C

PHARMACIST	Proposed Fee (Budget 2017-18)	Current Fee (2016-17)	Proposed Increase (Decrease)	Proposed By-law Inforce Date	Paid-Thru Date
Full Pharmacist - registration renewal	\$699	\$580	\$119	November 1, 2017	Jan 1, 2018 - Dec 31, 2018
Non-practising Pharmacist - registration renewal	\$699	\$580	\$119	November 1, 2017	Jan 1, 2018 - Dec 31, 2018
Pre-registration	\$399	\$315	\$84	November 1, 2017	n/a
Re-instatement	\$399	\$315	\$84	November 1, 2017	n/a
Certification for Injection Drug Administration	\$100	\$100	\$0	November 1, 2017	n/a
Jurisprudence Exam	\$249	\$190	\$59	November 1, 2017	n/a

PHARMACY TECHNICIAN	Proposed Fee (Budget 2017-18)	Current Fee (2016-17)	Proposed Increase (Decrease)	Proposed By-law Inforce Date	Paid-Thru Date
Pharmacy Technician - registration renewal <sup>2</sup>	\$465	\$386	\$79	November 1, 2017	Jan 1, 2018 - Dec 31, 2018
Non-practising Pharmacy Technician - registration renewal <sup>2</sup>	\$465	\$386	\$79	November 1, 2017	Jan 1, 2018 - Dec 31, 2018
Pre-registration	\$266	\$210	\$56	November 1, 2017	n/a
Re-instatement	\$266	\$210	\$56	November 1, 2017	n/a
Structured Practical Training (SPT)	\$375	\$341.25	\$34	November 1, 2017	n/a
Jurisprudence Exam	\$249	\$190	\$59	November 1, 2017	n/a

STUDENT	Proposed Fee (Budget 2017-18)	Current Fee (2016-17)	Proposed Increase (Decrease)	Proposed By-law Inforce Date	Paid-Thru Date
Pre-registration (UBC & non-UBC students)	\$100	\$0	\$100	July 9, 2017	Sept 1, 2017 - Aug 31, 2018
UBC Student - registration renewal	\$0	\$0	\$0	July 9, 2017	Sept 1, 2017 - Aug 31, 2018

ADMINISTRATION	Proposed Fee (Budget 2017-18)	Current Fee (2016-17)	Proposed Increase (Decrease)	Proposed By-law Inforce Date	Paid-Thru Date
Replacement of registration certificate	\$125	\$100	\$25	November 1, 2017	n/a
Certificate of Standing	\$125	\$100	\$25	November 1, 2017	n/a
Processing of non-sufficient funds (NSF) cheque	\$125	\$100	\$25	November 1, 2017	n/a
Criminal Record Check (CRC) <sup>1</sup>	\$28	\$28	\$0	November 1, 2017	n/a
Late registration renewal fee	\$125	\$100	\$25	November 1, 2017	n/a
Pharmacy Practice Manual (available free on website)	\$275	\$250	\$25	November 1, 2017	n/a

**Notes:**

<sup>1</sup> Criminal Record Check (CRC): Ministry of Justice sets the fee. The fee remains unchanged at \$28.00.

<sup>2</sup> Pharmacy Technician fee is two-thirds of the Pharmacist fee

## FEE SCHEDULE (PODSA) - PLAN C

PHARMACY	Proposed Fee (Budget 2017-18)	Current Fee (2016-17)	Proposed Increase (Decrease)	By-law Inforce Date	Paid-Thru Date
Pharmacy - licensure renewal (Hospital & Community)	\$2,250	\$2,001	\$249	December 1, 2017	Feb 1, 2018 - Jan 31, 2019
New Pharmacy application fee	\$550	\$525	\$25	December 1, 2017	Feb 1, 2018 - Jan 31, 2019
Change of Ownership application fee	\$550	\$525	\$25	December 1, 2017	n/a
Follow-up site (3rd visit)	\$1,000	\$1,000	\$0	December 1, 2017	n/a
Relocation fee - with a router move	\$550	\$0	\$550	December 1, 2017	n/a
Tele-Pharmacy services application	\$300	\$210	\$90	December 1, 2017	n/a
Hospital satellite application	\$300	\$210	\$90	December 1, 2017	n/a
Education site application	\$550	\$315	\$235	December 1, 2017	n/a
Tele-Pharmacy license renewal	\$300	\$210	\$90	December 1, 2017	Feb 1, 2018 - Jan 31, 2019
Satellite Pharmacy renewal	\$300	\$210	\$90	December 1, 2017	Feb 1, 2018 - Jan 31, 2019
Education site renewal	\$550	\$210	\$340	December 1, 2017	Feb 1, 2018 - Jan 31, 2019

College of Pharmacists of BC  
Statement of Revenue and Expenses  
Fiscal Budget 2017/18 - Approved Copy

Plan C- Salaries Isolated	Budget 2016/17	Latest Estimates 2016/17	Budget 2017/18
<b>Revenue</b>			
<b>Licensure revenue</b>			
Pharmacy fees	1,854,394	1,818,199	2,508,280
Pharmacists fees	3,326,055	3,214,280	3,723,364
Technician fees	572,397	602,553	719,451
	<u>5,752,846</u>	<u>5,635,032</u>	<u>6,951,095</u>
<b>Non-licensure revenue</b>			
Other revenue	1,730,375	1,764,669	838,747
Grant Revenue	235,238	165,200	111,450
Investment income	158,372	154,749	92,778
College Place joint venture income	250,000	250,000	250,000
	<u>2,373,985</u>	<u>2,334,618</u>	<u>1,292,975</u>
<b>Total Revenue</b>	<b><u>8,126,831</u></b>	<b><u>7,969,650</u></b>	<b><u>8,244,070</u></b>
<b>Expenditures</b>			
Board and Registrar's Office	590,616	642,920	452,598
Finance and Administration	1,562,126	1,797,411	1,792,318
Grant Distribution	443,237	267,417	188,240
Registration, Licensure and Pharmanet	259,003	275,604	140,200
Quality Assurance	586,960	475,428	59,150
Practice Reviews	295,250	162,981	175,841
Complaints Resolution	380,432	376,293	405,432
Policy and Legislation	172,200	177,400	67,400
Communications and Engagement	459,660	252,389	114,253
Salaries and Benefits	5,136,433	4,927,392	5,649,121
Projects	-	-	150,000
<b>Total Expenditures</b>	<b><u>9,885,917</u></b>	<b><u>9,355,235</u></b>	<b><u>9,194,553</u></b>
<b>Deficiency of revenue over expenditures</b>	<b><u>(1,759,087)</u></b>	<b><u>(1,385,585)</u></b>	<b><u>(950,483)</u></b>
<b>Amortization</b>	<u>412,127</u>	<u>404,041</u>	<u>400,014</u>
<b>Deficiency of revenue over expenditures</b>	<b><u>(2,171,214)</u></b>	<b><u>(1,789,626)</u></b>	<b><u>(1,350,497)</u></b>

**Editorial Note: Total Expenditures including Amortization is \$9,594,567.**

College of Pharmacists of BC  
Statement of Revenue and Expenses  
Fiscal Budget 2017/18 - Approved Copy

Plan C- Salaries by Department	Budget 2016/17	Budget 2017/18
<b>Revenue</b>		
<b>Licensure revenue</b>		
Pharmacy fees	1,854,394	2,508,280
Pharmacists fees	3,326,055	3,723,364
Technician fees	572,397	719,451
	<u>5,752,846</u>	<u>6,951,095</u>
<b>Non-licensure revenue</b>		
Other revenue	1,730,375	838,747
Grant Revenue	235,238	111,450
Investment income	158,372	92,778
College Place joint venture income	250,000	250,000
	<u>2,373,985</u>	<u>1,292,975</u>
<b>Total Revenue</b>	<b>8,126,831</b>	<b>8,244,070</b>
<b>Expenditures</b>		
Board and Registrar's Office	959,676	803,200
Finance and Administration	2,682,100	3,258,059
Grant Distribution	443,237	188,240
Registration, Licensure and Pharmanet	887,630	923,616
Quality Assurance	586,960	59,150
Practice Reviews	1,551,389	1,423,425
Complaints Resolution	1,612,575	1,591,574
Policy and Legislation	431,569	404,314
Communications and Engagement	730,781	392,975
Projects	-	150,000
<b>Total Expenditures excluding Amortization</b>	<b>9,885,917</b>	<b>9,194,553</b>
<b>Deficiency of revenue over expenditures excluding amortization</b>	<b>(1,759,087)</b>	<b>(950,483)</b>
<b>Amortization</b>	<b>412,127</b>	<b>400,014</b>
<b>Deficiency of revenue over expenditures including amortization</b>	<b>(2,171,214)</b>	<b>(1,350,497)</b>

**Editorial Note: Total Expenditures including Amortization is \$9,594,567.**

College of Pharmacists of BC  
Budget 2017-18 to 2022-23 (6-Year Plan)

Plan C

	YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	PROJECTED				
<i>Revenue from deferred (Proposed)</i>	6,539,955	7,950,882	9,116,872	9,658,234	9,852,636	10,049,676
<i>Revenue one-time (Proposed)</i>	461,594	542,709	553,260	563,939	574,618	585,450
<i>Revenue other</i>	1,218,522	475,037	426,470	435,618	449,790	454,551
<i>Revenue Student (Proposed)</i>	24,000	24,000	24,000	24,000	24,000	24,000
<b>Revenue Total</b>	<b>8,244,070</b>	<b>8,992,628</b>	<b>10,120,602</b>	<b>10,681,791</b>	<b>10,901,043</b>	<b>11,113,677</b>
<b>Expenditures</b>	<b>9,594,567</b>	<b>9,879,826</b>	<b>10,141,223</b>	<b>10,304,370</b>	<b>10,042,353</b>	<b>10,246,143</b>
<b>(Deficiency) Excess of Revenue over Expenditures</b>	<b>(1,350,497)</b>	<b>(887,198)</b>	<b>(20,621)</b>	<b>377,421</b>	<b>858,690</b>	<b>867,534</b>

	YR 1	YR 2	YR 3	YR 4	YR 5	YR 6
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
	BUDGET	PROJECTED				
<b>Reserves, Opening Balance</b>	<b>4,975,505</b>	<b>3,625,008</b>	<b>2,737,810</b>	<b>2,717,189</b>	<b>3,094,610</b>	<b>3,953,301</b>
<i>Add : Replenishments</i>				377,421	858,690	867,534
<i>Less : Funding</i>	(1,350,497)	(887,198)	(20,621)			
<b>Reserves, Closing Balance</b>	<b>3,625,008</b>	<b>2,737,810</b>	<b>2,717,189</b>	<b>3,094,610</b>	<b>3,953,301</b>	<b>4,820,835</b>

<b>Target Balance (per Senior Management)</b>	<b>3,500,000</b>	<b>2,700,000</b>	<b>2,700,000</b>	<b>3,100,000</b>	<b>4,000,000</b>	<b>4,500,000</b>
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<b>Over (Short)</b>	<b>125,008</b>	<b>37,810</b>	<b>17,189</b>	<b>(5,390)</b>	<b>(46,699)</b>	<b>320,835</b>
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College of Pharmacists  
of British Columbia

## BOARD MEETING February 17, 2017

### 6. Governance Committee

#### INFORMATION ONLY

Norm Embree, Board member and Chair of the Governance Committee, met with College staff resources David Pavan and Lori Tanaka on January 17, 2017 to discuss timelines of current governance items:

- Phase 2 of the Organization Review being conducted by Ernst and Young – now underway
- Committee Appointments/Re-appointments – in progress, will follow the same process as in previous years:
  - Staff to identify vacancies on committees based on membership interest and term of appointment limits,
  - Call for volunteers to be sent out to fill vacancies,
  - Governance Committee to compile final recommendations for membership, committee chairs and vice-chairs, and any amendments to terms of reference documents,
  - All recommendations to be brought to the April 2017 Board meeting for approval.

**Appendix**

1	Memo to NAPRA Member Organizations
2	NAPRA Governance Presentation
3	NAPRA Governance Review – Small Group Work 1
4	NAPRA Governance Review – Small Group Work 2



College of Pharmacists  
of British Columbia

## BOARD MEETING February 17, 2017

### 7. **NAPRA Governance**

#### INFORMATION ONLY

Blake Reynolds, Director on the NAPRA Board representing the College of Pharmacists of British Columbia, will provide a presentation on the proposed changes to NAPRA governance.

<b>Appendix</b>	
1	Memo to NAPRA Member Organizations
2	NAPRA Governance Presentation
3	NAPRA Governance Review – Small Group Work 1
4	NAPRA Governance Review – Small Group Work 2

## **Memorandum to: NAPRA Member Organizations**

**Date: November 25, 2016**

**Subject: Proposed Changes to NAPRA Governance**

### **Context:**

Good governance is a fundamental component of a healthy and productive organization. As NAPRA has evolved over its 20-year history, so has its governance needs. It has, therefore, been recognized by NAPRA's leaders that a governance review is now needed to examine challenges related to structure and function in order to strengthen the organization to better serve its members and for NAPRA's role within pharmacy in Canada.

With this in mind, in April 2016, NAPRA's Board of Directors created an Ad-hoc Committee on Governance ("the Committee" hereafter) to identify and/or validate concerns with the current governance approach, to explore options for improvement, and to make recommendations to the Board regarding governance changes. The Institute on Governance (IOG) was engaged to support the Committee in its work.

This memorandum serves to inform you – all NAPRA Member organizations – of the work of the Ad-hoc Committee on Governance and to share the recommendations it put forth. During the November 9<sup>th</sup>, 2016 meeting of the NAPRA Board of Directors, the Board reviewed the recommendations of the Committee. After valuable discussion, the Board accepted the recommendations *in principle* with the understanding that each Board member would share the recommendations with his/her Member Organization to inform each of the work undertaken to date, and to seek meaningful feedback from the their own Councils/Boards in order to move forward with a change in NAPRA's governance.

The remainder of this memorandum shares information under the topics of 1) deliberations of the Committee and the Board 2) the recommendations and 3) next steps.

### **Deliberations**

As part of the governance review process, a data-gathering phase was undertaken in Spring 2016 that included a survey, focus group and interviews with Board members and registrars, as well as a review of key NAPRA documents.

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#### **Members/Membres**

Alberta College of Pharmacists  
Canadian Armed Forces – Pharmacy Services Division  
College of Pharmacists of British Columbia  
College of Pharmacists of Manitoba

New Brunswick College of Pharmacists  
Newfoundland and Labrador Pharmacy Board  
Government of the Northwest Territories  
Nova Scotia College of Pharmacists  
Government of Nunavut

Ontario College of Pharmacists  
Ordre des pharmaciens du Québec  
Prince Edward Island College of Pharmacists  
Saskatchewan College of Pharmacy Professionals  
Community Services - Government of Yukon

That data-gathering phase identified and/or validated a number of key issues including:

1. The need to clarify NAPRA's purpose and value proposition into the future;
2. The need for the NAPRA Board to have a more strategic focus, with greater attention to organizational health, including financial and human resources, and effective monitoring and mitigating of risks, and for Board members to better understand their roles and responsibilities;
3. The need to address concerns regarding the duplication of effort between the Council of Pharmacy Registrars of Canada (CPRC) and the NAPRA Board; and
4. The need to improve governance and structure to allow NAPRA to become more nimble.

As *form follows function*, the mandate, mission and value proposition of NAPRA and its corresponding services were reviewed. The conclusion was that the mission and mandate remain sound and that programs and services generally align well with the value proposition. The data-gathering phase did identify somewhat differing views on the organization's value proposition (e.g. the role of NAPRA in running its own national programs), and although the differences were not significant to warrant addressing immediately, it was suggested that the Board review the organization's value proposition during its next visioning and strategy exercise, which is proposed to immediately follow completion of this governance review process.

With function assessed, form was considered. Numerous options for Board governance were analyzed, supported by a review of several case studies of other organizations to gain an understanding of the pros and cons of different models. It is recognized that no governance model is perfect and the goal is to seek a model that will best allow NAPRA to address the key issues identified above.

After contemplation of the pros and cons of a range of Board composition options, including representative, constituent and skills-based models, a number of specific composition options for NAPRA were reviewed, including 1) the current composition model with Member organization representatives<sup>1</sup> as the voting directors 2) the registrars as the voting members of the Board or 3) a mix of registrars and Member organization representatives<sup>1</sup> as the voting members.

Option 3 of having a Board composed of a mix of registrars and Member organization representatives<sup>1</sup> was rejected by the Committee because of concerns that this model would not address duplication of effort concerns. Thus, the Committee focused on the other two options – 1) the current composition model (note: in our current model, registrars do typically attend board meetings but they are not directors and do not have the right to vote) or 2) the option of having the registrars as the voting members of the Board.

As already indicated, no model will be perfect, and an analysis of the two options was undertaken, with the pros and cons of each outlined in the chart that follows.

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<sup>1</sup> In practice, most Member organization representatives serving as NAPRA Board Directors are current or past Presidents of the Boards of the provincial/territorial regulatory authorities. Note also that some PRA's use the term 'President' and others use 'Chair of the Board' to describe the position of Board Chair.

Registrars as the Board		Member Organization Representatives as the Board <sup>1</sup>	
<u>Pros</u>	<u>Cons</u>	<u>Pros</u>	<u>Cons</u>
<ul style="list-style-type: none"> <li>• More aware of the regulatory issues, in particular related to the day-to-day operations</li> <li>• Better able to understand and meet the needs of member organizations</li> <li>• Potentially more efficient use of staffing resources (no need to support both Board and CPRC)</li> <li>• Elimination of duplication of effort between Board and CPRC</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of renewal / not possible to have term limits</li> <li>• Time commitment could be a challenge</li> <li>• Risk that not focused enough on “board work” and too much on former CPRC work</li> <li>• Conflict of interest in relation to fiduciary duty and legal obligations to their provincial/territorial boards of directors</li> <li>• Only one perspective (registrar) at the table – lack of ‘front line’ perspective</li> <li>• Potential for overconfidence &amp; lack of consultation</li> <li>• Smaller selection pool to populate committees tasked to complete Board work</li> </ul>	<ul style="list-style-type: none"> <li>• Clarity of role / less risk of delving into operational issues</li> <li>• Somewhat broader range of perspectives at the board table, including ‘front line’</li> <li>• Leadership development opportunity</li> <li>• Terms and term limits can be set</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of detailed subject matter knowledge</li> <li>• Conflict of interest in relation to fiduciary obligations to both national and provincial/territorial organization if Board representative is a current President (or Past President still serving on PRA Board)</li> <li>• Continued duplication of effort (CPRC would continue to be required)</li> <li>• Potentially less efficient use of NAPRA staff resources (would still support Board and CPRC)</li> <li>• Full reliance on the Board to be fully informed to make adequate decisions if registrars not present at Board table</li> </ul>

The issue of potential conflicts in fiduciary obligations was an important consideration, and it is acknowledged that this exists whether the Board is made up of Member organization representatives who are current Presidents (or Past Presidents who are still serving on PRA Boards) or made up of registrars. Overall it is felt that potential for actual conflicts to arise would be rare, and that the consensus-based model ensures the need for agreement (or stand aside) on all key decisions.

The need to reduce duplication of effort between the Board and CPRC and the need for pharmacy regulation expertise at the board table is believed to be the key consideration. Ideas on how some of the weakness of the registrars as the NAPRA Board could be addressed included potential modifications to the model with, for example, the addition of ‘directors at-large’ to the Board to bring a broader set of perspectives and ensure attention to the Board’s governing role (and not just the work formerly done by CPRC).

The recognition of the risk that a Board populated by registrars could become too focused on issues that registrars addressed through CPRC at the expense of the Board's strategic, leadership and oversight roles, led to discussion of a potential meeting format to both complete the work formerly done by the CPRC and NAPRA's governance responsibilities. The Institute on Governance (IOG) introduced the concept of a Committee of the Whole. A Committee of the Whole is a structure in which a board of directors sits as a single committee with all board members being committee members. A Committee of the Whole deals with the detailed work assigned to it by the Board and makes recommendations to the Board. A practical example of this would be discussion of interjurisdictional issues that might lead to a recommendation to the Board (e.g. jurisdictional challenges and experiences on implementation of NAPRA's compounding standards). The benefit of the Committee of the Whole for NAPRA would be that it draws a clear line between the registrars (and other board members) meeting to share information, identify common issues, etc., and the same group meeting as a Board to fulfill its governance obligations.

Finally, a review was undertaken of how board meeting frequency, improving meeting structures, and ensuring active member engagement in the organization's priority setting could assist in addressing some of the potential shortcomings / risks in a new model, as well as facilitate NAPRA's ability to be more nimble than it has been able to be to date.

As noted earlier, the Board of Directors engaged in a half-day session to review and discuss the recommendations during their recent meeting on November 9<sup>th</sup>. The work of the Committee formed the basis of some very thoughtful and informed discussion. The dialogue, facilitated by the Institute on Governance, provided opportunity for response and discussion of questions and concerns raised by Board members and registrars, with particular focus on the new proposed composition of the Board. At the conclusion of the session, the Board supported the recommendations *in principle* with the understanding that engagement with their Member organizations about the NAPRA governance changes would be a next step.

### **Recommendations:**

The following are the recommendations that were put forth by the Committee for consideration by the Board of Directors at the November 9<sup>th</sup> meeting. *(Note the wording used permits discussion of the concepts, and can be adapted for better structure for bylaws later):*

#### 1. Board Composition:

- That the NAPRA Board consist of 14 individuals, comprised of the registrars from each of the provincial pharmacy regulatory authorities and representatives of the governmental agencies of the territories and Canadian Forces Pharmacy Services, plus up to three directors at-large
- That the three directors at-large may include a registered pharmacist, a registered pharmacy technician and a public member *(Note: it is proposed that the Nominating Committee have final discretion to allow it to recommend those that best fit the Board's and NAPRA's needs).*
- The Committee recommends that the 'public' director bring an independent view, and therefore not be a current or former pharmacist or pharmacy technician.
- The Committee also recommends that the other two director at-large positions (for registered pharmacist and registered pharmacy technician) be drawn from outside the Boards of the PRAs to avoid conflicts of interest.

2. Terms:
  - That the registrars have one year, renewable terms without term limits.
  - That the directors-at-large have a maximum of two consecutive three-year terms, and that terms be staggered.
3. Decision-making
  - That the Board continue to operate with its existing consensus decision-making model, with stand aside option.
4. Meetings:
  - That the Board meet six times per year:
    - That four of the six meetings be in-person, for two days each
    - That the remaining two meetings be teleconference meetings, for two hours each.
5. Board Committees:
  - That there be no Executive Committee.
  - That the Board hold further discussions on the role and function of other standing and ad hoc committees, once the key decisions around Board structure and function have been made.
6. Board Advisory Committees:
  - That the CPRC be disbanded.
7. Board Leadership:
  - That the Chair of the Board continue to be elected by the Board.

In the preparation of these recommendations, some of the key risks of the proposed model were recognized and mitigation strategies identified for them:

Risk #1: Registrars as the Board may be too insular

Mitigation: Add directors at-large to bring other perspectives and skill sets

Risk #2: Terms and term limits not possible with registrars as the Board, leading to lack of renewal

Mitigation: Directors at-large, with terms and term limits, will allow for limited renewal

Risk #3: Registrars as the Board may be too focused on issues formerly addressed by CPRC

Mitigation: (1) Directors at-large may help ensure greater focus on governing role; (2) Meeting structures, including a 'Committee of the Whole' approach to former CPRC-work, will provide necessary structure to ensure both the 'detailed doing' work and the 'governing' work are completed; (3) An effective orientation process for new directors will ensure directors understand their roles and responsibilities.

Risk #4: Conflicts in fiduciary obligations and potentially employment obligations for registrars

Mitigation: (1) consensus-based decision making approach; (2) NAPRA members' (i.e. PRA Boards) input and buy-in regarding NAPRA priorities to be regularly sought.



It was agreed that the following actions would occur following the November 9<sup>th</sup>, 2016 Board meeting – 1) that each Board member would take the recommendations back to each Member organization as already indicated and 2) that a communication tool would be provided to open the discussion for NAPRA's Board members within their own jurisdictions – this memorandum serves that latter purpose.

### **Next Steps**

Any changes to NAPRA's governance *must be adopted by NAPRA's Member organizations* at a Special or Annual General Meeting (AGM). NAPRA's next Annual General Meeting will take place in 2017. NAPRA is your organization and it is your right and responsibility to set how it will be governed.

To keep the process moving forward productively, an Ad-hoc Committee on Governance Implementation was created at the November 9<sup>th</sup>, 2016 Board meeting to undertake a deeper examination into the expectations and the requirements for the implementation of a governance change, including: a timeline for implementation; the financial and staff resourcing impact; legal requirements; committee structure and population; ongoing communications; and other areas of relevance.

The work of the Ad-hoc Committee on Governance Implementation allows us to explore the intricacies of such a governance change, while at the same time moving forward with the critical engagement and discussion with all our Member organizations. This tandem effort of moving forward may enable NAPRA to be in a position to propose governance changes for Member approval at the April 2017 AGM.

What is most critical at this time is ensuring that each of you, NAPRA's Member organizations, are informed of the proposed changes and that you have the opportunity to understand the deliberations undertaken, and if you have any questions, to have them answered. Staff and members of our Committee are here to engage with you on this important proposal.

To allow us to keep moving forward to, hopefully, bring governance changes to our April 2017 AGM, we are seeking each Member organization's meaningful feedback on the recommendations **by February 10, 2017**, to allow us to adequately prepare for the AGM. In the meantime, members of the Committee, including myself, and Adele, our Executive Director, are available to assist however we can in your discussions. Please do reach out to Adele or I and we will be happy to respond to your questions and coordinate any conversations to meet your needs as you consider the content of this memorandum.

We look forward to hearing from you and continuing with you in the evolution of our critical national association.

Anjli Acharya  
President, NAPRA

# National Association of Pharmacy Regulatory Authorities

Meeting of the Board of Directors, November 9, 2016



**Institute on  
Governance**

LEADING EXPERTISE

**Institut sur  
la gouvernance**

EXPERTISE DE POINTE

# Session Objectives

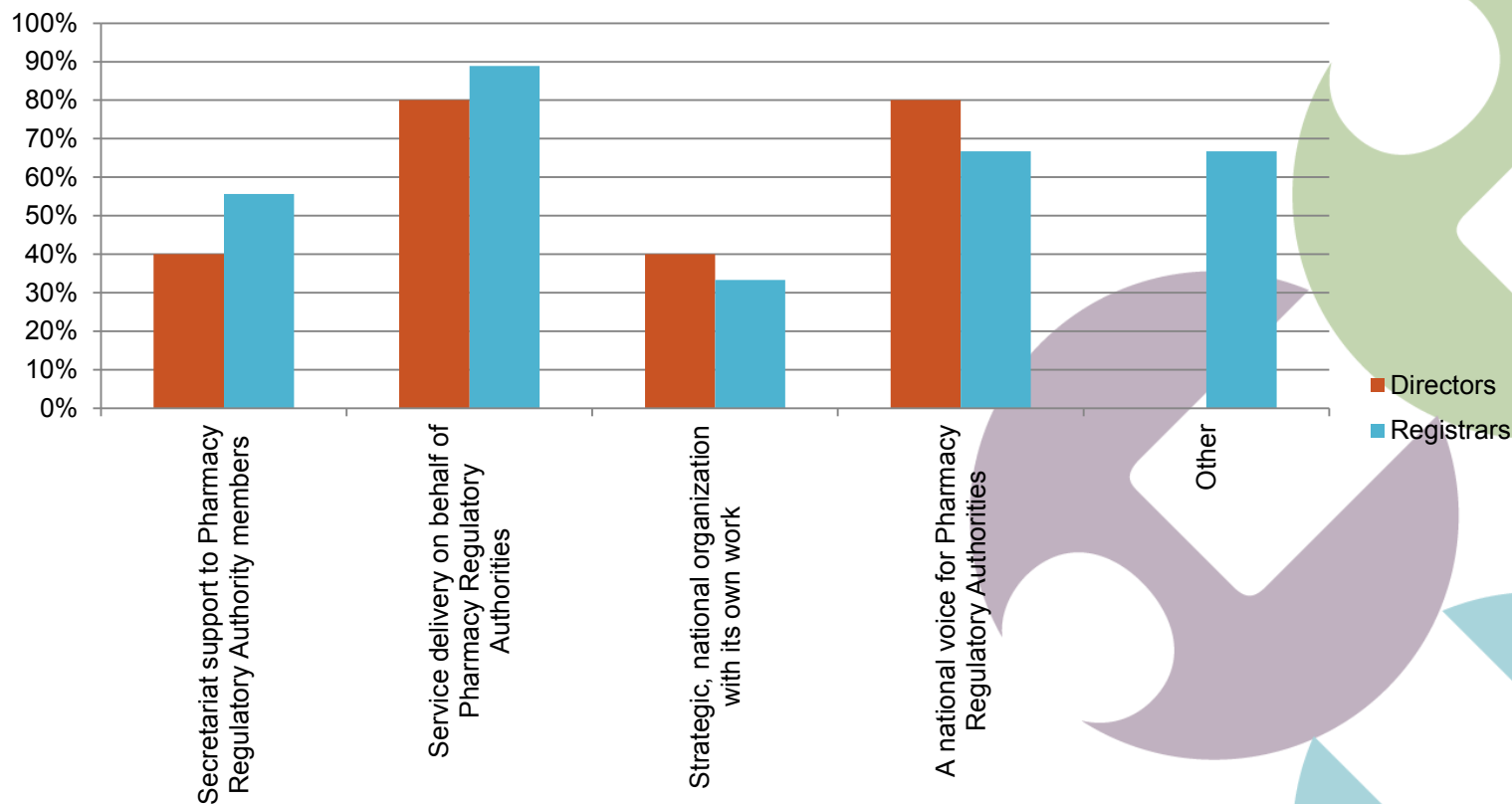
- To review the results of the assessment phase (the findings)
- To provide an overview of the case study results
- To outline the recommendations of the Ad Hoc Committee on Governance (to be presented by the Co-Chairs of the Committee)
- To discuss key components of the recommendations, and, where possible, develop a consensus on next steps



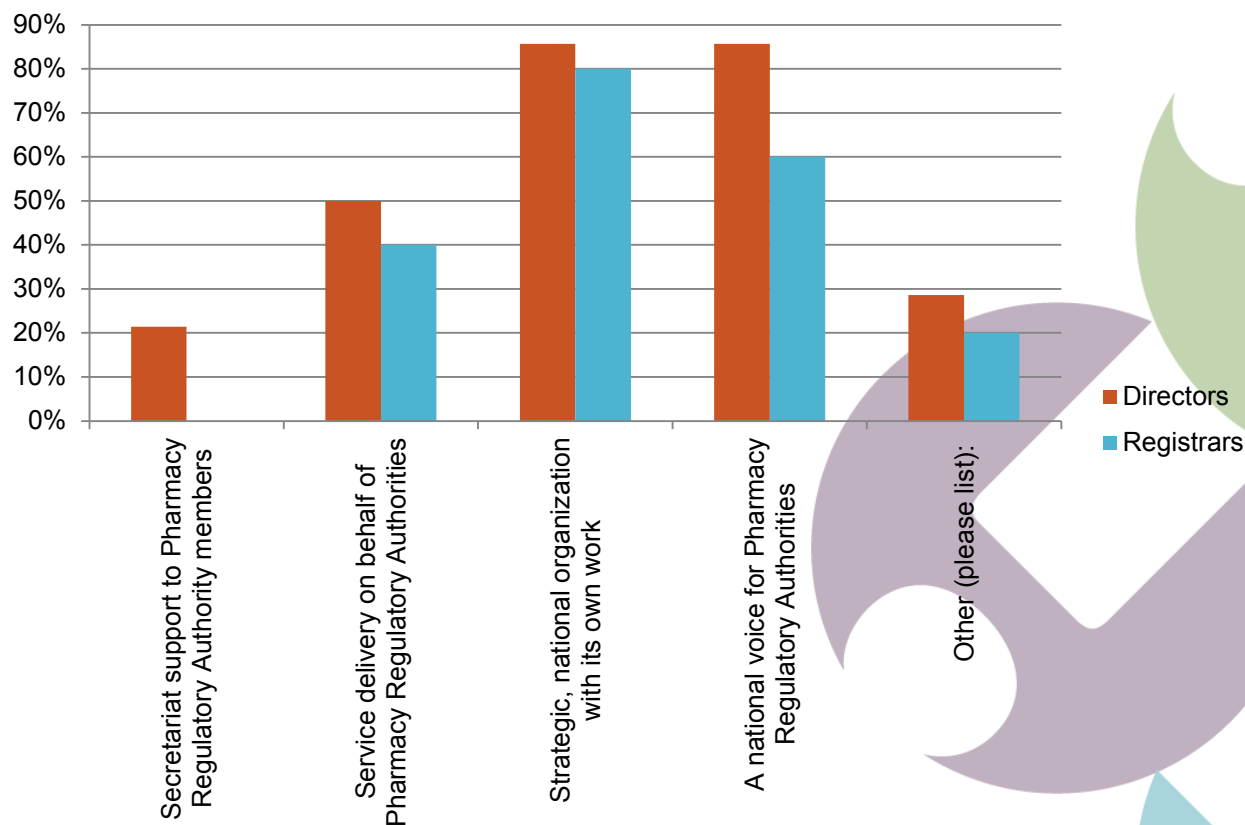
# SUMMARY OF FINDINGS



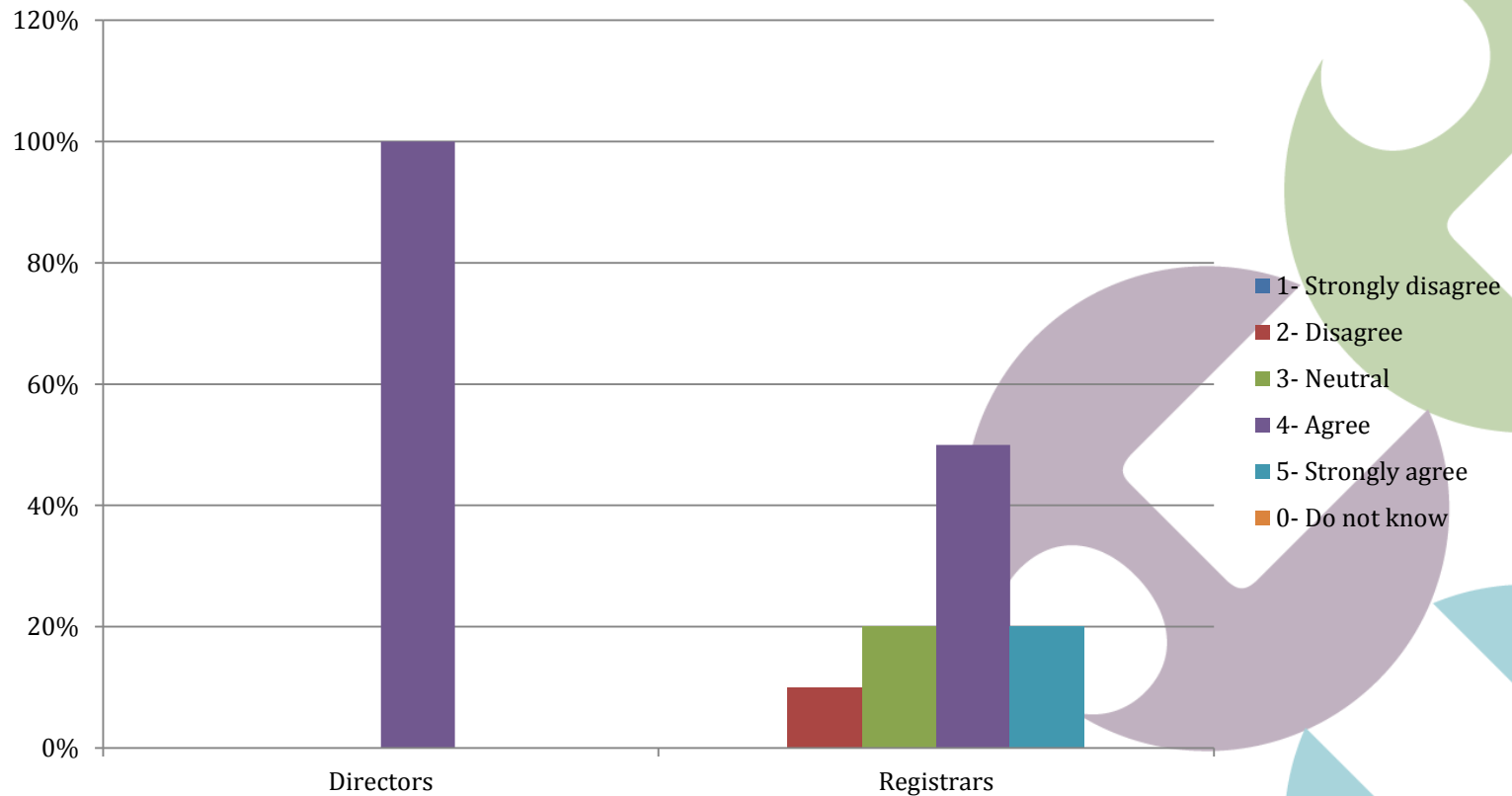
**Survey Question:** How would you define the past and current ‘core’ work of NAPRA? (note that respondents could choose as many options as they felt were applicable).



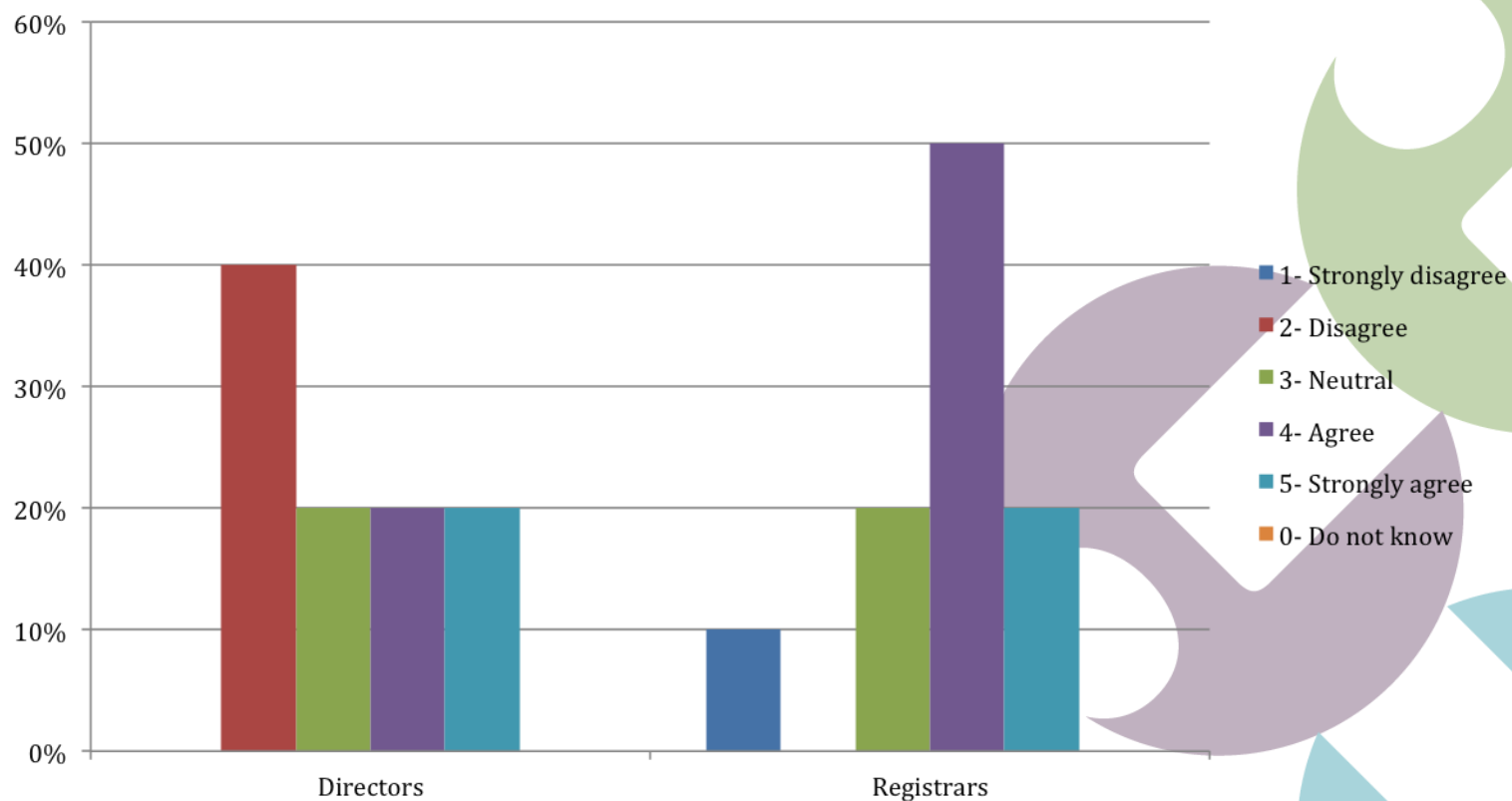
**Survey Question:** How should the ‘core’ work of NAPRA be defined going forward? (note that applicants could choose as many options as they felt were applicable.)



**Survey Question: NAPRA operates with a strategic plan or a set of measurable goals and priorities.**

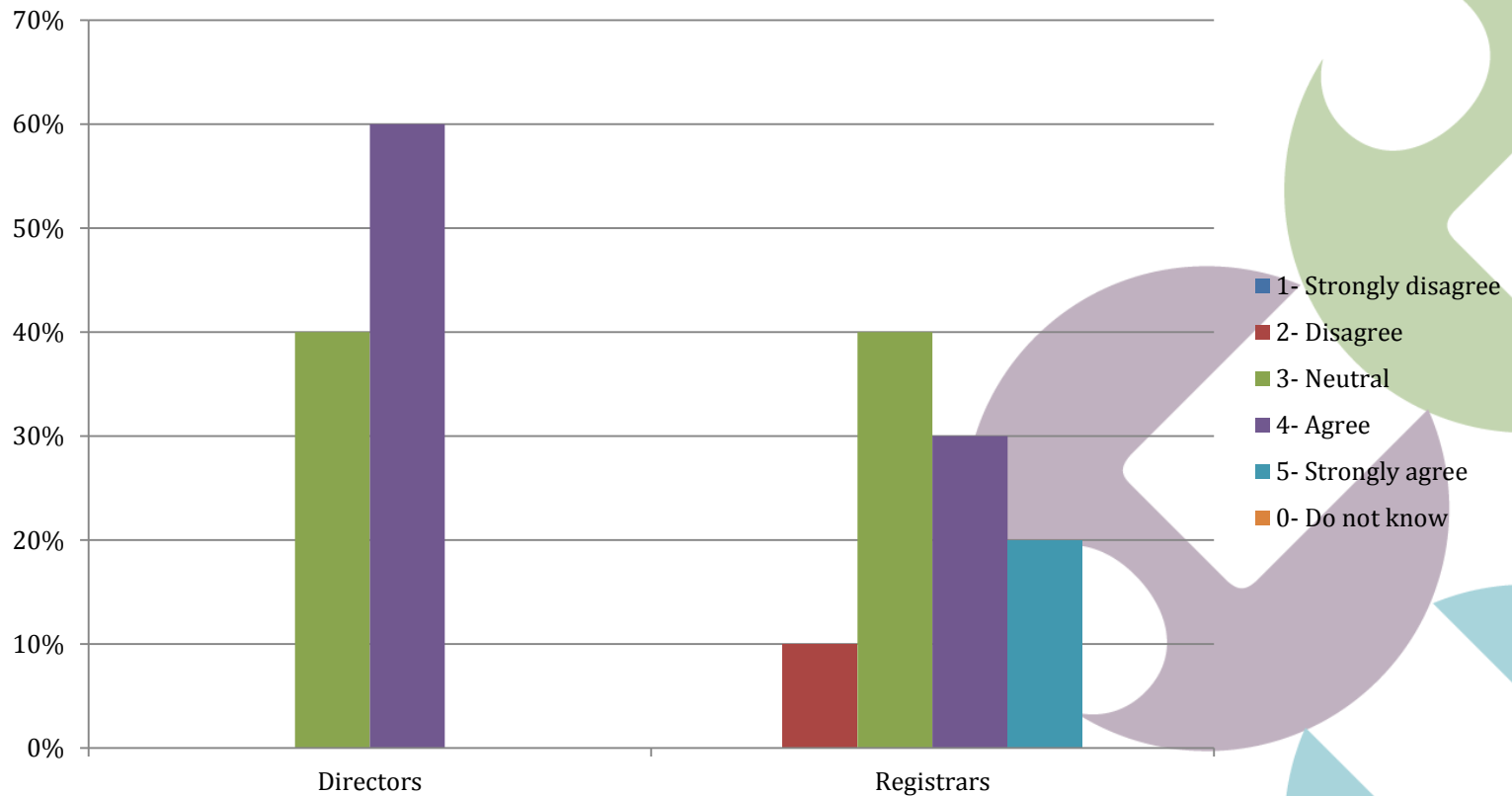


**Survey question: Board members ask relevant questions about NAPRA's outcomes related to its strategic objectives.**

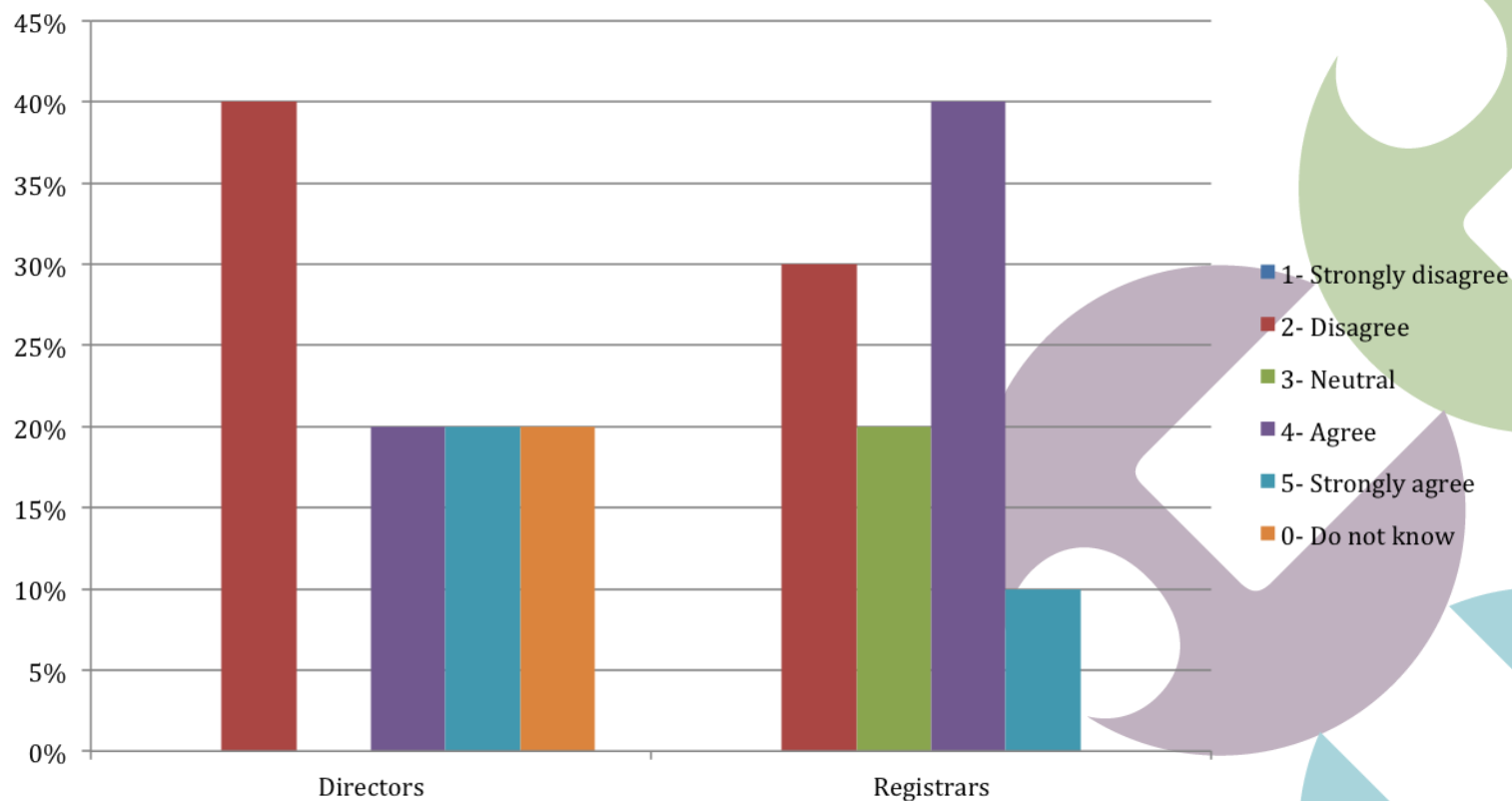




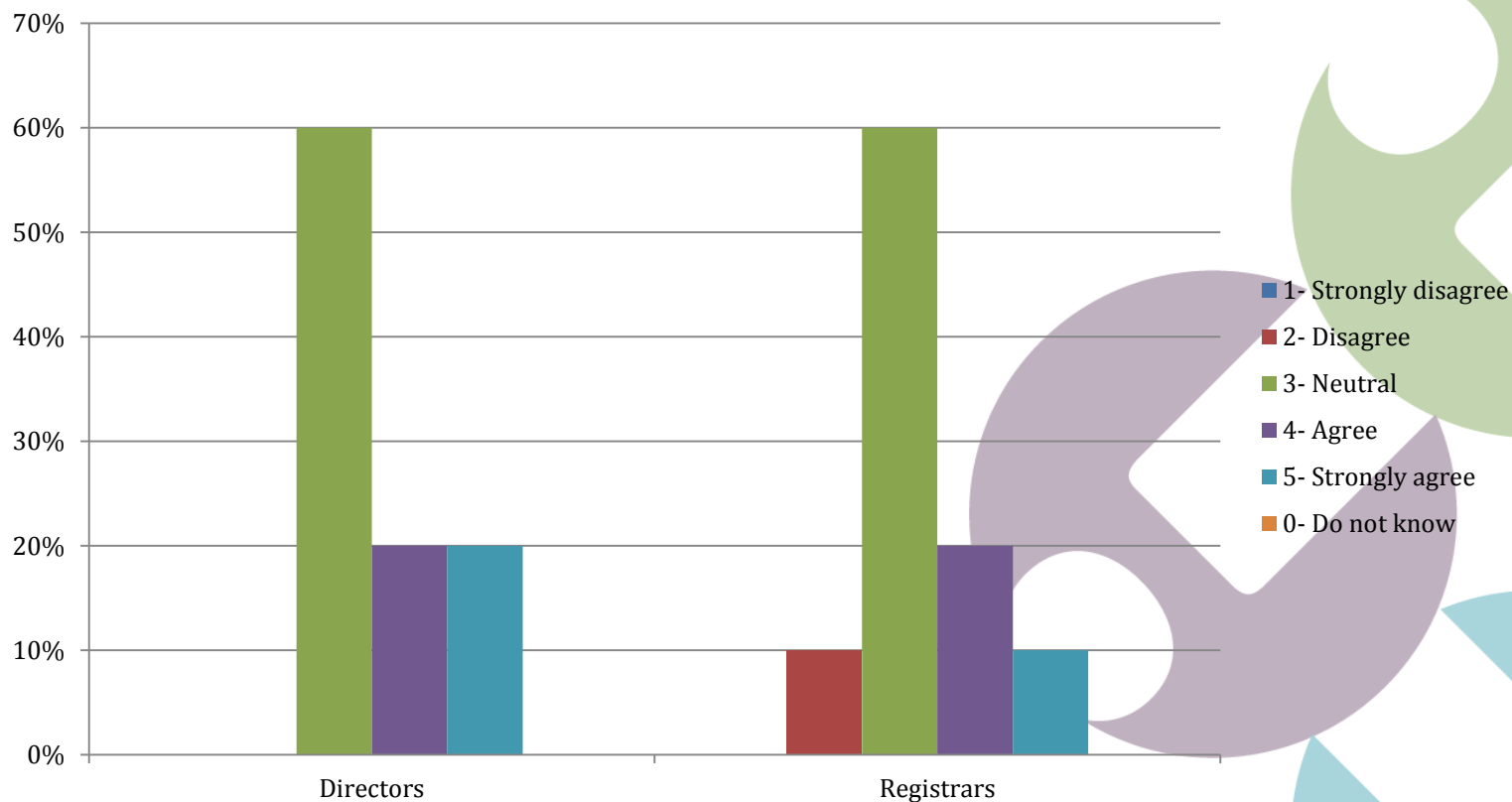
**Survey Question: Board members make decisions objectively and collaboratively in the best interests of NAPRA.**



**Survey Question: The Board ensures organizational health, including financial and human resources, and effective monitoring and mitigating of risks.**



**Survey question:** Board members clearly understand their roles and responsibilities, including legal and fiduciary obligations (i.e. duty of care, loyalty and obedience).



# Board Composition

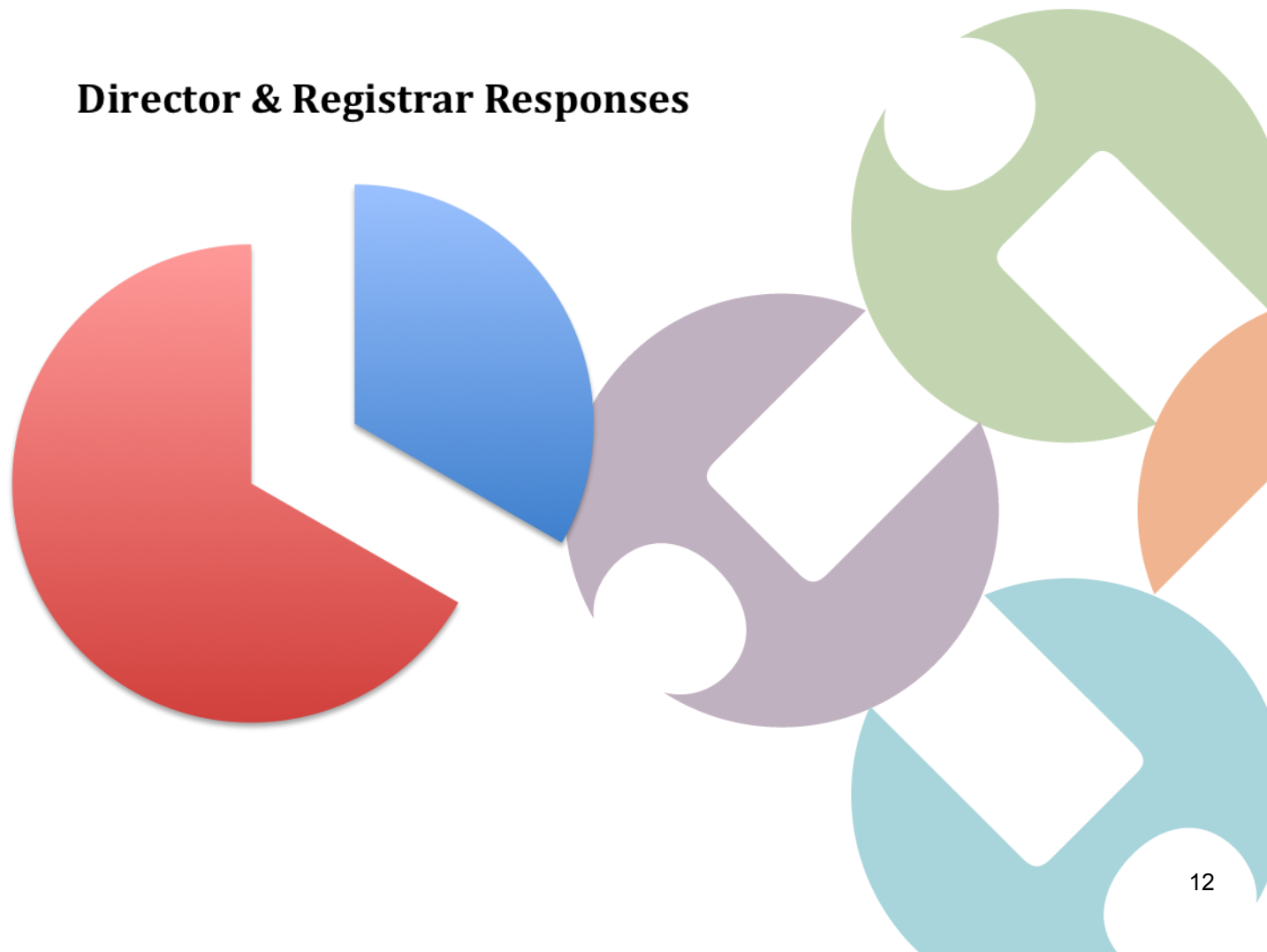
- Questions raised regarding the size and composition of the Board of Directors.
- A majority believe the current Board composition covers most of the necessary skills requirements
- Several noted that more governance knowledge at the table would be helpful.
- A majority of Registrars and Directors disagree that the Board has all the necessary perspectives it needs at the Board table



# Survey question: The size of the NAPRA Board is:

## Director & Registrar Responses

- Just right
- Too big
- Too small

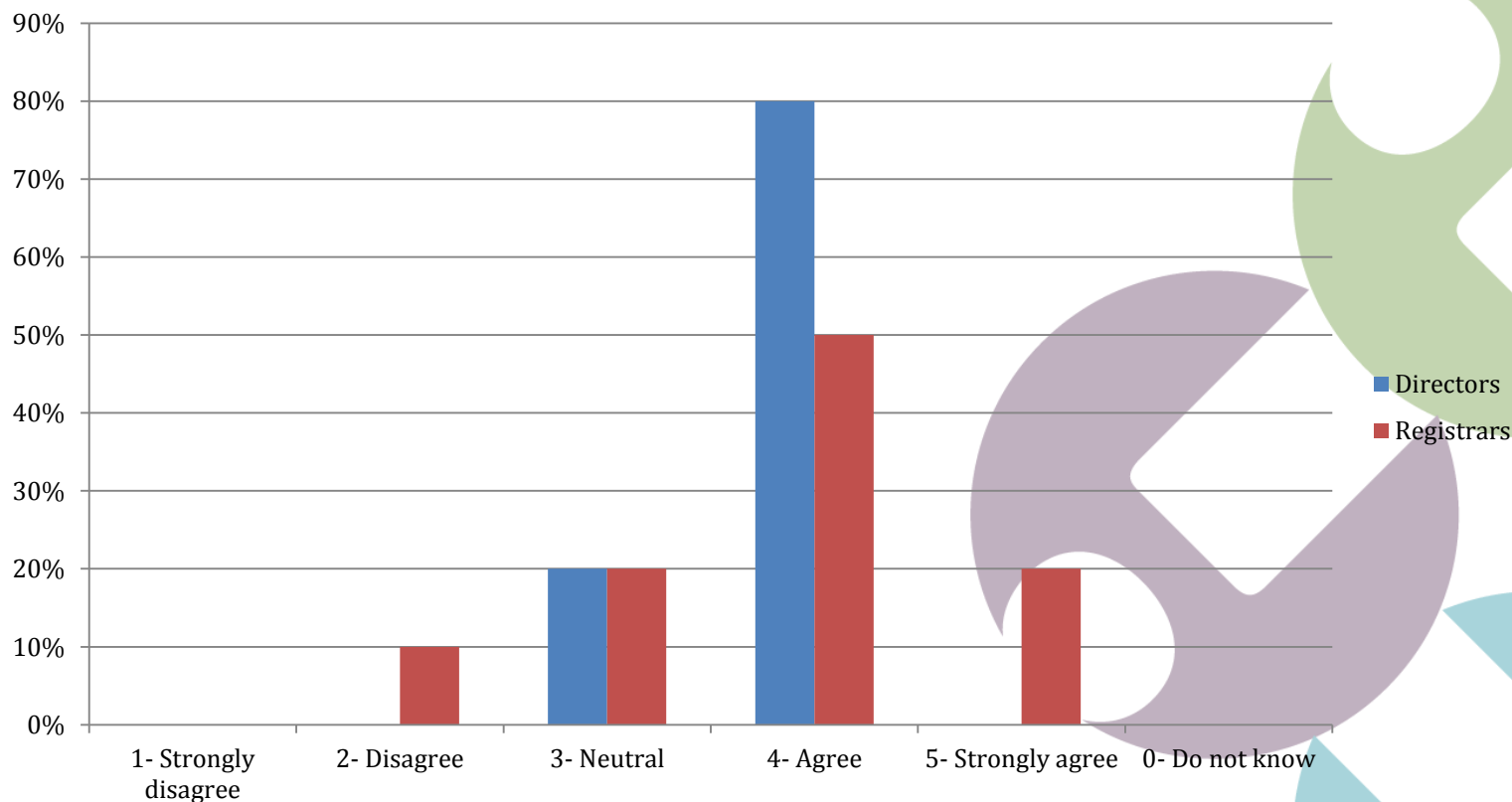


# Board Meetings

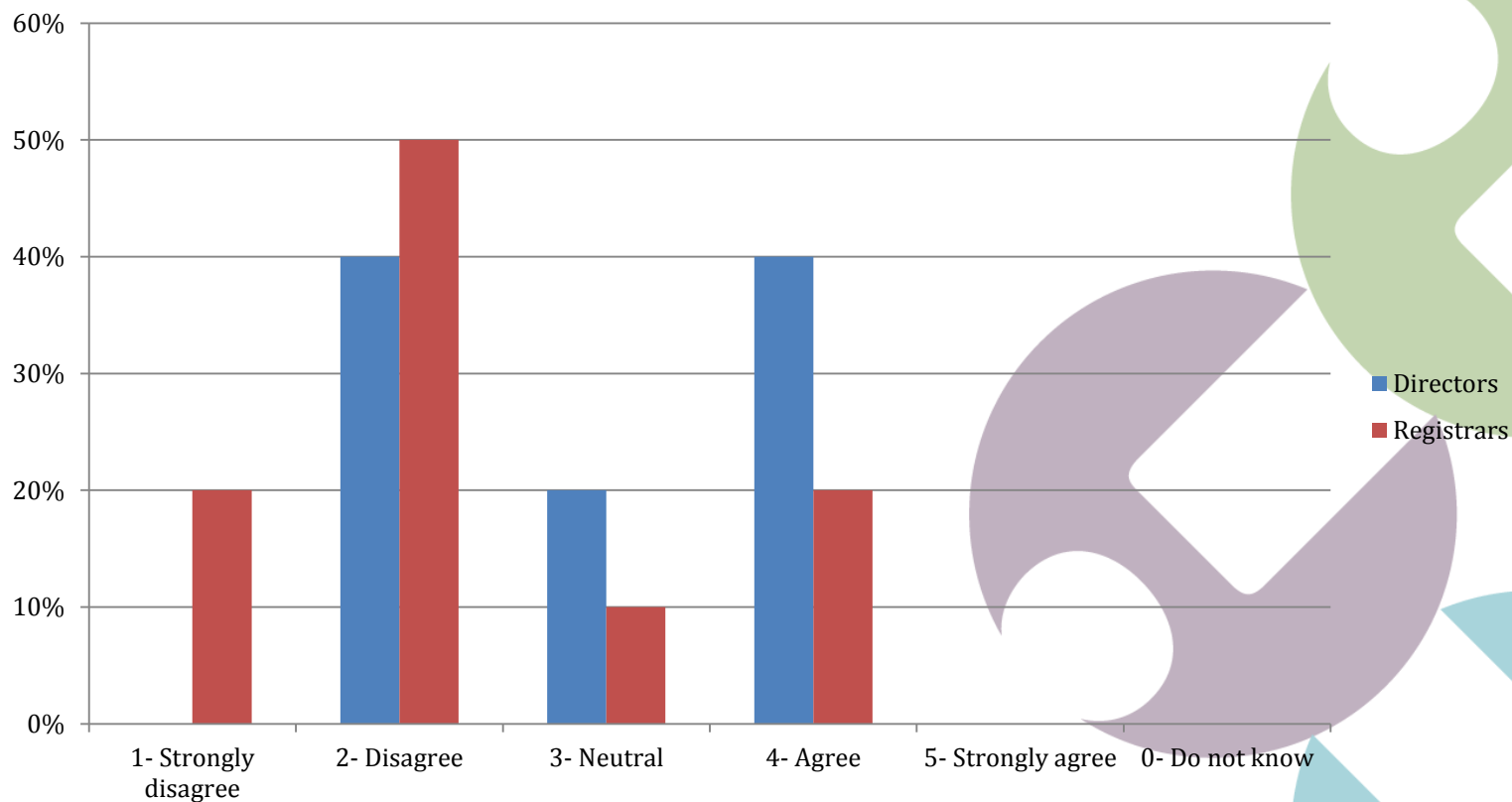
- Common feedback
  - Large # of people around the table
  - Unclear roles at board table
  - Meet only twice a year
  - Agenda may not be properly aligned with the Board's roles and responsibilities
  - Perceptions of duplication of effort (Board & CPRC)
  - Directors don't feel they are given sufficient space to engage



**Survey Question:** Directors receive information for Board meetings in advance, with enough time to allow Board members to give matters proper consideration and be prepared to debate and/or make decisions at meetings.



**Survey question: Does the Board meet often enough, and for long enough, to effectively fulfill its roles and responsibilities?**





# Board Committees

- Heavy reliance on Executive Committee to handle 'business' between meetings of the Board
- Mixed views on continued need for an Executive Committee

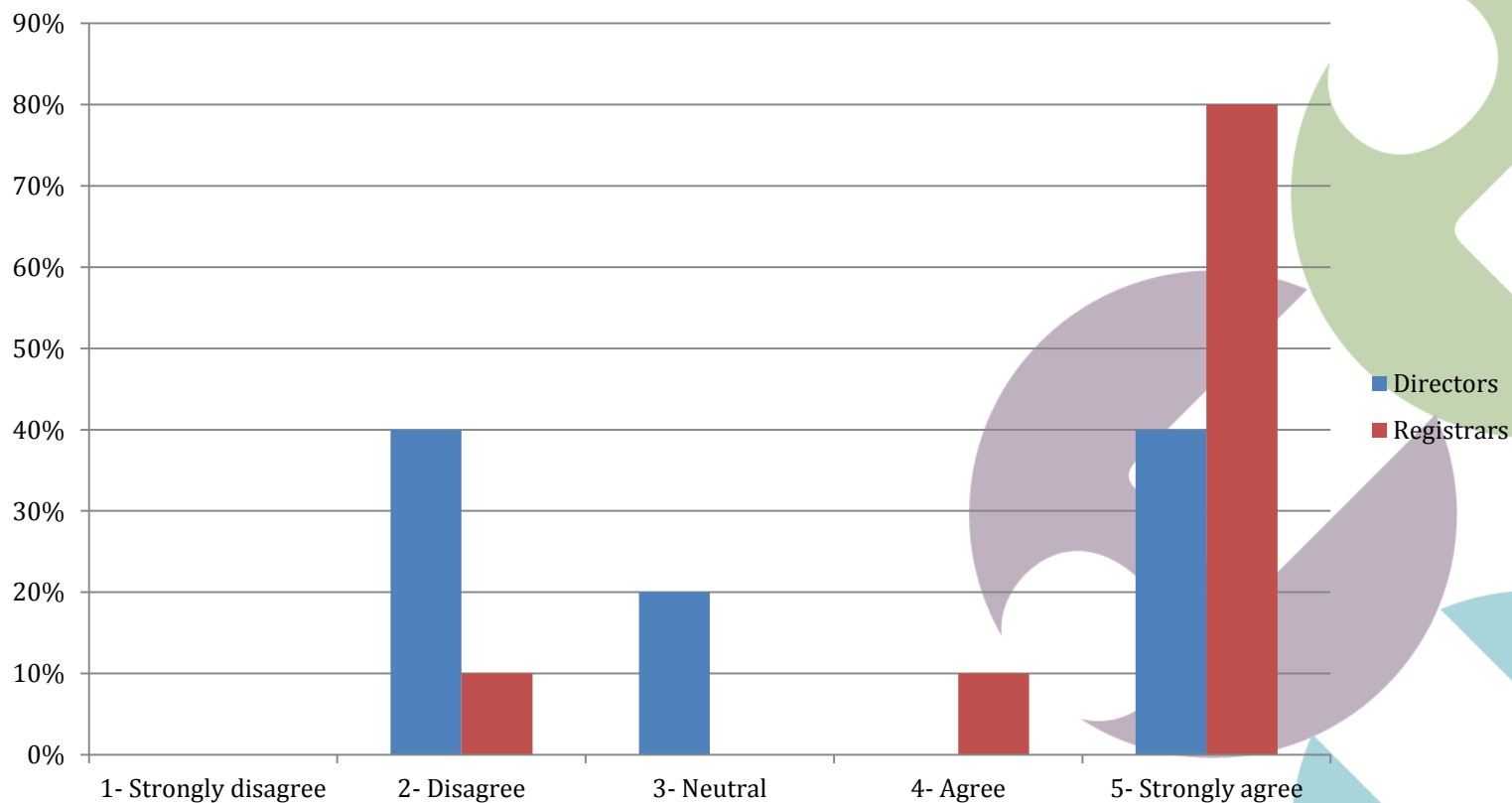


# CPRC

- Mixed views on clarity of their role
- Mixed views on whether the NAPRA Board should be composed of registrars
- Timing of CPRC meetings impacts ability to properly brief Board in advance of board meetings



**Survey question: There is duplication of effort in the work of the CPRC and the NAPRA Board.**



# Other

- Member engagement / communication



## In Sum:

- Differing views around NAPRA's purpose and value proposition going forward
- Recognition that the Board needs to have a more strategic focus, and pay greater attention to organizational health and monitoring and mitigating of risks.
- Significant concerns regarding the duplication of efforts between the CPRC and the NAPRA Board
- Concerns around the nimbleness of NAPRA



# CASE STUDIES



# FMRAAC Highlights

- Purpose – forum for info exchange, programs & services for members, common stds, voice w key national/intl stakeholders
- Funded 100% by membership fees
- Board made up of registrars
- Has both advisory & board committees, plus working groups
- Consensus decision making model, w. some exceptions (stand aside option)



# CASW Highlights

- Purpose – employment conditions/strengthening the profession, standards of practice, national voice & advocacy, supporting excellence in regulation
- Board – 10 members drawn from provincial / territorial boards (not all provinces currently engaged)
- Executive Committee
- Policy governance approach
- Consensus decision making
- Funded by provincial/territorial partners (3 year agreements)
- Interest groups supported by CASW and used as consultation mechanism





# FCC Highlights

- Purpose – serve public interest by promoting excellence in regulatory and accreditation practice
- Federation serves as secretariat to 3 councils (regulatory, accreditation and specialty colleges)
- Additional standing committee (education & accreditation) makes recommendations to Board, who can only accept or reject
- Funded by membership
- Board – mix of registrars and Presidents, larger jurisdictions have more reps but only 1 vote
- 2 meetings per year, 4 days each



# Questions?



# IOG's Principles of Good Governance

- Legitimacy & voice
- Direction & purpose
- Effective performance
- Accountability & transparency
- Fairness & ethical behaviour



# Summary - Key responsibilities of the Board

- Develops & maintains vision, mission & mandate, and ensures alignment
- Understands and upholds ethical integrity & legal obligations
- Ensures effective results-oriented performance
- Ensures financial and organizational health (sustainability and quality management)
- Selects, sets objectives and evaluates performance of the CEO
- Oversees the work of the CEO
- Ensures sound relationships with members and other stakeholders
- Anticipates and manages risks
- Demonstrates accountability through sound information
- Ensures sound governance
- Establishes committees to support the work of the Board

Presentation by Committee Co-Chairs

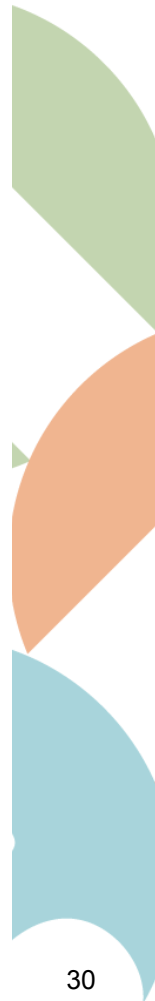
# COMMITTEE ON GOVERNANCE RECOMMENDATIONS



# BOARD COMPOSITION



Registrars as the Board		Member Organization Representatives as the Board <sup>1</sup>	
<u>Pros</u>	<u>Cons</u>	<u>Pros</u>	<u>Cons</u>
<ul style="list-style-type: none"> <li>• More aware of the regulatory issues, in particular related to the day-to-day operations</li> <li>• Better able to understand and meet the needs of member organizations</li> <li>• Potentially more efficient use of staffing resources (no need to support both Board and CPRC)</li> <li>• Elimination of duplication of effort between Board and CPRC</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of renewal / not possible to have term limits</li> <li>• Time commitment could be a challenge</li> <li>• Risk that not focused enough on “board work” and too much on former CPRC work</li> <li>• Conflict of interest in relation to fiduciary duty and legal obligations to their provincial/territorial boards of directors</li> <li>• Only one perspective (registrar) at the table – lack of ‘front line’ perspective</li> <li>• Potential for overconfidence &amp; lack of consultation</li> <li>• Smaller selection pool to populate committees tasked to complete Board work</li> </ul>	<ul style="list-style-type: none"> <li>• Clarity of role / less risk of delving into operational issues</li> <li>• Somewhat broader range of perspectives at the board table, including ‘front line’</li> <li>• Leadership development opportunity</li> <li>• Terms and term limits can be set</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of detailed subject matter knowledge</li> <li>• Conflict of interest in relation to fiduciary obligations to both national and provincial/territorial organization if Board representative is a current President (or Past President still serving on PRA Board)</li> <li>• Continued duplication of effort (CPRC would continue to be required)</li> <li>• Potentially less efficient use of NAPRA staff resources (would still support Board and CPRC)</li> <li>• Full reliance on the Board to be fully informed to make adequate decisions if registrars not present at Board table</li> </ul>



# Recommendation – Board Composition

- Board consist of:
- 14 individuals comprised of registrars from each of the provincial pharmacy regulatory authorities and representatives of the governmental agencies of the territories and the Canadian Forces Pharmacy Services, and
- Up to 3 directors at-large



# Recommendation – Board Composition

- Three directors at-large may include:
  - A registered pharmacist
  - A registered pharmacy technician, and
  - A public member



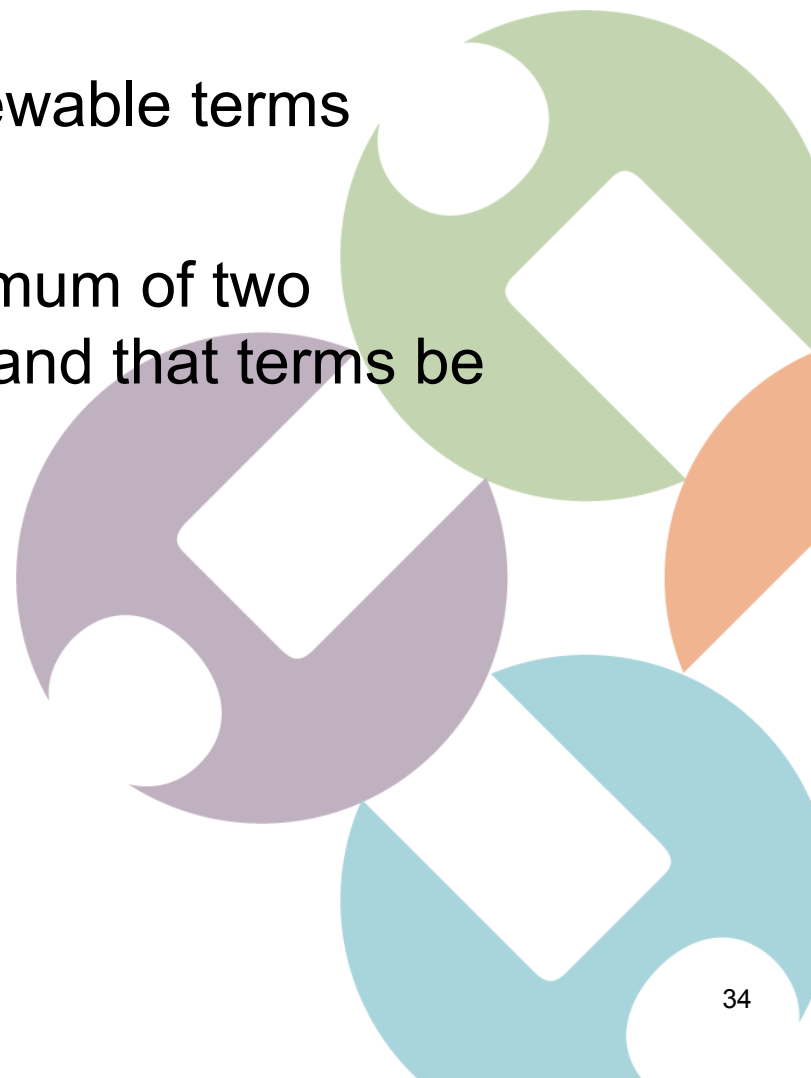
# Recommendation – Board Composition

- The ‘public’ director not be a current or former pharmacist or pharmacy technician in order to bring an independent view
- Other two director at-large positions (for registered pharmacist and registered pharmacy technician) be drawn from outside the Boards of the PRAs to avoid conflicts of interest



# Recommendation - Terms

- Registrars have one year, renewable terms without term limits.
- Directors at-large have a maximum of two consecutive three-year terms, and that terms be staggered.



# Recommendation – Meeting Frequency

- Board meet six times per year:
  - Four of the six meetings be in-person, for two days each
  - Remaining two meetings be teleconference meetings, for two hours each.

# Recommendation – Board Committees & Advisory Committees

- Executive Committee no longer required and should cease to exist
- Board needs hold further discussions on the role and function of other standing and ad hoc committees, once the key decisions around Board structure and function have been made.
- CPRC be disbanded



# Risks & Mitigation Strategies

- Risk #1: Registrars as the Board may be too insular
- Mitigation: Add directors at-large to bring other perspectives and skill sets
- Risk #2: Terms and term limits not possible with registrars as the Board, leading to lack of renewal
- Mitigation: Directors at-large, with terms and term limits, will allow for limited renewal



## Risks (cont'd)

- Risk #3: Registrars as the Board may be too focused on issues formerly addressed by CPRC
- Mitigation:
  - (1) Directors at-large may help ensure greater focus on governing role;
  - (2) Meeting structures, including a 'committee of the whole' approach to former CPRC-work, will provide necessary structure to ensure both the 'detailed doing' work and the 'governing' work are completed;
  - (3) An effective orientation process for new directors will ensure directors understand their roles and responsibilities.



## Risks (cont'd)

- Risk #4: Conflicts in fiduciary obligations and potentially employment obligations for registrars
- Mitigation: (1) consensus-based decision making approach; (2) NAPRA members' (i.e. PRA Boards) input and buy-in regarding NAPRA priorities.





# FACILITATED DISCUSSION OF KEY RECOMMENDATIONS



# Questions of Clarification / Rationale

- Question: What are the top 3 questions you have for the Committee concerning its recommendations?
  - Process:
    - Small groups develop questions (10min)
    - Facilitator compiles questions on flipchart (10min)
    - Committee members given opportunity to respond to questions (20min)



# Small Group Work – Board Composition

- In groups, review the recommendations regarding board composition and associated rationale:
  - Do you agree, in principle, with a board composition made up primarily of registrars?
  - Do you agree, in principle, with a board composition that includes at-large directors?
  - Do you have any concerns with the proposed composition model that you do not feel have been adequately addressed? If yes, what are they, and do you have any suggestions for improving the proposed model to address them? (30min)
- Report back, plenary discussion, consensus building on the idea of the Board consisting of registrars (approx. 15min)
- Plenary discussion, consensus building on including 3 director at large positions on the Board (approx. 10min)



# Small Group Work

1. Question: From a Board perspective, discuss the recommendations regarding meeting frequency (incl. in person vs. electronic), as well as the continued need for an Executive Committee
2. Looking at the recommendations from a PRA Board perspective discuss how, and on what issues, member organization Boards will need to be engaged by the Board and board members
  - Process:
    - 4 small groups discuss (20min)
    - Report back and plenary (20min)



## NAPRA Board of Directors Meeting – November 9, 2016 – Saskatoon, SK

### Governance Review

#### Board Discussion/Small Group Work 1

This is a compilation of the questions put forth by the small groups in response to the question:

*What are the top 3 questions you have for the Committee concerning its recommendations?*

Answers were provided by members of the Ad-hoc Committee on Governance and through group discussion facilitated by Laura Edgar of the Institute on Governance.

1. How would new Board maintain broad/diverse perspective?

**Answer:** Registrars already present a range/diverse opinions. Registrars would recognize that their function as the Board would be as a representative of their PRA. Good orientation will be important.

The meeting structure could address the diversity of perspectives. The Committee of the Whole approach would enable to create a distinction between “Registrar kind of work” versus “Board work”. The Committee of the Whole provides an opportunity for some “areas” to work together on specific items that don’t impact national-level matters. This needs to be well facilitated and to be good at translating the information to the Board role

2. Why three directors-at-large (effective)? Counterpart, number, range, sufficiency?

**Answer:** Arbitrary number was selected – but it is representative of the 3 groups that the Committee wanted to recognize. The intent of the directors-at-large is to complement the existing views represented on the Board: that of provincial registrars, that of territorial governments, and that of the Canadian Forces. The individuals chosen will be important, as will the need for orientation of all Board members. Best practice is never to have just one director-at-large. We could also give flexibility on the number in our bylaws.

3. Role of public member?

**Answer:** The public member could provide additional latitude for the Board. The Board could focus the skill set of the public member at any given time and based on need (e.g. governance, finances, patient).

4. Not all registrars are pharmacists – impact?

**Answer:** Around the current Board table it is common to say “registrars” inclusively but the recommendations presented note that it is a “representative” of a governmental agency for the territories and the Canadian Forces (and not necessarily pharmacists). In future,

registrars may also not all be pharmacists. The intent is to be representative; the pharmacist input can be gained through mechanisms like advisory committees. Registrars were actually the people who first brought NAPRA into existence.

5. What does the model most poorly address? (we have addressed a number of things but of that, what is addressed poorly)

**Answer:** The proposed model most poorly addresses...

- i. Conflict of interest and committee membership
- ii. Workload of new Board
- iii. Financial impact and governance accountability (e.g. Board is just one part of governance)
- iv. Registrars are not currently “practicing” (counter to that is that individual member organization Boards/Councils are made up of practicing pharmacists/pharmacy technicians and have staff that deal with frontline issues every day; committees and current committee members bring that; plus NAPRA doesn’t need that as much)
- v. Considering whether it has a strategic outlook
- vi. How new Board will relate to NAPRA staff (ED interaction, clarity around decision-making) in absence of an Executive Committee. Mechanisms will need to be established to make the Board more nimble or consider options like indicating in by-laws for Executive Officers to be pulled together to have a discussion to determine if Board action is required.)

6. New model – unexpected risk including disagreement of member organizations?

**Answer:** Member organizations provide the authority to change the by-laws. It is suggested to consider going forward to approve-in-principle the recommendations put forward by the Ad-hoc Committee on Governance to enable discussions to occur in each jurisdiction. It is critical that there be a communications strategy, that communication materials be provided to member organizations to help support members with consistency of messaging for these discussions. Aiming to bring changes to April 2017 AGM but if necessary a Special meeting could also be held at another time.

7. Where will committee members be drawn from?

**Answer:** Not fully thought determined at this time but committee members would not be exclusively drawn from the (new) Board members. Can also ensure we have regional representation on committees.

8. If status quo, why is CPRC separate?

**Answer:** Having two meetings per year is not enough. A board director, should not be in the weeds of registrars’ business, so need to have a process to provide a forum for practicalities and board work.

9. Potential change in NAPRA purpose/value proposition?

**Answer:** The Committee did a thorough examination of the purpose and although tweaking could occur, the value proposition remains valid. Looking objectively at the components of the value proposition, two areas are firm/clear while two others are fuzzy.

Therefore clarity of purpose and how we can do what we want to do are important moving forward but not so out of alignment that the current governance change needs to be delayed to work on the value proposition. It will be important for the new Board to address.

10. What happens if member organizations don't support the proposed model?

**Answer:** See response for #6.

11. How do we recruit and select directors-at-large?

**Answer:** Perhaps do a tendering process based on priorities that the Board has decided. Tender for individuals based on need and select qualified candidates. The Board could even use a search firm to help with finding qualified candidates.

12. If purely registrars, will it be difficult to reach consensus?

**Answer:** They will work through issues as they always have. The members of the Committee remain optimistic that consensus would be achieved or to use the option to "stand aside."

13. Is there the option of having the registrar and deputy registrars as alternate?

**Answer:** The Committee had discussed this option. There was concern with the inclusion of the Deputy Registrar as he/she may need to return to the member organization to obtain a "decision" from the Registrar, thereby slowing down the process.

14. Compensation and expenses for directors-at-large? (NAPRA does not fund current Directors to participate; they are funded by the member organization).

**Answer:** This would be explored as part of next steps. A suggestion is to redirect expenses related to the Executive Committee to the three directors-at-large. In this way, it might be cost neutral to NAPRA.

15. Dealing with conflict of interest?

**Answer:** Even with two fiduciary responsibilities (for a Registrar) , it does not automatically mean there is a conflict of interest. Conflict of interest arises if the scenarios are competing interests. This rarely arises now. Our consensus model may help mitigate conflicts because of "stand aside" and "no" options.

It is possible to come to a national Board table with a provincial perspective as long as the three tenets of the Board's duties are maintained: duty of care, **duty of loyalty** (likely

where a conflict of interest arises) and duty of obedience. There are mechanisms to use to align interests (e.g. approve in principle, then bring recommendation to members). Find the balance.

16. Impact on finances?

**Answer:** This was touched on with respect to directors-at-large (#14). But also to consider staff implications, potentially covering expenses of Board members, accountability structure and funding model. May require a new approach to funding. This would all be explored in next steps.



## NAPRA Board of Directors Meeting – November 9, 2016 – Saskatoon, SK

### Governance Review

#### Board Discussion/Small Group Work 2

**Question: Do you agree, in principle, with a board composition made up primarily of registrars?**

(Answers provided by spokesperson for each of the small groups)

**Group 1:** Yes. Although some concern re the Registrar focus and not having a mixed Board, it was recognized that current Directors sometimes find it difficult to engage when at the Board table as Registrars know the regulatory space so well. Some flexibility for the representative from the North would be appreciated. Orientation is critical.

**Group 2:** Yes

**Group 3:** Yes. Some concern about losing diversity with only Registrars around the board table but ultimately feel that can be remedied with different provincial representation and engagement of members at the AGM.

**Group 4:** Yes. Also identified a need to engage practicing pharmacists and technicians.

All four groups supported the concept in principle of Registrars as the Board members.

**Question: Do you agree, in principle, with a board composition that includes at-large directors?**

**Group 4:** Yes. This is considered important.

**Group 3:** No (but a *soft* no). Questioned if they brought added value after all. Since the Board of Directors is accountable to Member organizations, having additional individuals, including Presidents of the Member organizations, attend the NAPRA AGM would bring additional perspectives then so having these positions on the Board might not be needed. Also, the Member organization's representative attending the AGM would be different from the Board in future – which is not NAPRA's current practice – so that would be additional perspective.

**Group 2:** Yes. Having the outside perspectives would help keep the strategic focus.

**Group 1:** Yes. Determining who those people would be will need more work.

Three of the groups supported the concept in principle of directors-at-large, while one was not supportive, albeit with a *soft* no.

Subsequent discussion on directors-at-large ensued and resulted in the following observations:

- First impression is that just a few at-large directors is tokenism. Perhaps we can get the type of input they would bring in other ways (e.g. advisory committees).
- They can bring strategic competencies in specific areas needed by NAPRA at the time
- It was pointed out that in the Risks/Mitigations portion of the Committee's recommendations that some of the risks would be mitigated by having directors-at-large; therefore, if we do not have directors-at-large, the risks would have to be reexamined. For example not having them would mean the loss of a portion of the Board that would contribute to a broader perspective.
- Perhaps we do have to look at how we incorporate the perspective of the at-large Directors. Suggestion is to go forward with improvements on the AGM. Board members (Registrars) should not be the voting AGM members. By incorporating the participation of other individuals at the AGM, we allow perspectives to be heard and considered other than those of the Board members (Registrars).
- Orientation of members on an ongoing basis will be important.
- **ACTION:** It was agreed that all the questions would not be resolved today and that next steps should include continuing to think through what at-large Directors would contribute and what skill sets they would bring.

#### **General comments:**

Annual General Meeting – association best practice is that a member's representative at an AGM be different from their Board representative. NAPRA does not do that currently. Therefore, a change in practice is recommended - a practice to have member organizations nominate their delegates to attend the AGM (someone different than their NAPRA Board member).

#### **General issues that still need to be tackled:**

- How to address non-NAPRA issues that CPRC focuses on during their meetings. To ensure that these issues do not become too dominate at the NAPRA Board and/or whether CPRC should be dissolved.
- Is three the right number of directors-at-large?
- More clarity around accountabilities.
- Need to engage with practicing pharmacists and technicians regarding decisions at NAPRA level to ensure relevant in practice application.
- Orientation to a new model – for the Board and Staff – as well as continuing development
- Identifying the need for deeper discussions (duty of diligence) on matters of importance.
- Ensuring diversity – Board turnover unpredictable with Registrars; already some diversity/different perspectives with territories and Canadian Forces.
- Clarifying and confirming indicators of organizational success (vision).

Three main issues to come out of this portion of the discussion are: accountability, member engagement and changes to the Annual General Meeting practices.



College of Pharmacists  
of British Columbia

## BOARD MEETING February 17, 2017

### **8. Excellence Canada**

#### **INFORMATION ONLY**

Catherine Neville, Vice President of Quality & Integrated Programs with Excellence Canada will provide a presentation to the Board on the new Excellence, Innovation and Wellness Standard being implemented at the College.

Catherine is a senior executive who has worked extensively in both the private and not-for-profit sectors. She has extensive knowledge of quality management systems, including Excellence Canada's Progressive Excellence Program® (PEP). Catherine is an active coach in strategic management planning, Excellence Canada Excellence Criteria implementation, and process improvement. An active trainer, she teaches Excellence Canada's Quest for Quality, Integrated Criteria, Organizational Assessment, and Process Improvement courses including the Lean Essentials course. Catherine is the author and trainer of Planning for Excellence Canada PEP, a course for planning the effective implementation of Excellence Canada's Progressive Excellence Program® (PEP).

<b>Appendix</b>	
1	Memo to NAPRA Member Organizations
2	NAPRA Governance Presentation
3	NAPRA Governance Review – Small Group Work 1
4	NAPRA Governance Review – Small Group Work 2



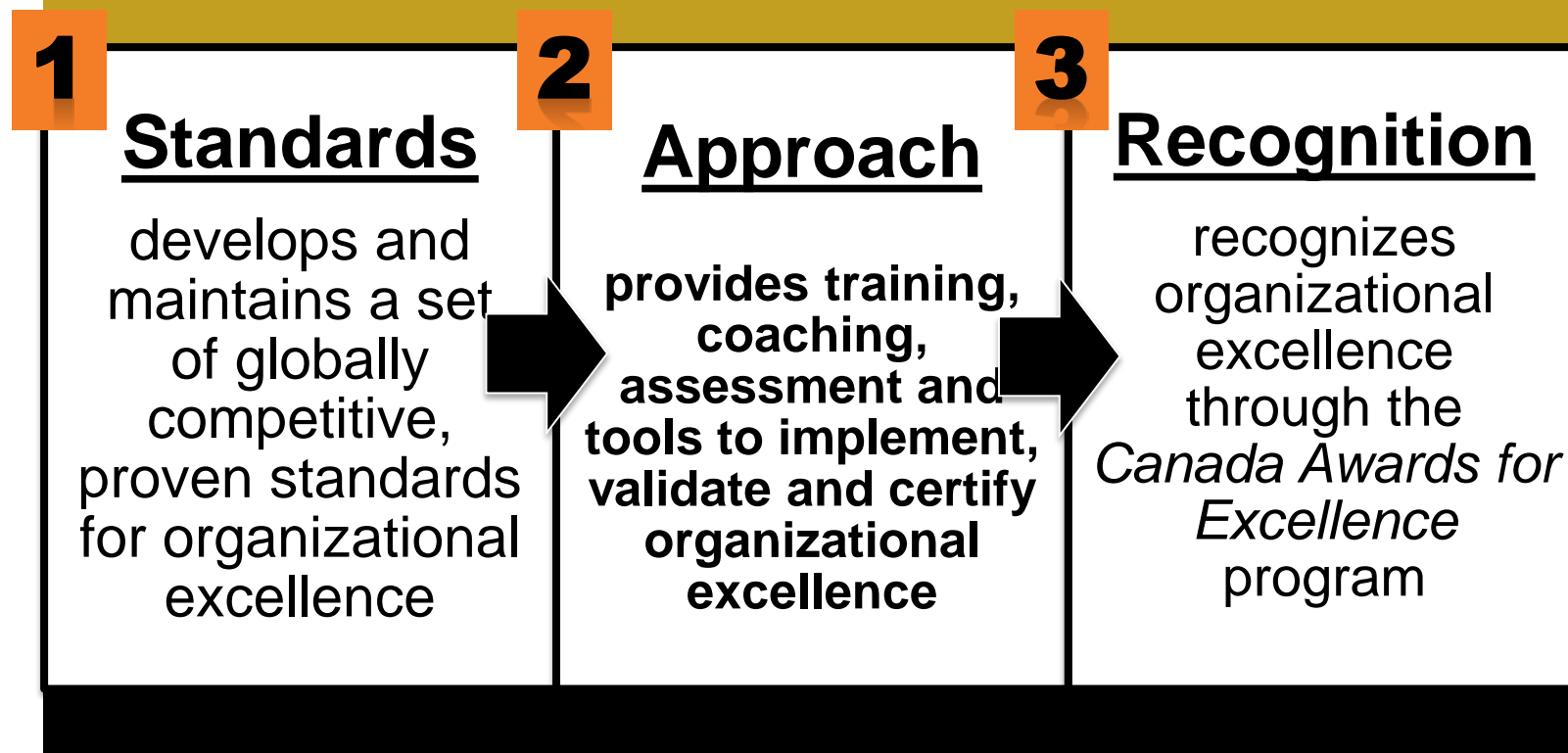
**Excellence and the  
College of Pharmacists  
of British Columbia**

# Overview

- Brief overview of Excellence Canada and the new Excellence, Innovation and Wellness (EIW) Standard
- Alignment with Goal Four of our existing Strategic Plan: Organizational Excellence
- Questions/Discussion

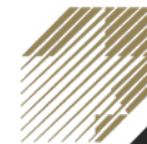


Excellence Canada is dedicated to developing standards, certifying and recognizing organizational excellence across all sectors in Canada



# Excellence Defined by Excellence Canada

Excellent organizations continually improve performance; they are innovative, competitive, and customer focused; they are healthy, inclusive, and sustainable; and they are economically, socially and environmentally responsible.





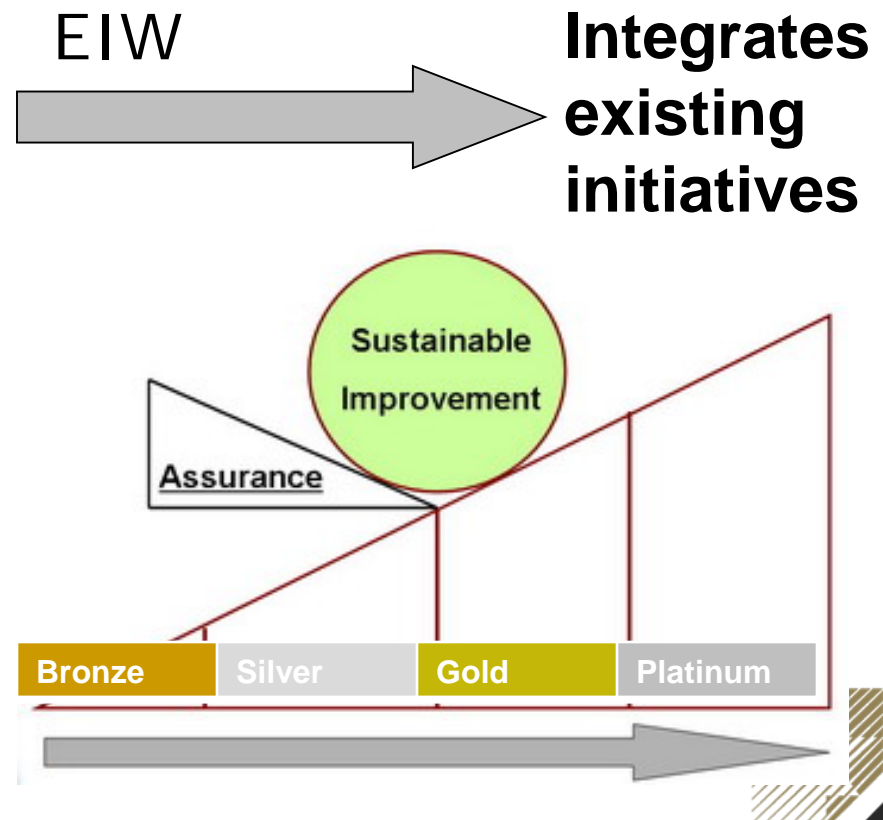
# *Excellence, Innovation and Wellness - EIW Standard*

- Integrated quality-based management system
- To sustain quality – a better focus is needed on employee health and wellness, innovation, corporate social responsibility, enterprise risk management, etc.
- One of the most progressive Standards in the world – existing and 2017 versions both benchmark favourably against Baldrige, EFQM, and Deming Awards and ISO 9000
- Multiple options to embed and/or recognize excellence in your organization
- Links to *Canada Awards for Excellence*



# *EIW integrates other strategic initiatives*

- Leadership model of a positive culture
- Strategic HR functions
- Key Performance Indicators
- Clarity of Mission
- Sound governance practices
- Organizational structure, roles and responsibilities
- Business process improvement



# *EIW helps*



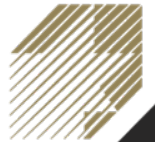
- Provide a baseline for performance across the organization when used effectively – everyone involved is on the same page
- Aid the transfer of knowledge and skills across the organization as, of course, employees need to be involved in developing processes
- Ensure consistency across the organization as applicable
- Provide the basis for continual improvement, i.e. once the baseline measures are set, then targets for improvement across quality, innovation and wellness can be set...



# *Why Organizations embrace EIW*

## **Better outcomes!**

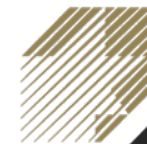
- Reduced costs, e.g. process cycle time reductions of 20% or more
- Many having an opinion about the work they do to make it better
- Staff feeling genuinely respected and cared about by their leaders
- Everyone being able to contribute all they can in a healthy work environment across the organization
- Reduction of waste and other costs of poor quality



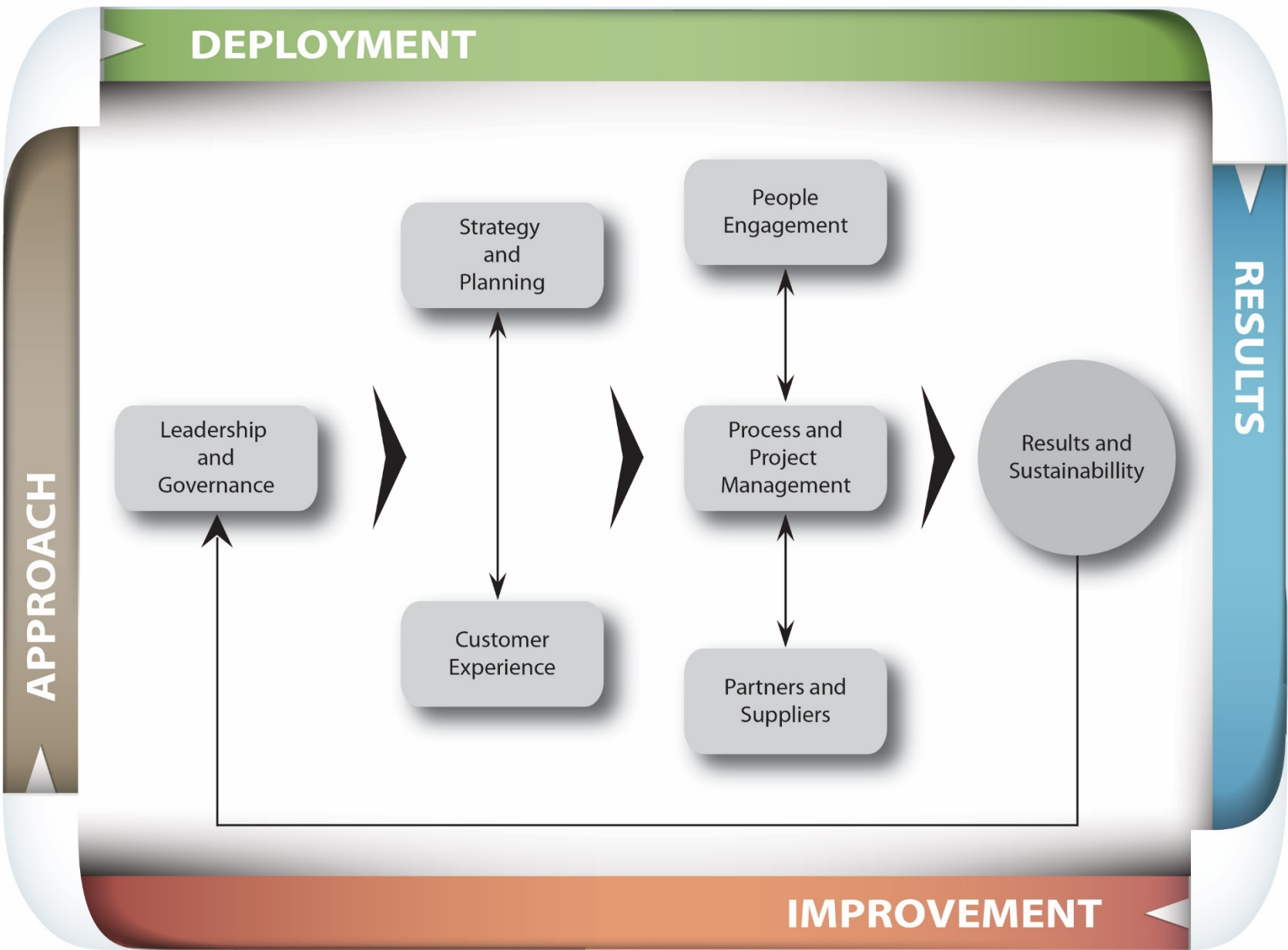
# *Why Organizations Embrace EIW*

## **Better outcomes (continued)**

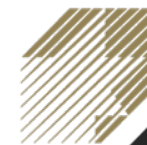
- Team and individual recognition
- Staff engagement in planning, program and process design
- Wellness awareness and training
- Experiencing a positive change in CULTURE with a focus on the members and the staff that help you build loyalty inside and out
- Being recognized as one of the most progressive organizations in Canada!



# EXCELLENCE, INNOVATION AND WELLNESS FRAMEWORK



# 2017 EIW Model



# *The 5 Drivers*

## **1. Leadership**

The focus for this driver is on creating the culture, values and overall direction for success. It includes demonstrating good governance and innovation, and fulfilling the organization's legal, ethical, financial and societal obligations.





# *The 5 Drivers*

## **2. Planning**

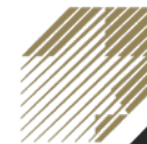
Planning incorporates developing strategic, business and improvement plans across all drivers, and it requires monitoring, evaluating and reporting on the progression in meeting defined strategic goals, as well as goals within all plans. All plans are linked to the organization's Strategic Plan.



# *The 5 Drivers*

## **3. Customers**

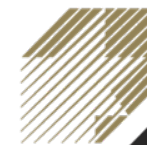
The Customer driver examines how the organization engages its customers and partners for satisfaction and success. The term customers may refer to clients, citizens, students, internal services, etc. This driver includes listening, acting and reporting on Voice of the Customer feedback, as well as using collaboration and innovation to improve products, services and relationships.



# *The 5 Drivers*

## **4. People**

The People driver examines how people are treated, encouraged, supported and enabled to contribute to the organization's overall success. It includes the wellness of employees and their families including both physical and psychological health and safety.



# *The 5 Drivers*

## **5. *Process and Project Management***

This driver focuses on the management of processes and projects. It requires a disciplined and common approach toward analyzing and solving process problems and project management across the organization. This facilitates a prevention-based (rather than correction-based) approach to process and project management. The use of change management techniques is an important aspect of this driver. Also included in this driver is the effective management of relationships with suppliers.



# Excellence Canada progressive milestones

## Bronze

- Foundation

## Silver

- Advancement

## Gold

- Role Model

## Platinum

- Sustained World Class



# *Approach to Implementation*

- Prepare planning documents
- Establish structure for the initiative
- Utilize the benefits of being a partner of Excellence Canada
- **Review Excellence, Innovation and Wellness Standard and conduct a self-assessment with a cross-functional Excellence Council**
- **Close any gaps identified during self-assessment**
- **Prepare Submission and apply for EIW Going for Silver (consolidated Bronze and Silver levels)**
- **Provide education/highlights for staff**
- **Prepare EIW submission and proceed with verification process**
- ***Celebrate* achievement and continue with EIW Gold and another coveted *Canada Award for Excellence***

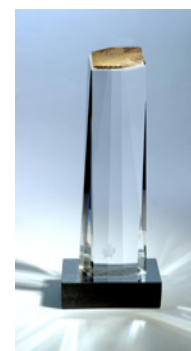


# *Link to the Canada Awards for Excellence*

Platinum level – Platinum CAE



Gold Level – Gold CAE



Silver Level- Silver CAE

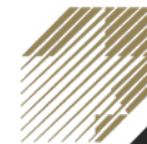


Bronze level – Certificate only (not CAE)



# *What the Board can do to help*

- The Journey to Excellence is not sustainable without committed Leadership and Governance
- We ask you to take ownership for
  - Keeping excellence on the radar
  - Monitoring CPBC's Excellence Journey
  - Providing resources as required to ensure success!

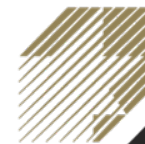






***Thank-you for your time  
and interest***

***Catherine Neville  
Catherine@excellence.ca***





College of Pharmacists  
of British Columbia

## 9. Legislation Review Committee

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**Jeremy Walden**

Chair, Legislation Review Committee

## a) Pharmacy Security History of Board Direction

2013 - 2014

2015

2016

2017

**Sep 20, 2013**

- VPD presented to Board on increase in community pharmacy robberies
- Board approved the creation of Robbery Prevention Working Group



College of Pharmacists  
of British Columbia

## a) History of Board Direction

**2013 - 2014**

**2015**

**2016**

**2017**

### **Sep 20, 2013**

- VPD presented to Board on increase in community pharmacy robberies
- Board approved the creation of Robbery Prevention Working Group

### **Feb 20, 2015**

- PPP 74 approved by Board

### **Jun 18, 2015**

- Accompanying Resource Guide approved by Board

### **Sep 15, 2015**

- Board directed Registrar to transition pharmacy security requirements from policy to bylaws



## a) History of Board Direction

**2013 - 2014**

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- Board directed Registrar to transition pharmacy security requirements from policy to bylaws

**2016**

**Apr 14, 2016**

- Board approved publicly posting the bylaws

**Sep 16, 2016**

- Board approved a second public posting of the bylaws



**2017**



## a) First Public Posting – April 2016

---

- The Board approved the bylaws for public posting.
- Public posting period ended on July 15, 2016.
- 47 submissions were received from:
  - Registrants; and
  - Corporate stakeholders.
- College staff and legal counsel reviewed the comments/feedback, and drafted further amendments to address the feedback received.
- The significant amendments made were:
  - Removal of Schedule III drugs from physical barrier requirement; and
  - Addition of a three-year transition period for existing pharmacies to become compliant with physical barrier requirement.



## a) Second Public Posting – September 2016

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- The Board approved a second public posting due to significant amendments made following the first public posting period.
- The second public posting period ended on December 18, 2016.
- Three letters of feedback were received from:
  - The BC Pharmacy Association;
  - The Neighbourhood Pharmacy Association of Canada; and
  - Shoppers Drug Mart/Loblaw.
- The issues consistent in all three letters are regarding the following:
  - Concerns with physical barriers
  - Inconsistencies with existing bylaws (in particular, bylaws on ‘operation without a full pharmacist’ and ‘telepharmacy’)





## a) Second Public Posting – September 2016

---

### **Key Feedback on Physical Barriers:**

- Concerns that the College is requiring a “one size fits all” approach.
- No physical barriers are required as the College’s objective to reduce robberies has been achieved (robberies have been declining).

### **Recommendation:**

- No further amendments are recommended.



# a) Second Public Posting – September 2016

---

## **Feedback on Inconsistencies with Existing Bylaws:**

- Existing bylaw sections (e.g., ‘operation without a full pharmacist’) need to be revised to align with the pharmacy security bylaws.

## **Staff Review and Recommendations:**

- College staff and legal counsel reviewed the requirements of both pharmacy security and ‘operation without a full pharmacist’, and have determined that it is possible to comply with both sections.
- Fulsome review of these bylaws is part of the College’s 2017 Strategic Plan.
- No further amendments are recommended.



## a) Second Public Posting – September 2016

---

### **New Issues/Recommendations in Feedback:**

- Defer implementing these community pharmacy security bylaws until after the College's planned 'legislation modernization' as part of the 2017 Strategic Plan.
- Allow existing pharmacies to be "grandfathered" (i.e., would not need to meet the transition timeline for the physical barriers requirement).

### **Recommendations:**

- The draft bylaws not be deferred.
- "Grandfathering" clause not be added.



## a) History of Board Direction

**2013 - 2014**

**Sep 20, 2013**

- VPD presented to Board on increase in community pharmacy robberies
- Board approved the creation of Robbery Prevention Working Group

**2015**

**Feb 20, 2015**

- PPP 74 approved by Board

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- Board directed Registrar to transition pharmacy security requirements from policy to bylaws

**2016**

**Apr 14, 2016**

- Board approved publicly posting the bylaws

**Sep 16, 2016**

- Board approved a second public posting of the bylaws

**2017**



## a) Filing – February 2017

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- After careful review of the three letters of feedback received during the second public posting period, no further changes to the bylaws are recommended.
- It is recommended that the bylaws be filed with the Minister of Health.
- The bylaws would be in force after the filing period is complete (60 days).

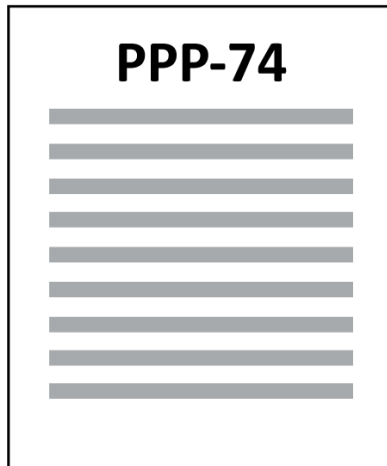


# a) PPP-74 – Community Pharmacy Security

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## Recommendation:

- The existing policy be replaced with the revised policy.



- PPP-74 has been revised as the security measures have been moved to bylaw.
- The revised policy provides guidance to registrants on the application of the bylaws.

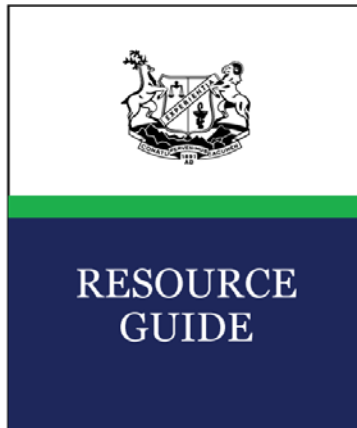


# a) PPP-74 – Resource Guide

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## Recommendation:

- The guide be repealed.



- Key elements of this guide have been included in the revised policy.
- Post-implementation of the bylaws, a resource page with 'frequently asked questions' could be developed to provide any additional support to registrants.



# a) Legislation Review Committee Recommendations

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## **MOTION 1:**

Approve the following resolution to amend the Pharmacy Operations and Drug Scheduling Act Bylaws to create minimum security measures for community pharmacies:

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.





## a) Legislation Review Committee Recommendations

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### **MOTION 2:**

Approve amendments to Professional Practice Policy #74: Community Pharmacy Security as circulated, to come into force at the same time as the bylaws.

### **MOTION 3:**

Repeal the Community Pharmacy Security Resource Guide, effective at the same time as the bylaws come into force.





College of Pharmacists  
of British Columbia

## BOARD MEETING February 17, 2017

### 9. Legislation Review Committee a) Pharmacy Security Bylaws - Filing

#### DECISION REQUIRED

#### Recommended Board Motions:

1) *Approve the following resolution to amend the Pharmacy Operations and Drug Scheduling Act Bylaws to create minimum security measures for community pharmacies:*

*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.*

2) *Approve amendments to Professional Practice Policy #74: Community Pharmacy Security as circulated, to come into force at the same time as the bylaws.*

3) *Repeal the Community Pharmacy Security Resource Guide.*

#### Purpose

To approve the following: amendments to the *Pharmacy Operations and Drug Scheduling Act* (PODSA) bylaws that create minimum security measures for community pharmacies; revisions to Professional Practice Policy #74: Community Pharmacy Security (PPP-74); and, lastly to repeal the Community Pharmacy Security Resource Guide (Resource Guide).

The bylaws were made in accordance with the College's bylaw making authority as outlined in section 21 of PODSA.

#### Background

The proposed bylaws are the product of a multi-year effort to address serious concerns regarding pharmacy security. The College first began working on this issue in 2013, after being

contacted by the Vancouver Police Department about their concerns regarding an increasing number of community pharmacy robberies. Since that time, the College struck a Robbery Prevention Working Group to examine the issue and recommend security requirements (see Appendix 1 for more information on the history of the pharmacy security requirements).

A policy on this issue (PPP-74 – Community Pharmacy Security) was originally approved by the Board at their February 2015 meeting. Later that year, at their June 2015 meeting, the Board approved the accompanying Resource Guide.

At present, PPP-74 and the accompanying Resource Guide are still in effect. However, College staff have worked to transition the requirements by drafting pharmacy security bylaws, as directed by the Board at their September 2015 meeting. The Board approved a ninety day public posting of those draft bylaws, at their April 2016 meeting. Forty seven submissions were received during that public posting period.

In September 2016, the Board approved a second, ninety day public posting period. The decision to hold a second public posting was based on the considerable changes made to the draft bylaws as a result of the feedback received from the first public posting period. The revised bylaws included minor revisions such as a clearer definition of the term “support person” as well as more significant changes, including:

- Limiting the notification to the Registrar of any loss of drugs and personal information to loss of narcotic and controlled drugs only;
- Removal of Schedule III drugs from the physical barrier requirement; and
- The addition of a three year transition period to allow time for existing pharmacies to become compliant with the physical barriers requirement.

## **Discussion**

### **Second Public Posting of Amended Pharmacy Security Bylaws (September 2016)**

The September 2016 amendments to the pharmacy security draft bylaws were posted for ninety days on the College’s website for a second public posting period, which ended on December 18, 2016 (see Appendix 2). During this second public posting period, three letters of feedback were received (see Appendix 3). These responses were from:

- The BC Pharmacy Association;
- The Neighbourhood Pharmacy Association of Canada; and,
- Shoppers Drug Mart/Loblaw.

The issues consistent in all three letters are regarding the following (see below for further information):

- Physical barriers
- Inconsistencies with existing PODSA bylaws (in particular, the sections in those bylaws regarding ‘operation without a full pharmacist’ and ‘telepharmacy’)

### Physical Barriers

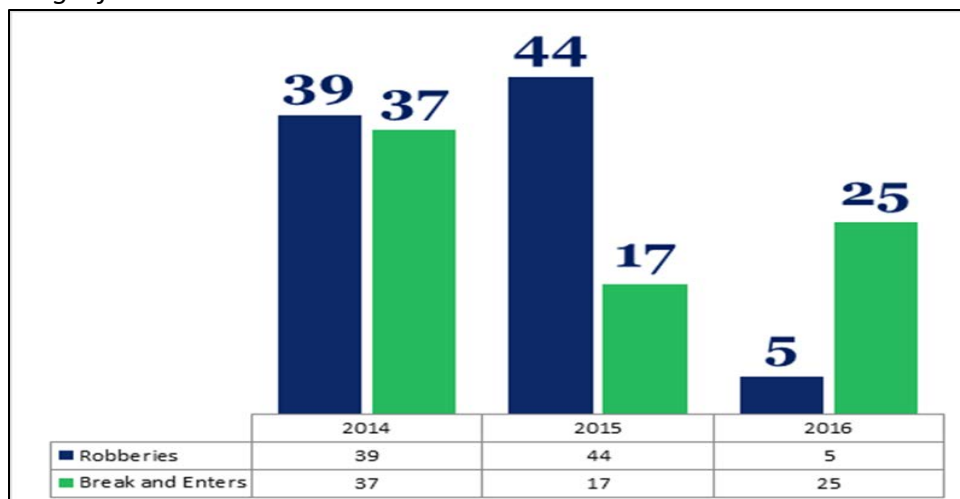
The draft bylaws require physical barriers when no full pharmacist is present and the premise is accessible to non-registrants, which in most cases is when the pharmacy is closed. The purpose of these physical barriers is to prevent unauthorized access to certain drugs (Schedule I, II and controlled drug substances) and personal health information in a community pharmacy. Physical barriers along with the other security measures in the draft bylaws are part of a continuum of security measures which are supported through the principles of crime prevention through environmental design (CPTED) and situation crime prevention.

The physical barriers requirement has been and remains to be a significant issue with stakeholders (see Appendix 4 for a summary of feedback from both public postings). All three letters of feedback indicated concerns about this requirement. In the feedback received, there were some statements about the College requiring a “one size fits all” approach to its regulatory requirements. However, the physical barrier provisions in the draft bylaws do not require one specific type of barrier, such as an enclosure (e.g., a fixed or retractable wall). Rather, it is written broadly, so that pharmacies can tailor the physical barriers to the needs and structure of any particular pharmacy. Furthermore, the revised PPP-74 provides examples of physical barriers to include: locked gates, locked cabinets and locked shelving units.

The response from Shopper’s Drug Mart included a report titled, *Physical Security Standards for Pharmacy Areas in Retail Drug Stores* (see Appendix 5). The report calls into question some of the College’s security measures outlined in the draft bylaws with references to CPTED. The report focused on the physical barrier requirement as a safeguard against employee theft and/or a compromise of personal health information. However, it is important to note that security barriers are an important measure to address other concerns, such as break and enters when the pharmacy is closed. Additionally, it assumes that physical barriers must be “physical enclosures”, which is a mischaracterization of the requirement. Dr. Martin Andresen, a Professor with the Simon Fraser University’s, School of Criminology, has been the College’s subject matter expert on CPTED has briefly outlined how the College’s proposed provisions correspond to the principles of CPTED (see Appendix 6).

One of the responses also highlights that the College's objective to reduce robberies has been achieved, and cites statistics from a July 2016 College ReadLinks article on the DrugSafeBC initiative<sup>1</sup>, as evidence<sup>2</sup>. As such, it is argued that physical barriers are no longer needed as a requirement in the bylaws. However, the intent of the community pharmacy measures is not merely focused on reducing robberies, but also on reducing break and enters, forgery, theft and loss of drugs. Recent statistics from July 2016 (see graph below) show that while robberies have been decreasing since the DrugSafeBC initiative was launched, break and enters initially decreased, but are now on the rise. Break and enters have increased from 17 in 2015 to 25 in 2016 (an increase of 47%). It is also important to note that a key difference between robberies and break and enters is that robberies occur during operating hours, whereas break and enters occur after operating hours. And, physical barriers are required when the pharmacy is closed, if the premises is accessible to non-registrants.

#### *DrugSafeBC Statistics*



#### Inconsistencies with PODSA Bylaws

All three letters of feedback refer to existing bylaws, such as 'operation without a full pharmacist' and have suggested that these existing bylaw sections be revised to better align with the pharmacy security bylaws. An example of an inconsistency from the feedback is that when a pharmacy is closed and the premise is accessible to non-registrants, Schedule III drugs do not need to be behind physical barriers (according to the draft pharmacy security provisions). However, when the pharmacy is 'operating without a full pharmacist' (according to

<sup>1</sup> The College's DrugSafeBC Initiative required that all community pharmacies in BC store narcotics in time-delay safes, as of September 2015, and display signage to publicly indicate the use of such safes.

<sup>2</sup> <http://www.bcpharmacists.org/readlinks/drugsafebc-update>, July 16, 2016

existing bylaws), Schedule III drugs must be inaccessible to non-registrants. College staff and legal counsel have reviewed the requirements of both pharmacy security and ‘operation without a full pharmacist’. Although the example noted above does illustrate a potential inconsistency, it is still possible to comply with both sections. Furthermore, the existing bylaw section ‘operation without a full pharmacist’ requires a more fulsome review by College staff, which will be completed shortly, as part of the legislation modernization objective, as noted within the College’s 2016-2020 Strategic Plan.

#### New Issues/Recommendations

The letters of feedback also include a few new recommendations. Both the Neighbourhood Pharmacy Association of Canada and Shoppers Drug Mart recommended that the College defer implementing these community pharmacy security bylaws until after legislation modernization, as noted above, is complete. However, given the risk to the safety and security of pharmacy staff and to the public due to pharmacy robberies and break and enters, it is recommended that the draft bylaws not be deferred until after modernization of existing bylaws is complete.

The other recommendation in the letter from Neighbourhood Pharmacy Association of Canada and Shoppers Drug Mart is that the College allow existing pharmacies to be “grandfathered,” meaning that existing pharmacies would not need to meet the transition timeline for the physical barriers requirement. The bylaws were revised following the September 2016 Board meeting to include a three year transition time to install physical barriers. Adding a “grandfathering” clause would mean that some pharmacies would have physical barriers and others would not, which could result in pharmacies becoming “soft targets”.

#### **Revised PPP-74**

As the community pharmacy security measures from the previously Board approved PPP-74 have been transitioned to bylaw, the policy has been revised to provide pharmacy owners and managers with guidance on the application of the bylaws (see Appendix 7). Therefore, it is recommended that the existing PPP-74 is replaced with the attached revised version.

#### **Resource Guide**

At present, there is no need for an additional Resource Guide, as all of the pertinent information has been added to the revised PPP-74. Post-implementation of the bylaws, a resource page with frequently asked questions could be developed to provide additional support to registrants. Therefore, it is recommended that the Resource Guide (see Appendix 8) be repealed.

## Next Steps

As per section 21(4) of PODSA, bylaws must be filed with the Minister of Health. The amended bylaws will come into effect 60 days from the filing request date to the Ministry of Health. If approved by the Board, the bylaw amendments will be in effect by mid-April 2017.

## Recommendation

The Board approve the amendments to the PODSA bylaws (by approving the schedule to the resolution in Appendix 9), that create minimum security measures for community pharmacies, for filing with the Ministry of Health. Additionally, that the Board approves the revised PPP-74 to come into force at the same time as the bylaws. Lastly, that the Board approves the repeal of the Resource Guide.

<b>Appendix</b>	
1	History of the Pharmacy Security Requirements
2	Bylaws (in track changes mode showing changes from both public postings)
3	Three Letters of Feedback (BCPhA, Neighbourhood Pharmacy Association of Canada and Shoppers Drug Mart/Loblaw)
4	Summary of Comments from April 2016 and September 2016 Public Posting
5	Shoppers Drug Mart Report, <i>Physical Security Standards for Pharmacy Areas in Retail Drug Stores</i>
6	Dr. Andresen's Report on Principles of CPTED
7	Revised PPP-74
8	Resource Guide (for repeal)
9	Schedule to the Resolution

### **Pharmacy Security Chronology**

- In 2013, the Vancouver Police Department contacted the College about its concerns regarding what they noted as an increasing number of community pharmacy robberies. The Board established a Robbery Prevention Working Group (RPWG) to examine the issues and to develop pharmacy security requirements.
- After considering the research and evidence obtained, the RPWG drafted a professional practice policy (PPP-74 Community Pharmacy Security) and an accompanying Resource Guide. These materials outlined minimum security requirements for community pharmacies in BC.
- PPP-74 was approved by the Board at the February 2015 Board meeting.
- At the June 2015 Board meeting, College staff presented a draft of the Resource Guide with options, one of which was to not enforce the requirement for physical barriers. After much discussion, the Board approved the Resource Guide with amendments that included the requirement for physical barriers. At present, PPP-74 and the accompanying Resource Guide are in effect.
- In September 2015, the Board directed the Registrar to draft bylaws to transition the pharmacy security requirements from policy to bylaws. College staff drafted proposed bylaws and consulted with internal staff (including staff pharmacists), corporate stakeholders (see 'List of Stakeholders from the 2015 In-Person Consultation Session' below), and the College's Pharmacy Advisory Committees (Community, Residential Care and Hospital).
- Based on consultations with stakeholders (written and in person), several changes were made to the draft bylaws including:
  - Revision of notification requirements to include what must be reported to the Registrar;
  - Revision of signage requirements to clarify when signage is required and to provide an exception for unmarked pharmacies which are not open to the public; and,
  - Revision of the definition of pharmacy security to include measures which are intended to be achieved.
- Of the 17 requirements transitioned from the policy to bylaws, the consultations resulted in some form of agreement on 15 requirements. Two issues remained of



significant concern to the corporate stakeholders: 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. During this public posting period, 47 submissions were received from registrants and corporate stakeholders (Shoppers Drug Mart, Pharmasave, People's Drug Mart, Forewest Holding Inc., BC Pharmacy Association and Neighbourhood Pharmacy Association). As a result, College staff and legal counsel reviewed the feedback from the public posting period and drafted further amendments (where deemed appropriate) to address the feedback received. The revised bylaws included minor revisions such as a clearer definition of the term "support person" as well as more significant changes to the original policy intent such as:
  - Limiting the notification to the Registrar of any loss of drugs and personal information to loss of only narcotic and controlled drugs;
  - Removal of Schedule III drugs from the physical barrier requirement; and
  - Addition of a three year transition period to allow time for existing pharmacies to become compliant with the physical barriers requirement.
- In September 2016, the Board approved a second 90 day public posting period. The decision to hold a second public posting was based on the significant changes made to the policy intent of the security measures that resulted from the April 2016 public posting feedback.
- The second public posting period ended on December 18, 2016. Three letters of feedback were received. These responses were from the BC Pharmacy Association, the Neighbourhood Pharmacy Association and Shoppers Drug Mart/Loblaws.

### List of Stakeholders from the 2015 In-Person Consultation Session

Stakeholder	Representatives who Attended
Costco	Ed Toth Lawrence Varga Jason Tran
Loblaw	Mohinder Jaswal
BC Pharmacy Association	Sara Levine - Counsel David Pavan – Past President Bryce Wong – Manager of Pharmacy Practice Support
London Drugs	John Tse – Vice President of Pharmacy and Cosmetics Jim Rama – Pharmacy Operations Manager, BC Nelson Costa – Pharmacy Operations Manager, BC Shawn Sangha – Pharmacy Operations Manager, BC
People’s Drug Mart	Ian Maxwell - CEO Smita Natha – Professional Services Manager
Pharmasave	Greg Shepherd - CEO at Pharmasave Drugs (Pacific) Ltd.
Rexall	Bryan Rizzardo – Regional Pharmacy Director
Shoppers Drug Mart	Karen Sullivan – Director, Pharmacy Professional Affairs Jeanette Wang – SVP, Professional Affairs and Services
Neighbourhood Pharmacy Association	Parveen Mangat – Director, Pharmacy
Walmart	Steve Lee (teleconference) – Director, Compliance Jeffrey Leung (teleconference) – Senior Manager, Corporate Compliance
Forewest Holdings Inc.	Linda Gutenberg – Director, Pharmacy
Support Panel	David Loukidelis – legal counsel Nitya Iyer – legal counsel
College Staff	Bob Nakagawa Suzanne Solven Kellie Kilpatrick Gillian Vrooman Ranique Sekhon Anu Sharma

## **Pharmacy Operations and Drug Scheduling Act - BYLAWS**

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6. Interchangeable Drugs
7. Returned Drugs
8. Records
9. Pharmacy Licences

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11. Community Pharmacy Premises
- 11.1 Community Pharmacy Security
12. Operation Without a Full Pharmacist
13. Outsource Prescription Processing

#### **PART III – Hospital Pharmacies**

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15. After Hours Service

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16. Telepharmacy Services

#### **PART V – Pharmacy Education Sites**

17. Pharmacy Education Site Manager

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19. Definitions
20. Operation of PharmaNet
21. Data Collection, Transmission of and Access to PharmaNet Data
22. Confidentiality

#### **SCHEDULES**

- Schedule “A” – Fee Schedule

**Commented [AS1]:** April 2016 Posted Amendment:  
A new section has been added under the Community Pharmacies section of the bylaw to include pharmacy security requirements for community pharmacies.

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## 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);~~ 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;

“**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;

**Commented [AS2]:** April 2016 Posted Amendment:  
Existing definition is further refined to include Part G of the Food and Drug Regulations.

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**Commented [AS3]:** April 2016 Posted Amendment:  
The term “drug” is defined in PODSA and should be used in the bylaws instead of the term “medicine”.

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**Commented [AS4]:** April 2016 Posted Amendment:  
The First Nations Health Authority is missing and has been added.

**“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*;

~~“personal health information” has the same meaning as in section 25.8 of 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 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 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;

**Commented [AS5]:** April 2016 Posted Amendment: The term “medication” and its definition has been removed and replaced with “drug” in the bylaws.

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**Commented [AS6]:** April 2016 Posted Amendment: A new definition has been added to clarify what the term “personal information” means in the bylaws.

**September 2016 Proposed Amendment:**  
 The term “personal information” has been replaced with the term “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 statute (HPA).

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**Commented [AS7]:** April 2016 Posted Amendment: Removed this definition as the term “support person” is defined in PODSA and should be used in the bylaw.

**Commented [AS8]:** April 2016 Posted Amendment: A new term “pharmacy security” and its definition has been added.

**Commented [AS9]:** September 2016 Proposed Amendment: The term “personal information” has been replaced with the term “personal health information”.

“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;

“support person” has the same meaning as in the Act except that it does not include a pharmacy technician.

“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.

## 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~~ support person staff levels are

**Commented [AS10]:** April 2016 Posted Amendment:  
A new definition has been added to clarify that when referenced these terms refer to BC scheduled drugs as listed in the Drug Schedules Regulation.

**Commented [NI11]:** September 2016 Proposed Amendment:  
The definition for the term “support person” has been added and a clarification that a pharmacy technician is not included in the definition.

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**Commented [AS12]:** April 2016 Posted Amendment:  
The word pharmacist was missing and has been added.

**Commented [AS13]:** April 2016 Posted Amendment:  
The term “pharmacy assistant” has been replaced with “support person” in the bylaws as “support person” is the correct term to use as defined in PODSA.

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 ~~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;~~
- ~~(e) make reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;~~
- ~~(p)~~(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;
- ~~(q)~~(o) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;
- ~~(r)~~(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) ensure that appropriate security is in place for the premises~~

**Commented [AS14]:** April 2016 Posted Amendment:  
The term "pharmacy assistant" has been replaced with "support person" in the bylaws as "support person" is the correct term to use as defined in PODSA.

**Commented [AS15]:** April 2016 Posted Amendment:  
The term "pharmacy assistant" has been replaced with "support person" in the bylaws as "support person" is the correct term to use as defined in PODSA.

**Commented [AS16]:** April 2016 Posted Amendment:  
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).

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**Commented [AS17]:** April 2016 Posted Amendment:  
This existing requirement has been revised to provide further guidance, and protection, for pharmacies, in fulfilling their PIPA obligations.

**September 2016 Proposed Amendment:**  
This requirement has been removed as it is captured under 3(2)(q) below in which pharmacy security includes measures to prevent unauthorized access, collection, use, disclosure or disposal of personal health information

- ~~generally establish and maintain policies and procedures respecting pharmacy security;~~
- ~~(r) ensure that pharmacy staff are trained in policies and procedures regarding pharmacy security;~~
- (s) ~~notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours 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 health~~ 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;

**Commented [AS18]:** April 2016 Posted Amendment:  
The existing requirement which referenced security has been updated.

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**Commented [AS19]:** April 2016 Posted Amendment:  
A new requirement has been added.

**Commented [AS20]:** September 2016 Proposed Amendment:  
What drug losses trigger duty to notify has been narrowed to this category of drugs; 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. Professional Practice Policy 74 (also posted) further outlines the "incidents of loss" that are to be reported to the Registrar.

**Commented [AS21]:** The requirement was amended from "notify the registrar of any incident of loss of Schedule I, IA, II drugs or controlled drug substances" to "notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours" by the Board at the September 2016 Board meeting by the Board.

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**Commented [AS22]:** April 2016 Posted Amendment:  
The term "medication" has been replaced with "drug" in the bylaws as "drug" is the correct term to use as defined in PODSA.

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**Commented [AS23]:** April 2016 Posted Amendment:  
The term "pharmacy assistant" has been replaced with "support person" in the bylaws as "support person" is the correct term to use as defined in PODSA.



(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.

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~~(b)~~ **(bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws;**

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(3) Subsection (2)(~~fp~~) does not apply to a hospital pharmacy, hospital pharmacy satellite or a pharmacy education site.

**Commented [AS24]:** April 2016 Posted Amendment:  
A new requirement has been added.

(4) Owners and directors must comply with subsection (2) (d), (e), (j), ~~(n)~~, (p), ~~(q)~~, ~~(r)~~, ~~(s)~~, (t), (v), (w), (x) and (aa).

**Commented [AS25]:** April 2016 Posted Amendment:  
Updated existing references to reflect numbering changes in 3(2).

(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.

**Commented [AS26]:** April 2016 Posted Amendment:  
Updated existing references and included new requirements which owners and directors are also responsible for. No comments were received in consultations.

(6) Owners and directors must ensure that the requirements to obtain a pharmacy licence under the *Act* are met at all times.

**Commented [AS27]:** September 2016 Proposed Amendment:  
References updated.

(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~~ 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.

**Commented [AS28]:** April 2016 Posted Amendment: "pharmacy assistant" has been replaced with "support person" in the bylaws as "support person" is the correct term to use as defined in PODSA.

### 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:**

**Commented [AS29]:** April 2016 Posted Amendment:  
New section for pharmacy security requirements.

- (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, 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 years after the date that provision comes into force;
- (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 [AS30]:** April 2016 Posted Amendment:  
A new requirement has been added. No comments were received in consultations.

**Commented [AS31]:** April 2016 Posted Amendment:  
A new requirement has been added. No comments were received in consultations on this requirement.

**Commented [AS32]:** April 2016 Posted Amendment:  
A new requirement has been added. No comments were received in consultations on this requirement.

**Commented [AS33]:** April 2016 Posted Amendment:  
A new requirement has been added. No comments were received in consultations on this requirement.

**Commented [AS34]:** April 2016 Posted Amendment:  
A new requirement has been added. Many comments were received regarding this requirement during consultations. The main concerns were the cost and timing.

Physical barriers prevent access. This requirement in the bylaw is for community pharmacies when a full pharmacist is not present and the premise is accessible to non-registrants.

**September 2016 Proposed Amendment:**  
Schedule III drugs have been removed from the physical barriers requirement.

**Commented [AS35]:** September 2016 Proposed Amendment:  
The physical barrier requirement applies immediately to new pharmacies. However, all existing pharmacies have 3 years to implement physical barriers.

### 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.

**Commented [AS36]:** April 2016 Posted Amendment: "pharmacy assistant" has been replaced with "support person" in the bylaws as "support person" is the correct term to use as defined in PODSA.

**Commented [AS37]:** April 2016 Posted Amendment: "pharmacy assistant" has been replaced with "support person" in the bylaws as "support person" is the correct term to use as defined in PODSA.

### 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).

**Commented [AS38]:** April 2016 Posted Amendment:  
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 support persons 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.

**Commented [AS39]:** September 2016 Proposed Amendment: 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.



**Neighbourhood  
Pharmacy**  
Association of Canada

Association canadienne  
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de quartier**

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December 16, 2016

**DELIVERED VIA EMAIL**

The Honourable Terry Lake  
Minister of Health  
Province of British Columbia  
P. O. Box 9050 STN PROV GOVT  
Victoria, BC V8W 9E2

Dear Minister Lake;

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) is writing to you to provide feedback on the proposed changes to the Pharmacy and Drug Scheduling Act - Bylaws currently posted by the College of Pharmacists of British Columbia for public consultation. We offer the following items for your consideration in the spirit of improving the consistency with related pieces of legislation and overall operability of the bylaws.

***Neighbourhood Pharmacy Security***

We acknowledge and appreciate the revisions made to the first draft submitted earlier this year, however, concerns remain with respect to the requirements for physical barriers, as outlined in section 11(2)(b) of the Pharmacy Operations and Drug Scheduling Act bylaws.

*Consideration One:*

Securing personal health information requires a multi-faceted approach.

Legislation requires all health professionals, including pharmacists, to make reasonable security arrangements to protect personal information, including personal health information, from unauthorized access, use, disclosure and disposal and outlines consequences for non-compliance. Recognizing that personal health information is not strictly in a paper form and that a multi-faceted approach is needed, other health professions have endeavoured to provide guidance to their registrants on how to manage all aspects of securing personal health information, rather than imposing rigid, one size fits all regulatory requirements that do not, in fact, fit all. One such example is the guidance document, *Physicians & Security of Personal Information*, which was created jointly by the College of Physicians and Surgeons of BC (CPSBC), the Office of the Information and Privacy Commissioner (OIPC) and the BC Medical Association (BCMA) to assist physicians in implementing appropriate security measures for their respective practices.

The proposed requirement in the PODSA bylaws for a single, specific requirement to secure personal health information is unlike the approach taken by other healthcare professions regulatory bodies in British Columbia and other pharmacy regulatory bodies in Canada, that have pursued a similar approach to the CPSBC. The proposed bylaw serves to create the false and dangerous perception that compliance with the same will ensure compliance with the Personal Information Protection Act.

### *Recommendation*

As electronic documentation will continue to play an increasingly larger role in the recording, storing and sharing of personal health information, it is recommended that the College, in collaboration with the OIPC and the BC Pharmacy Association, adopt a comprehensive approach to providing guidance to pharmacy operators, similar to that of the CPSBC, that will enable custodians to manage the security of personal health information most appropriate to their practice rather than imposing a one size fits all approach that does not fully address all the facets of securing personal health information.

### *Consideration Two:*

Inconsistencies between sections 11, 12, 16 and 17 of the PODSA bylaws require revisions.

In section 11.1(2) of the draft bylaws, the College has prescribed that neighbourhood pharmacies must have barriers unless a full pharmacist is present, however, this is inconsistent with the requirements for telepharmacy sites, hospital pharmacy sites and pharmacy education sites which are not required to have physical barriers, yet do have Schedule I, II and controlled drug substances and personal information on the premises.

In the instance of Section 16, telepharmacy sites, the very nature of these operations is based on the premise that a full pharmacist cannot be physically present, hence, non-registrant staff are on site to manage the day to day operations under the supervision of a pharmacist via video link. The presence of a full pharmacist by video link is considered acceptable as having a full pharmacist present such that physical barriers are not required. It should be noted that although the College is transitioning to requiring a registered pharmacy technician on the premises in telepharmacy locations, this still will not meet the requirement of a full pharmacist being present as proposed in 11.1(2). If supervision by a pharmacist via video link is adequate security for drugs at a telepharmacy site, it is unclear as to why a similar monitoring protocol would not be acceptable for neighbourhood pharmacies when a full pharmacist is not present and the pharmacy is not open to the public.

There are further inconsistencies with Section 12, Operation without a full pharmacist. As currently written, it is impossible for a pharmacy to operate as a “lock and leave” pharmacy as per Section 12 and be compliant with Section 11.1(2)(b) because the very premise of a “lock and leave” operation requires that no full pharmacist is present and the premises are accessible to non-registrants. More specifically, Section 11.1(2)(b) would prohibit the pharmacy technician required to be present when a pharmacy is open to the public without a full pharmacist in section 12(2)(c) from being in the pharmacy area, as it requires all schedule I, II and III drugs, controlled drug substances to be secured by physical barriers when no full pharmacist is present. Operationally, this would preclude lock and leave operators from continuing with the model under which they have operated for years, as it would also prohibit the pharmacy

technician from being able to check blister packs, as all drugs would need to be secured behind the physical barriers required in 11.1(2)(b) which the pharmacy technician would not be permitted to be behind without a full pharmacist present. Further, there are inconsistencies with the requirements in Section 12(2)(d) and (e) with the proposed requirement for physical barriers in 11.1(2)(b). 12(2)(d) does not require pharmacies operating without a pharmacist to have physical barriers, but rather requires that schedule I, II and III drugs and controlled substances be kept in a secure storage area, while 12(2)(e) permits that drugs can be kept outside of the physical barriers when a full pharmacist is not present.

Section 17 Pharmacy Education Sites, is also problematic as these sites are not required to have physical barriers and are not required to have a full pharmacist present at all times, yet these sites are permitted to have Schedule I, II and III drugs on the premises.

*Recommendation:*

Given that the College is currently undergoing a comprehensive review of all bylaws, standards and policies, defer the proposed changes to PODSA 11 until these can be drafted in conjunction with sections 12, 16 and 17 to ensure consistency among all sections of the bylaws. These revised bylaws should include an appropriate definition of what the full pharmacist being “present” means that will be applicable to all. That is, “present” should incorporate both the concepts of physically present as well as oversight via video link as acceptable for fulfilling the requirement for a full pharmacist being present.

*Consideration Three:*

Capacity of the College to manage the volume of renovation applications within the specified timelines.

The installation of physical barriers will require a renovation to the pharmacy area of affected stores. As we are sure you can appreciate, there is significant planning and logistics that are required to renovate an operating pharmacy. In addition to the design, engineering and construction, the current College process for pharmacy renovations is lengthy, onerous and requires weeks of lead time. Given that approximately 900 of the 1250 licensed neighbourhood pharmacies in British Columbia will require some type of renovation to comply with the proposed bylaws, we have significant concerns as to whether the College has the capacity to manage the number of applications for renovations in the proposed three-year implementation period. Similarly, it is unlikely that some of the larger operators with multiple locations can reasonably complete renovations to all locations in that timeframe. These capacity limitations in the system were recognized by the College previously when significant changes to the pharmacy premises were required and, thus, grandfathering provisions were implemented to ensure that the change was manageable for all.

*Recommendation:*

Add a “grandfathering” provision with respect to the additional security requirements outlined in Section 11.1, excluding 11.1(1)(a), that require all new and renovated pharmacies to comply with the revised bylaws to ensure a manageable process for all to implement the changes.

### **PODSA Fees and Forms**

The College of Pharmacists of British Columbia has imposed fee increases on both retail and hospital pharmacies of approximately 50%, making British Columbia fees the highest in Canada by a significant margin. These increases are so dramatic that they create doubt with respect to the College's ability to manage its finances and hence fulfill its regulatory responsibilities. We have further concerns regarding how the process was managed, with the College requesting a shorter public posting period than the standard 90 days, yet not providing notice that the period had been shortened until after the shortened period had concluded. We believe that this is an issue of significance to neighbourhood pharmacy owners that should have been afforded the full 90-day consultation period to facilitate robust discourse on the issue and are disappointed that the College opted not to do so.

It is concerning that the Board of the College has not acted with appropriate foresight over the past five years in terms of managing the College's finances. Now, to restore what is described by the College as "full funding", every neighbourhood pharmacy in British Columbia will be required to pay 50% more to maintain its license to operate and pay the newly re-imposed \$525.00 new pharmacy application fee in addition to the costs associated with the physical security requirements proposed in the revisions to PODSA 11. Neighbourhood Pharmacies has reviewed the fee structures in other provinces and we believe that this licensure fee increase will make the BC fees by far the highest in Canada. Essentially, BC pharmacy owners are being burdened with increased costs and regulatory requirements to operate a pharmacy in British Columbia that are unlike any other jurisdiction in Canada due to questionable policy decisions and ill conceived financial decisions of the College.

We have copied the Director of Regulatory Initiatives, Professional Regulation and Oversight in your Ministry on this letter and we respectfully request that the Ministry review the recommendations contained herein with the College to seek a fair and reasonable direction moving forward that serves to appropriately protect the public without being financially and operationally prohibitive.

Sincerely,



Justin J. Bates  
Chief Executive Officer  
Neighbourhood Pharmacy Association of Canada

Cc: Brian Westgate, Director of Regulatory Initiatives, Professional Regulation and Oversight, Health Sector Workforce Division



**JEFF LEGER**  
Executive Vice President  
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December 18, 2016

Mr. Brian Westgate  
Director of Regulatory Initiatives, Professional Regulation and Oversight  
Health Sector Workforce Division  
Ministry of Health  
1515 Blanshard Street  
PO Box 9649 STN PROV GOVT  
Victoria, BC V8W 9P4

Dear Mr. Westgate:

We are writing to provide feedback on the proposed changes to the Pharmacy and Drug Scheduling Act - Bylaws currently posted by the College of Pharmacists of British Columbia for public consultation. We acknowledge and appreciate the revisions made to the first draft submitted earlier this year and continue to be supportive of appropriate security measures in pharmacies. We do, however, still have concerns regarding the requirements for physical barriers, as outlined in section 11(2)(b) of the Pharmacy Operations and Drug Scheduling Act bylaws.

***Recommendation 1:***

As electronic documentation will continue to play an increasingly larger role in the recording, storing and sharing of personal health information, it is recommended that the College, in collaboration with the OIPC and the BC Pharmacy Association, adopt a comprehensive approach to providing guidance to pharmacy operators, similar to that of the CPSBC, that will enable custodians to manage the security of personal health information most appropriate to their practice rather than imposing a one size fits all approach that does not fully address all the facets of securing personal health information.

***Rationale:***

Securing personal health information requires a multi-faceted approach

Legislation requires all health professionals, including pharmacists, to make reasonable security arrangements to protect personal information, including personal health

information, from unauthorized access, use, disclosure and disposal and outlines consequences for non-compliance. Recognizing that personal health information is not strictly in a paper form and that a multi-faceted approach is needed, other health professions have endeavored to provide guidance to their registrants on how to manage all aspects of securing personal health information, rather than imposing rigid, one size fits all regulatory requirements that do not, in fact, fit all. One such example is the guidance document, *Physicians & Security of Personal Information*, which was created jointly by the College of Physicians and Surgeons of BC (CPSBC), the Office of the

Information and Privacy Commissioner (OIPC) and the BC Medical Association (BCMA) to assist physicians in implementing appropriate security measures for their respective practices.

The proposed requirement in the PODSA bylaws for a single, specific requirement to secure personal health information is unlike the approach taken by other health care professions regulatory bodies in British Columbia and other pharmacy regulatory bodies in Canada, that have pursued a similar approach to the CPSBC. The proposed bylaw serves to create the false and dangerous perception that compliance with the same will ensure compliance with the Personal Information Protection Act.

***Recommendation #2:***

Given that the College is currently undergoing a comprehensive review of all bylaws, standards and policies, defer the proposed changes to PODSA 11 until these can be drafted in conjunction with sections 12, 16 and 17 to ensure consistency among all sections of the bylaws. These revised bylaws should include options for pharmacy operators to implement appropriate “barriers”, that would include options for electronic or physical barriers as acceptable solutions as well as an appropriate definition of what the full pharmacist being “present” means that will be applicable to all. That is, “present” should incorporate both the concepts of physically present as well as oversight via video link as acceptable for fulfilling the requirement for a full pharmacist being present.

***Rationale:***

1. Inconsistencies in the PODSA bylaws:

Part 1 applies to all pharmacies, therefore all pharmacies are required to take reasonable measures to protect drugs and personal information. In section 11.1(2) of the draft bylaws, the College has prescribed that community pharmacies must have barriers unless a full pharmacist is present, however, this is inconsistent with the requirements for telepharmacy sites, hospital pharmacy sites and pharmacy education sites which are not required to have physical barriers, yet do have Schedule I, II, III and controlled drug substances and personal information on the premises. Additionally, telepharmacy sites are not required to have a full pharmacist physically present yet do not need physical barriers, likewise with lock and leave operations. It is unclear as to why there is this discrepancy or what the rationale is for differing requirements for what constitutes reasonable in terms of the protection of drugs and personal information.

Section 11.1(2)(b) is inconsistent with the requirements of Section 12 Operation without a full pharmacist. As currently written, it is impossible for a pharmacy to operate as a “Lock and leave” pharmacy as per Section 12 and be in compliance with Section 11.1(2)(b) because the very premise of a “lock and leave” operation requires that no full pharmacist is present and the premises ARE accessible to non-registrants. More

specifically, Section 11.1(2)(b) would prohibit the pharmacy technician required to be present when a pharmacy is open to the public without a full pharmacist in section 12(2)(c) from being in the pharmacy area, as it requires all schedule I, II and III drugs, controlled drug substances to be secured by physical barriers when no full pharmacist is present. Operationally, this would preclude lock and leave operators from continuing with the model under which they have operated for years, as it would also prohibit the pharmacy technician from being able to check blister packs, as all drugs would need to be secured behind the physical barriers required in 11.1(2)(b) which the pharmacy technician would not be permitted to be behind without a full pharmacist present. Further, there are inconsistencies with the requirements in Section 12(2)(d) and (e) with the proposed requirement for physical barriers in 11.1(2)(b). 12(2)(d) does not require pharmacies operating without a pharmacist to have physical barriers, but rather requires that

schedule I, II and III drugs and controlled substances be kept in a secure storage area, while 12(2)(e) permits that drugs can be kept outside of the physical barriers when a full pharmacist is not present.

In the instance of Section 16, telepharmacy sites, the very nature of these operations is based on the premise that a full pharmacist can not be physically present, hence, non-registrant staff are on site to manage the day to day operations under the supervision of a pharmacist via video link. The presence of a full pharmacist by video link is considered acceptable as having a full pharmacist present such that physical barriers are not required. It should be noted that although the College is transitioning to requiring a registered pharmacy technician on the premises in telepharmacy locations, this still will not meet the requirement of a full pharmacist being present as proposed in 11.1 (2). If supervision by a pharmacist via video link is adequate security for drugs at a telepharmacy site, it is unclear as to why a similar monitoring protocol would not be acceptable for community pharmacies when a full pharmacist is not present and the pharmacy is not open to the public.

Section 17 Pharmacy Education Sites, is also problematic as these sites are not required to have physical barriers and are not required to have a full pharmacist present at all times, yet these sites are permitted to have Schedule I, II and III drugs on the premises.

## 2. College objective of target hardening to reduce robberies already achieved

In the College of Pharmacists of British Columbia's July 18, 2016 Update on their Drug Safe BC initiative, it was highlighted that since the program's launch in the fall of 2015, community pharmacy robberies have decreased dramatically. Through this initiative, all community pharmacies in British Columbia were required to install and store all Schedule 1A drugs in time delay safes and display College provided *DrugSafe BC* signage. Figure 1 below is extracted from the College's ReadLinks newsletter and illustrates that robberies have decreased from 41 in the first 9 months of 2015 to 8 in the 10 months post implementation of the program.

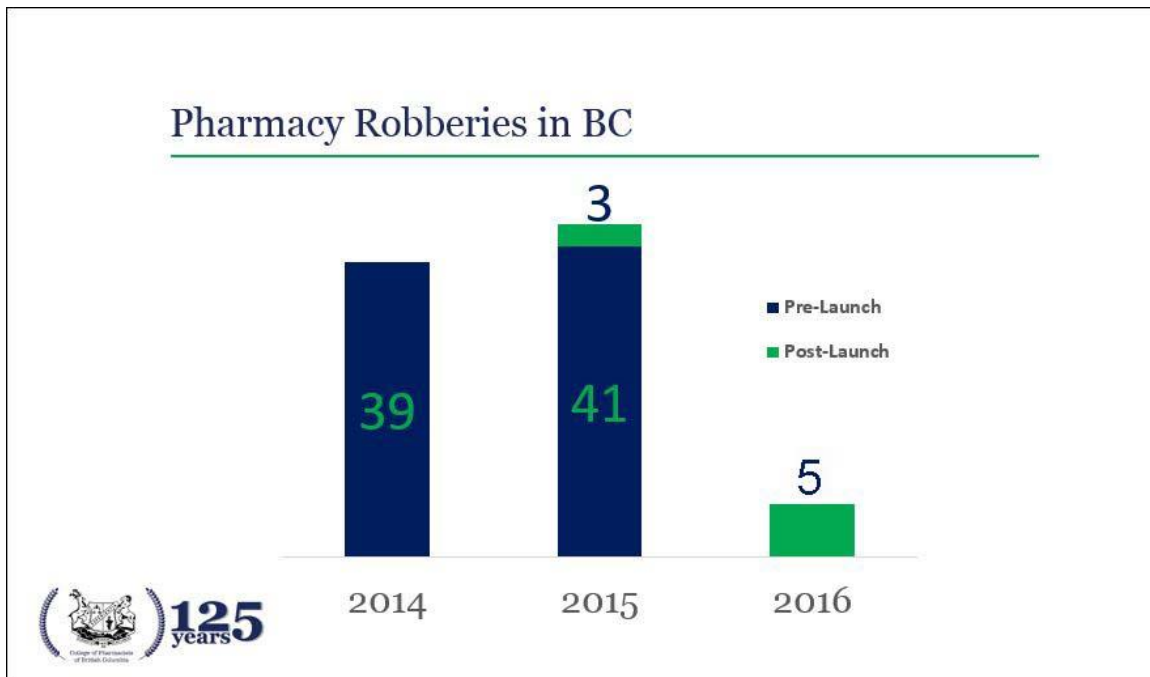


Figure 1: Pharmacy robberies in BC pre/post DrugSafeBC Launch

Given the dramatic decrease in robberies as a result of *DrugSafe BC*, the risk of deferral to complete the revisions in a holistic manner as part of the broader regulatory review is minimal. The risk of proceeding without a fulsome review and revision of the associated bylaws and the potential for confusion, improper implementation and unnecessary expenditures by pharmacy owners is, however, significant and should be considered prior to proceeding with the proposed changes to PODSA 11 in isolation.

### 3. Appropriate security measures should reflect the risk for theft or robbery

While we recognize the removal of schedule III products from the requirements for physical barriers from the previous draft, we continue to have concerns with the current draft of Section 11.1(2) (b), a one size fits all approach to security continues to be proposed without any assessment of the relative risk of the various drug products for diversion and harm to the public. As previously stated, because drugs are scheduled based on a number of factors including risk of harm to the public and the need for the intervention of a health care practitioner, varying levels of professional control and access to the public are assigned accordingly. Drugs are scheduled either Schedule I, which requires a prescription from a practitioner (physician, dentist, etc.), as schedule II, which does not require a prescription but must not be available for self selection and requires counselling by the pharmacist, or as schedule III, which is available for patient self selection but can only be sold in pharmacies so that a pharmacist is available for consultation, if requested. Controlled drug substances are scheduled as Narcotics and controlled drugs (Schedule 1A in British Columbia) or Benzodiazepines and Targeted substances based on the higher level of risk to the public due to the potential for abuse, addiction and diversion.

It is reasonable to expect additional security measures are in place for controlled drug substances and this is reflected in the Health Canada's regulations pertaining to benzodiazepines and targeted substances, which require pharmacists to ensure that these are stored in a place where only authorized employees have access. The requirements of the Drug Enforcement Agency (DEA) in the United States similarly stipulate that controlled substances must be stored in a securely locked cabinet of substantial construction. However, the DEA requirements also provide that pharmacies have the option of storing controlled substances in a securely locked cabinet or by concealing them by dispersal throughout their stock of non-controlled substances.

In contrast, Schedule I, and II drugs do not present the same risk to the public and are not the products targeted in robberies. It is therefore, not reasonable to require the same level of security for a Schedule II product like 80 mg acetylsalicylic Acid or activated charcoal or a schedule I product like amoxicillin as for a benzodiazepine like Xanax or Valium or a narcotic like oxycodone. While we are supportive of ensuring that controlled drug substances are securely stored when no full pharmacist is present and that the elements of Section 12 of the bylaws are adhered to in the instances when a pharmacy is operating as lock and leave as is required in other provinces, we do not believe that the risk of harm to the public associated with Schedule I and II drugs when the pharmacy is closed to the public and no full pharmacist is present warrants the need for physical barriers when there are monitored alarms, motion sensors and closed circuit television in place to ensure that these products are secure. This is consistent with the standards applied to pharmacies in jurisdictions across North America, at both the local and federal levels.

The College has cited the principles of Crime Prevention Through Environmental Design (CPTED) as the rationale for requiring physical barriers. Central to CPTED is the philosophy that proper design and effective use of the built environment can lead to a reduction in the fear and incidence of crime, using positive ways to achieve this without creating fortresses with walls and gates, which ultimately results in an improvement in the quality of life. When properly implemented, CPTED involves multiple facets that are routinely incorporated into the design of community pharmacies and include natural surveillance, territorial reinforcement, natural access control and target hardening. The College has identified the proposed security bylaws, and specifically physical barriers, as a requirement to achieve target hardening, however, it is important to note that target hardening is considered the last resort to resist crime by increasing physical security and is accomplished by features that prohibit entry or access and are already part of the security protocols of community pharmacies such as: window locks, dead bolts for doors, and interior door hinges. This method of crime prevention is most effective when combined with the other CPTED strategies identified above, to achieve a balanced approach, and should not be considered an effective strategy when used in isolation of the other elements of CPTED. To provide additional background on the evaluation and implementation of security protocols that are appropriate and aligned with CPTED, we have again included the report titled *Physical Security Standards for Pharmacy Areas in Retail Drug Stores* and authored by David Hyde, a professionally certified crime prevention consultant and expert on CPTED.

**Recommendation #3:**

Add a “grandfathering” provision with respect to the additional security requirements outlined in Section 11.1, excluding 11.1(1) (a), that require all new and renovated pharmacies to comply with the revised bylaws to ensure a manageable process for all to implement the changes.

**Rationale:**

Previously, when the College has revised the bylaws pertaining to the physical premises (as in Section 11(3) and 11(4)), grandfathering provisions have been included that only require all new and renovated pharmacies to comply with the revised bylaws to recognize that the College has already approved the currently licensed pharmacies and that the installation of physical barriers will require a renovation to the pharmacy area of affected stores. As we are sure you can appreciate, there is significant planning and logistics that are required to renovate an operating pharmacy. In addition to the design, engineering and construction, the current College process for pharmacy renovations is lengthy, onerous and requires weeks of lead time. Given that approximately 900 of the 1250 licensed community pharmacies in British Columbia will

require some type of renovation to comply with the proposed bylaws, we have significant concerns as to whether the College has the capacity to manage the number of applications for renovations in the proposed three-year implementation period. Similarly, it is unlikely that some of the larger operators with multiple locations can reasonably complete renovations to all locations in that timeframe. These capacity limitations in the system were recognized by the College previously when significant changes to the pharmacy premises were required and, thus, grandfathering provisions were implemented to ensure that the change was manageable for all. Given the nature and magnitude of the changes required under 11.1, we would ask that the same provision be extended to the changes required under the proposed security bylaws.

In summary, while we are supportive of security measures in pharmacies, we believe that it is important that the measures are appropriate and commensurate with the nature and magnitude of the risk. It is in this spirit that the preceding recommendations have been submitted for your consideration. If you have any questions on the content of this letter or would like to discuss, please feel free to contact me at 416-490-2661.

Yours truly,

A handwritten signature in blue ink, appearing to read "J. Leger", is centered below the closing. The signature is fluid and cursive.

Jeff Leger  
Executive Vice President  
Pharmacy & Healthcare

Enclosure

CC: Bob Nakagawa  
Geraldine Vance



December 16, 2016

Mr. Bob Nakagawa  
Registrar  
College of Pharmacists of British Columbia  
200 – 1765 W. 8<sup>th</sup> Avenue  
Vancouver, BC V6J 5C6

Dear Bob,

**Re: Pharmacy Security Bylaw Amendments Posted for Comment September 16, 2016**

The BC Pharmacy Association thanks the College of Pharmacists of BC for the opportunity to provide comments on the proposed amendments to the *Pharmacy Operations and Drug Scheduling Act* Bylaw and to the proposed Professional Practice Policy 74 *Community Pharmacy Security*, posted in September 2016.

For more than a year we have been working on this issue, providing feedback and participating in stakeholder consultations. We appreciate the College's consideration and incorporation of some of our prior comments into this current draft bylaw and policy. We have carefully reviewed the proposed amendments and policy and have the following comments:

**1. References to Schedule III in s. 11.1 and s. 12**

We note that the College has amended s. 11.1(2)(b) to exclude Schedule III drugs from the requirement to be behind security barriers. We are pleased with this amendment and thank the College for considering the views of members.

When we read the bylaws sections 11 and 12 together, it appears the intention is Schedule III drugs do not need to be secured by physical barriers. However, ss. 12(2)(d) has not been yet been amended to exclude Schedule III drugs. We assume this is an oversight, and suggest the following amendment:

**Recommendation:** amend s. 12(2)(d) as follows:

(d) Schedule I ~~and II and III~~ drugs and controlled drug substances in a secure storage area are inaccessible to support persons and other non-pharmacy staff and the public.

**2. Section 11.1 and 12 are unclear**

The difference between the terms "accessible to non-registrants" and "operation without a full pharmacist" and "open to the public" in sections 11.1 and 12 remains unclear. Taking into account the language of s. 11(1) ("In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises"), and the purpose of s. 12 (to permit operation without a full pharmacist present) we understand that the intention of s. 11.1(2) is to address situations when a pharmacy not comprising 100% of the premises is closed to the

public while the rest of the store is open. However, we believe that s. 11.1 is insufficiently clear, such that we expect effective compliance to be reduced. Accordingly, we suggest that the following amendment be made:

**Recommendation:** amend s. 11.1(2) as follows:

(2) when no full pharmacist is present ~~and the premise~~, and **the community pharmacy is not open to the public but the premises are** accessible to non-registrants,...

In addition, we continue to be concerned that section 12 is confusing. It provides that a community pharmacy must not be open to the public “except as provided in subsection (2)”. This means that a community pharmacy *is permitted* to be open to the public in the circumstances described in ss. 12(2). However, ss. 12(2) addresses when a pharmacy may *operate* without a full pharmacist present. The confusion is exacerbated by ss. 12(2)(c), which requires the pharmacy technician to “ensure that the pharmacy is not open to the public.”

The lack of clarity in these provisions will necessarily impede registrants’ understanding of their obligations and accordingly, their ability to comply.

#### 4. Notification issues

We remain concerned about the duty in section 3(2)(bb) for managers to notify the registrar of “consistent non-compliance by owners and directors with their obligations under the bylaws.” 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? In PPP-74 it is clear that reporting is limited to non-compliance with the security bylaw or PPP-74, and so it would appear that this is not intended to be a general duty.

If it is intended to be a general duty, this continues to be of real concern to us. As we stated in our letter of January 12, 2016, and our submissions in June 2016, the College is treading into complex territory when it seeks to intrude into the employment relationship and impose the specific duty to report. Especially if the duty to report extends to all the bylaws.

Recognizing every registrant’s ethical duties and responsibilities as articulated in the Code of Ethics, we are concerned that this additional duty to report “consistent non-compliance by owners and directors”, imposes a different, much vaguer and less principled test than the general ethical duty to report where there is a risk of harm to the public.

As professionals, pharmacists are committed to practicing with honesty, integrity and accountability. The ethical duty to report is grounded in the fundamental duty that protecting patient safety *outweighs* other ethical duties, which is a principled approach by which a registrant can form an opinion that in the particular circumstances, reporting is appropriate. The standard of “persistent non-compliance” doesn’t afford registrants such a clear, principled foundation for analysis. For example, 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, if the College concludes otherwise?

Pharmacists professional duties include the duties of loyalty, good faith and confidentiality to their employers. These duties are not normally in conflict with pharmacists’ other ethical duties to patients, because ethical duties are by their nature principle-based to enable a nuanced approach. A principled approach is unavailable where the reporting duty is blunt, prescriptive and doesn’t allow for taking circumstances into account, as is the case here. Accordingly, we remain concerned about creating an adversarial relationship between employee and employer, and about the excess administrative burden posed on individuals by conscripting them in this way.



## 5. Comments on PPP-74

We continue to have concern about the requirement for physical barriers and the inclusion of the protection of personal information as a component of the concept of “pharmacy security.”


First, as we stated on our letter of January 12, 2016, there is still a lack of evidence to support the mandate to install barriers across all community pharmacies in the province. Permitting a range of possible barriers that would be acceptable (locked gates, cabinets, rooms, shelves etc.) does not address the central problem. It really isn't clear that there is any evidence on which to base the requirement for barriers.

While we appreciate the three-year phase-in period will allow registrants to manage their renovation costs, and the removal of Schedule III drugs from the barrier requirement (assuming that our recommendation for s. 12(2)(d) is accepted), we remain concerned that the barrier requirement is more onerous than necessary to achieve the objective.

## 6. Definitions

Finally, with respect to the definitions, we note that the definitions of “owner” and “pharmacy” will still need to be aligned with Bill 6.

Sincerely,



Geraldine Vance  
CEO

Pharmacy Security Bylaws Public Posting Feedback Summary

First Public Posting (April 2016)	Comments Received from First Public Posting	Policy Decisions Based on Comments Received	Amendments Posted for a Second Public Posting	Comments Received from Second Public Posting	Comments from Review of Feedback
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. 3) the definition of "support person" in PODSA means a non-pharmacist who, under the direct supervision of a pharmacist, performs technical functions related to the dispensing, distribution or sale of drugs or the operation of a pharmacy. This is broad enough to include a pharmacy technician, the College should define support person in the bylaws to exclude pharmacy technician from the definition. 4)add to the definition of "Schedule I, Schedule IA, Schedule II, or Schedule III" ... made pursuant to the Pharmacy Operations and Drug Scheduling Act 5)add to the definition of "physical barriers" the following "means an impediment to access and includes a lockable gate, cabinet, case, door, or screen, or grillwork or panel or other similar things." 6)instead of using "personal information" as defined in FOIPPA, use the term "personal health information" as defined in PODSA	Replace "personal information" with "personal health information"  Add exclusion of pharmacy technician to the definition of "support person"	"personal health information" has the same meaning as in section 25.8 of the Health Professions Act;  "support person" has the same meaning as in the Act except that it does not include a pharmacy technician.	
3(2)(n) - deleted	<del>ensure that confidentiality is maintained with respect to all pharmacy and patient records in accordance with all applicable legislation</del>				
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	Delete 3(2)(o) because in 3(2)(q), pharmacy security includes measures to prevent unauthorized access, collection, use, disclosure or disposal of personal health information.	<del>make reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;</del>	
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 graval 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 8)revise to read "notify the registrar of any incident of loss of drugs or loss of personal information of patients of the pharmacy, whether electronic or physical." 9)revise to read "notify the registrar of any incident of loss of controlled drug substances." 10)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.	notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours ( <b>policy decision to further remove Schedule I, IA and II was made at Sept 2016 Board meeting</b> )	

First Public Posting (April 2016)	Comments Received from First Public Posting	Policy Decisions Based on Comments Received	Amendments Posted for a Second Public Posting	Comments Received from Second Public Posting	Comments from Review of Feedback
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.	Revise PPP-74 to further clarify what persistent non-compliance is.		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?  The Code of Ethics states that : Registrants have a responsibility to report incompetent or unethical behavior by colleagues or other healthcare professionals to the appropriate regulatory authority." The requirement in the bylaws to report persistent non-compliance of owners/directors with their obligations under the bylaws is not any more invasive then the language in the Code of Ethics, rather it is more clear. Also, in the future, with ownership related changes, there will be more onus on pharmacy managers and owners. Lastly, PPP-74 was revised following the first public posting period to include an example relating to persistent non-compliance in relation to the pharmacy security bylaws.
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 area 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" 6)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, 7)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			

First Public Posting (April 2016)	Comments Received from First Public Posting	Policy Decisions Based on Comments Received	Amendments Posted for a Second Public Posting	Comments Received from Second Public Posting	Comments from Review of Feedback	
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;	<p>1)seems like "lock and leave" when pharmacy is closed as it includes over the counter meds</p> <p>2)lock and leave is already in place for those pharmacies who close when the rest of the store is open</p> <p>3)when we close the doors for the night and set the alarm we have already accomplished protection of meds</p> <p>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</p> <p>5)is there any evidence that this type of break and enter is a widespread issue that it is a risk for the public?</p> <p>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?</p> <p>7)this bylaw seems to be drafted over a perceived problem, where little to no problem actually exists</p> <p>8)will impose very significant costs for many pharmacy owners to implement with extremely little to no benefit to the public</p> <p>9)physical barrier requirement puts an unfair burden on pharmacy as a whole in which some pharmacies could be added with capital costs over \$100,000 in renovations</p> <p>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</p> <p>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</p> <p>12)in smaller store where there is only one pharmacist 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?</p> <p>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?</p> <p>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</p> <p>15)cameras in dispensary, motion detectors, a timed safe and staff who could care less about rx files are enough</p> <p>16)with a separate security system in the dispensary a physical barrier is not required as there is 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).</p> <p>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 miniscule, thats why they are schedule 3 and schedule 2 items.</p> <p>18)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</p> <p>19)as an alternative to physical barriers, electronic barriers (separately monitored alarm systems, motion detectors and high definition cameras) be permitted as a reasonable approach to maintaining the physical security of the pharmacy premises</p>	Removal of schedule III from physical barrier requirement.	Subject to section 2.1, Schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers	<p>1)The difference between the terms "accessible to non-registrants" and "operation without a full pharmacist" and "open to the public" in sections 11.1 and 12 remains unclear</p> <p>2)Existing requirements for operation without a full pharmacist, telepharmacy sites, hospital pharmacy sites and pharmacy education sites are inconsistent with requirements on scheduled drugs</p> <p>3)Defer these security bylaws until after the review and modernization of existing bylaws</p> <p>4)Continued issues with the inclusion of personal health information in the security requirements. Is there any evidence for the need for physical barriers</p> <p>5)Revise bylaws to include options for pharmacy operators to implement appropriate "barriers", that would include the option of electronic or physical barriers</p> <p>6)College objective of target hardening is already achieved with robberies declining</p>	<p>Inconsistency example in feedback - when a pharmacy is closed and the premise is accessible to non-registrants, Schedule III drugs do not need to be behind physical barriers however, when the pharmacy is 'operating without a full pharmacist', Schedule III drugs must be inaccessible to non-registrants. College staff and legal counsel reviewed the requirements of both pharmacy security and 'operation without a full pharmacist' and although the example noted above does illustrate an inconsistency it is still possible to comply with both sections. Operation without a full pharmacist and other noted existing bylaw sections are part of the legislation modernization objective, as noted in the College's 2016-2020 Strategic Plan.</p> <p>One of the responses also highlights that the College's objective to reduce robberies has been achieved, and cites statistics from a July 2016 College ReadLinks article on the DrugSafeBC initiative. The intent of the community pharmacy measures is not merely focused on reducing robberies, but also on reducing break and enters, forgery, theft and loss of drugs. Recent statistics from July 2016 (see graph below) show that while robberies have been decreasing since the DrugSafeBC initiative was launched, break and enters initially decreased, but are now on the rise. Break and enters have increased from 17 in 2015 to 25 in 2016 (an increase of 47%). It is also important to note that a key difference between robberies and break and enters is that robberies occur during operating hours, whereas break and enters occur after operating hours. And, physical barriers are required when the pharmacy is closed, if the premises is accessible to non-registrants.</p>
			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 (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;	It is unlikely that larger operators with multiple locations can reasonably complete renovations to all locations within 3 years. Request for "grandfathering provisions" for existing pharmacies, to enable them to comply.	The bylaws were revised following the first public posting period to include a three year transition time to install physical barriers. Adding a "grandfathering" clause would mean that some pharmacies would have physical barriers and others would not, which could result in pharmacies becoming "soft targets" and impact the consistent enforcement of these bylaws.
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).					

David Hyde and Associates

# Physical Security Standards for Pharmacy Areas in Retail Drug Stores

Expert Opinion Report CP-0365

David Hyde, M.Sc., CPC  
4-1-2016

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## 1.0 EXECUTIVE SUMMARY

### 1.1 Section Overview

This section provides an introduction to the subject matter to be addressed in this report, introduces the author, sets out the purpose and structure of the report, and provides an overview of the primary findings and conclusions.

### 1.2 Background and Introduction

David Hyde, M.Sc, CPC. (hereinafter referred to as the “Author”), a professionally certified security and crime prevention consultant, was commissioned by Shoppers Drug Mart (hereinafter referred to as “SDM”) to render an expert opinion on physical protection system<sup>1</sup> standards within retail drug stores<sup>2</sup> with a particular focus on the pharmacy<sup>3</sup> area.

Presently, “Lock and Leave”<sup>4</sup> enclosures are required by Colleges of Pharmacists across Canada in retail drug stores where the operating hours of the store front operation extend beyond the operating hours of the pharmacy area. These Lock and Leave enclosures serve a very specific purpose in that they are designed to physically enclose the pharmacy area in order to prevent unauthorized entry by members of the public who are present in the store (e.g., in supermarkets, mass merchandisers) outside of pharmacy operating hours.

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<sup>1</sup> The term “physical protection system” refers to a system of measures implemented for the protection of assets or facilities against theft, sabotage or other malevolent acts (Garcia, 2001: 298).

<sup>2</sup> The term “retail drug store” refers to a location which contains a retail store front and a licensed pharmacy. The retail drug store is to be distinguished from a supermarket or mass merchandiser (e.g., Safeway, Walmart) which contains a licensed pharmacy that remains closed for business during hours when the wider store remains open.

<sup>3</sup> The term “pharmacy” refers to a licensed area within a retail drug store where drugs, medications and controlled substances are stored and dispensed.

<sup>4</sup> The Ontario College of Pharmacists defines “Lock and Leave” as follows: “*Lock and Leave allows a pharmacy to operate without a pharmacist physically present provided the pharmacy has the ability to “completely restrict” the public from access to any drugs referred to Schedule I, II or III”. Any physical impediments or barriers shall be constructed such that the drugs are completely inaccessible to the public. The entire pharmacy area is accredited by OCP and the “Lock and Leave” permits the front shop area of the pharmacy to continue operating and allowing the sale of any drug in the unclassified category (Schedule U) when the pharmacist is not present.*”

The backdrop for this report is the potential that retail drug stores may face new mandatory regulations requiring the installation of physical barrier enclosures<sup>5</sup> designed to securely separate the pharmacy area from the retail store front outside of store operating hours (i.e., when registered pharmacy staff are absent and a small number of drug store staff<sup>6</sup> may be present for cleaning, stocking or other operational purposes). The intended purpose of such an extension of “Lock and Leave” would appear to primarily be to prevent employee theft<sup>7</sup> of drugs and/or employee compromise of personal health information.

### 1.3 Author of this Report

David Hyde, M.Sc, CPC, has rendered a number of expert opinions - primarily in court cases and in contemplation of litigation, on behalf of both Plaintiffs and Defendants - on the adequacy and/or reasonableness of physical protection systems within commercial and retail premises. Mr. Hyde is an independent security and crime prevention consultant possessing a diverse range of professional distinctions. He is an industry-recognized security expert, trusted senior advisor and long-time security and crime prevention educator.

Over a 31-year professional career, Mr. Hyde has operated an award winning business, designed and managed security at some of Canada's highest profile commercial/retail properties and led the security management program for a \$19 billion corporation tasked with protecting over 40 million square feet of retail and commercial property assets across Canada.

Since 2005, Mr. Hyde has been on staff at the University of Calgary designing and teaching physical security and crime prevention classes. Due to his diverse background, education and experience, he is regularly retained by legal counsel across Canada to provide independent expert opinion on physical protection systems, public safety and crime prevention practices and standards.

Mr. Hyde is a sought-after media commentator on security and crime prevention topics and has appeared on numerous television networks including CBC, CTV, Global TV, CP24, CityNews, Fox News, and ABC News (Australia). He is also a sought-after keynote speaker, published author and a regularly featured

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<sup>5</sup> The term “physical barrier enclosure” is used throughout this report and refers to a range of physical wall structures designed to securely separate the pharmacy from the retail store front. Examples include: (1) walls (transparent, semi-transparent and/or opaque) and door structures that permit complete security during periods of closure but permit full public access during pharmacy operating hours; and (2) retractable (i.e., sliding/folding) barriers that completely enclose and secure the pharmacy area, incorporating a lockable entrance (where applicable).

<sup>6</sup> The term “drug store staff” refers to staff employed to work within the retail drug store who are not licensed pharmacy staff.

<sup>7</sup> The term “theft” refers to the unauthorized removal of valuable material or information from a facility.

contributor to major North American news publications. Mr. Hyde currently sits on the Advisory Board of 'Canadian Security', Canada's preeminent professional security trade publication.

After spending twenty-one years in the field - designing, managing and evaluating physical protection systems at major retail/commercial properties across Canada - Mr. Hyde has spent the last six years building Canada's most respected professional security consultancy. As an independent security advisor, Mr. Hyde has evaluated security and crime prevention programs for retail, pharmaceutical and healthcare clients involved in the protection of sensitive personal information and controlled/restricted substances, including including narcotics/controlled drugs, prescription drugs, precursors, explosives, hazardous chemicals, and chemical/biological/radiological/nuclear materials.

Mr. Hyde holds the following professional qualifications which have relevance to the subject matter of this report:

<b>Formal Qualification</b>	<b>Learning Institution</b>
Master's Degree in Security and Risk Management (with distinction)	University of Leicester, UK
Development Program for Security Executives	The Wharton School, University of Pennsylvania
Certificate in Security Management	University of Calgary, AB
Certificate in Security Threat Assessment	International Security Management and Crime Prevention Institute
Advanced Certificate in Crime Prevention Through Environmental Design (CPTED)	University of Louisville, KY
Certificate in Crime Prevention Through Environmental Design (CPTED)	Calgary Police Service
Certificate in Crime Risk Assessment	International Security Management and Crime Prevention Institute

## 1.4 Purpose of this Report

The purpose of this report is to assess the impact of, and justification for, extending the current “Lock and Leave” requirement to make retail drug stores install physical barrier enclosures around pharmacy areas outside of store operating hours (i.e., when only employees (and no members of the public) are present).

In order to address the purpose of the report, the Author will answer the following questions based on a foundation of crime prevention<sup>6</sup> best practice and North American physical security<sup>9</sup> standards (as well as the Author’s twenty-seven years of experience designing, implementing, managing and evaluating physical protection systems in retail and commercial environments):

1. What type of analysis should be undertaken prior to introducing a new physical security standard such as a physical barrier enclosure for use outside of drug store/pharmacy operating hours?
2. What is the anticipated effectiveness of physical barrier enclosures in preventing the theft of drugs and compromise of personal health information outside of drug store/pharmacy operating hours?
3. What are the anticipated negative consequences (even if unintentional) of mandating the wholesale deployment of physical barrier enclosures in pharmacy areas within drug stores?
4. Are there viable alternatives to physical barrier enclosures to prevent employees from accessing the pharmacy area outside of drug store operating hours?
5. Is mandating the wholesale deployment of physical barrier enclosures in pharmacy areas within all retail drug stores justifiable?

## 1.5 Primary Findings and Conclusions

### **Type of Analysis that should be Undertaken Prior to Introducing New Security Measures**

Based on the Author’s research and experience, as well as crime prevention and security best practice standards, the following types of analysis should be conducted by the regulator (i.e., Canadian Colleges of Pharmacists) prior to mandating new security measures such as physical barrier enclosures across the retail drug store sector:

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<sup>6</sup> The term “crime prevention” refers to the anticipation, recognition and appraisal of a crime risk and the actions taken to remove or reduce it.

- The regulator should be able to demonstrate, based on sectoral research, quantitative statistics and related analysis, that (employee) crime targeting the pharmacy area in retail drug stores after operating hours is a widespread problem with a potential to cause considerable harm to the public interest.
- In speaking with a number of retail drug store operators across Canada, the Author's research suggests that cases of store employees, present outside of business hours, entering the pharmacy area to steal drugs or compromise personal health information are exceptionally rare. Given this reality, there seems to be no justification for physically enclosing and securing the pharmacy area

<sup>9</sup> The term "physical security" refers to (1) the use of people, procedures and equipment (alone or in combination) to control access to assets or facilities; (2) the measures required for the protection of assets or facilities from espionage, theft, fraud or sabotage by a malevolent human adversary (Garcia, 2001: 298).

outside of operating hours, especially given the fact that there are other far-less-onerous security measures which could effectively prevent store employees from entering the pharmacy area.

### **Anticipated Effectiveness of Physical Barrier Enclosures in Preventing Crime Outside of Operating Hours**

- The Author is of the opinion that, in the absence of extensive sectoral research justifying such a move, any extension of "Lock and Leave" to physically secure pharmacy areas outside of drug store operating hours would be both inappropriate and indefensible.
- The Author's research suggests that physical barrier enclosures are not the most effective means of preventing crime within pharmacy areas outside of operating hours. This is because most Lock and Leave-type enclosures exhibit relatively poor physical security protection, particularly in retrofit situations within retail drug store pharmacy areas which were never designed to accommodate the addition of such a barrier.
- In the context of preventing store employees from entering the pharmacy area, physical barriers such as Lock and Leave enclosures provide only partial security. This is due to the fact that the enclosure is quite easily compromised by the employee. Once compromised, additional security measures would be required (such as contact/sensor alarms<sup>7</sup> and CCTV<sup>8</sup> cameras) to deter an internal adversary<sup>9</sup>. At the end of the day, mandating a Lock and Leave (or similar) barrier in this

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<sup>7</sup> The term "alarm" refers to a warning from a sensor or sensor system that a sensor has been triggered or activated, usually signaled by light or sound; it may indicate a nuisance or false alarm, or a valid alarm.

<sup>8</sup> The term "CCTV" refers to Closed Circuit Television. A television system in which the signal distribution is limited or restricted usually by cable.

<sup>9</sup> The term "adversary" refers to a person performing malevolent acts in pursuit of interests harmful to the facility; an adversary may be an insider or an outsider.

way would necessitate additional security measures which would increase costs and operational complexities.

### **Anticipated Negative Consequences of Mandating Physical Barrier Enclosures for Pharmacy Areas in Drug Stores**

- The retrofitting of retail drug stores with physical barrier enclosures to secure and enclose the pharmacy area is a complex exercise requiring a great deal of operational planning. Retail drug stores come in a wide variety of shapes, sizes, locations, ages and configurations. In a majority of cases, retrofitting a drug store pharmacy area with a physical barrier enclosure will cause operational disruption and come at considerable cost compared to many other security measures.
- Before mandating across-the-board deployment of physical barrier enclosures in pharmacy areas as a means of preventing crime outside of store operating hours, it would be reasonable to expect the regulator to have conducted some type of cost-benefit analysis<sup>10</sup> (i.e., established whether the high cost of physical barrier enclosures is justified based on the anticipated crime prevention benefits of the barriers and also whether other more affordable security measures are a plausible option).
- The Author's research suggests that a range of unintended consequences, some of which may place the safety of employees in jeopardy, should be seriously considered by regulators prior to mandating the retrofitting of retail drug store pharmacies with physical barrier enclosures. These unintended consequences include entrapment of employees during a robbery or hostage-taking, non-conformance with Building/Fire Code safe egress requirements in a fire situation, and impingement on "open sightlines" which is a fundamental tenet of crime prevention best practice.
- In the Author's opinion, regulators should exercise great caution and conduct extensive research prior to adopting physical barrier enclosures in drug store pharmacy areas outside of operating hours as a mandated measure under pharmacy regulation.

### **Viable Alternatives to Physical Barrier Enclosures as a Means of Preventing Crime Outside of Operating Hours**

- While erecting a physical barrier enclosure is an option that may have merit in some drug stores and pharmacies it is by no means the only or most appropriate measure industry-wide. In considering the most appropriate physical security measures to protect the pharmacy area after operating hours, there are a number of tried, tested and viable options that ought to be considered if regulators wish to mandate additional protection.
- In accordance with the tenets of regulatory best practice (i.e., "Right Touch Regulation<sup>11</sup>") the Author concluded that it would be reasonable to expect regulators to consider whether other viable

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<sup>10</sup> The term "cost benefit analysis" refers to a systematic process for calculating and comparing benefits and costs of a project, decision or government policy.

<sup>11</sup> The term "Right Touch Regulation" refers to the minimum regulatory force required to achieve the desired result.

or equivalent security measures could achieve the same outcome as physical barrier enclosures in the sense that other measures may be more conducive based on availability, feasibility, operational efficiency or affordability.

- The Author's research suggests there are dramatic variances in the type and number of physical security measures in existence within retail drug stores and pharmacies. Some stores already have multiple layers of physical security in place (and multiple layers of barriers); whereas other stores do not. For a retail drug store already equipped with multiple layers of physical barriers and electronic security protection, it would seem unreasonable to then have to install physical barrier enclosures around the pharmacy area with no opportunity to demonstrate that existing security measures are equivalent or superior to the installation of the pharmacy barriers. Such an approach would appear to the Author to be antithetical to the tenets of Right Touch Regulation.
- The Author is also of the opinion that the high cost of installing physical barrier enclosures in pharmacy areas across the whole drug store sector is not justified based on the anticipated crime prevention benefits of the barriers. Rather than adopting a "one-size-fits-all" approach, the Author is of the opinion that a number of viable alternative security measures can (and should) be considered by regulators.

### **Extent to which Mandating Physical Barrier Enclosures in Pharmacy Areas within Drug Stores is Justifiable**

- Based on the Author's research and experience and for the reasons identified throughout this report, a regulatory mandate that all retail drug store pharmacies install physical barrier enclosures (including Lock and Leave enclosures) outside of store operating hours would be both inappropriate and indefensible.

## 2.0 APPROACH AND RESEARCH METHODOLOGY

### 2.1 Section Focus

This section will provide an introduction to the Author of this report and sets out the primary research steps and research methodology adopted.

### 2.2 Approach

As identified earlier in the report, the Author was commissioned by Shoppers Drug Mart to render an expert opinion on physical protection system standards within retail drug stores with a particular focus on the pharmacy area. The following steps were taken by the Author in researching the relevant subject matter and formulating the opinions expressed in this report:

- Studied the various College of Pharmacists regulations across Canada in the context of Lock and Leave enclosures and similar physical barrier enclosures.
- Interviewed a number of stakeholders within SDM, including Store Operations personnel, Loss Prevention staff, Human Resources Department representatives, Professional Affairs, etc.
- Interviewed Loss Prevention management personnel from multiple retail drug store and pharmacy operators across Canada.
- Performed research on Lock and Leave enclosures, physical barrier enclosures and other physical security measures in the context of securing retail drug store pharmacies.
- Reviewed crime prevention best practice and North American physical security standards with specific applicability to retail drug store and pharmacy protection.
- Canvassed the available information about crime in retail drug store pharmacies in Canada.
- Applied the knowledge gained from twenty-seven years of hands-on physical security design and implementation experience, as well as advanced academic study in the area of security and crime prevention.



## 2.3 Research Methodology

An overview of the research steps utilized in arriving at the findings and conclusions in this report is set out below. A three-pronged methodology was adopted to conduct the necessary research<sup>12</sup>, comprised of the following steps:

- Review of relevant regulations and data related to the retail drug/pharmacy industry.
- Benchmarking of physical security measures against North American physical security standards and crime prevention best practice.
- Interviews with retail drug store and pharmacy stakeholders from different organizations across Canada.

The findings from each research step were analyzed, cross-referenced and consolidated to arrive at the opinions and conclusions expressed throughout this report.

## 3.0 TYPE OF ANALYSIS THAT SHOULD BE UNDERTAKEN PRIOR TO INTRODUCING NEW SECURITY MEASURES

### 3.1 Section Focus

This section addresses the first of the five questions:

What type of analysis should be undertaken prior to introducing a new physical security standard such as a physical barrier enclosure?

### 3.2 Analysis of the Problem

Before selecting any crime prevention measure, it is essential that the asset(s)<sup>16</sup> to be protected be identified, as well as the type of adversary most likely to commit a crime against the identified asset(s). In the context of a retail pharmacy, this analysis begins with asking basic questions about the asset believed to be vulnerable to crime (e.g., drugs, personal health information, etc.), including for example:

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<sup>12</sup> A triangulated methodology was followed to optimize the reliability and validity of the research. Firstly, College of Pharmacists' regulations were reviewed with a specific focus on physical security requirements. Secondly, North American physical security standards and crime prevention best practices were identified for benchmarking purposes. Thirdly, interviews were held with a wide range of Shoppers Drug mart stakeholders, as well as retail security professionals working for drug store and pharmacy operators across Canada.

<sup>13</sup> The term "asset" refers to something valuable that an entity owns, benefits from, or has use of, in generating income.

- What asset is at risk<sup>14</sup>?
- When is it at risk and why?
- How accessible is the asset and is it easily removable?
- How visible is the asset?
- Can the asset be easily concealed by the adversary? Is it portable?
- What value does the asset have to the adversary?
- Is the asset unique, attractive or iconic?
- Does the asset move and is it therefore more vulnerable at any particular location?

Once asset(s) that require protection are identified, the analysis should be developed further to study the adversary:

- Who are the adversaries?
- By what means will they carry out their action<sup>15</sup> against the target asset?
- What method(s) in which sequence<sup>16</sup> are they likely to use and what tools/facilitators?
- What are their capabilities<sup>17</sup>?
- What is their motivation, determination and persistence?
- Which security vulnerabilities<sup>18</sup>/gaps are they likely to exploit?

Having identified the type of adversary most likely to target the asset(s) requiring protection, consideration must be given to the type of action likely to be taken by an adversary in perpetrating a crime, including for example:

- What action is anticipated (theft, destruction, injury, embarrassment, sabotage<sup>19</sup>, etc.)?
- How will the action be carried out?
- When will the action be carried out?
- Is there a history of action or has a threat been made?
- Has intelligence been received that suggests an action is likely?
- Are there particular types of adversary actions that are common to the business sector, type of enterprise or geographical area?
- Is it easy for the adversary to cover up the action?

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<sup>14</sup> The term "risk" refers to measure of the potential damage to or loss of an asset based on the probability and impact of an undesirable occurrence.

<sup>15</sup> The term "adversary action" refers to a specific act performed by an adversary.

<sup>16</sup> The term "action sequence" refers to a required/ordered series of acts performed by an adversary to achieve their objectives.

<sup>17</sup> The term "adversary capabilities" refers to the attributes of the adversary, such as knowledge, motivation and access to equipment that comprise a measure of his or her abilities.

<sup>18</sup> The term "vulnerability" refers to an exploitable capability or an exploitable security weakness or deficiency at a facility.

<sup>19</sup> The term "sabotage" refers to destruction of an employer's property (as tools, materials or information).

- Is the action more prevalent at specific locations or times?

In applying the above analysis to a retail drug store pharmacy, it is clear that different types of adversary (i.e., external, internal, amateur, semi-professional) are likely to use different techniques (e.g., force, stealth, diversion) at different times and in different ways. This means that different security measures will be required to prevent different types of adversary from committing different types of crime (i.e., measures deployed to prevent crime by employees should be selected based on their ability to prevent specific internal crime problems).

### **Conclusion**

Before mandating across-the-board deployment of physical barrier enclosures in pharmacy areas as a means of preventing crime outside of store operating hours, it would be reasonable to expect the regulator to be able to demonstrate the type of research and analysis (both quantitative and qualitative) undertaken in support of such a decision.

### **3.3 Establishing the Nature and Scale of the Crime Problem**

In order to establish whether additional security measures are justifiable, it is essential to characterize the nature and scale of the underlying crime problem. In the context of deploying physical barrier enclosures outside of operating hours, an important first step is assessing the likelihood of employee crime occurrences after operating hours. It is difficult to determine likelihood with any degree of certainty, but the following, at least, should be taken into account:

- Historical factors and incident/crime records.
- Asset attractiveness and value to an adversary.
- Proximity of, and accessibility to, sources of threat<sup>20</sup>.
- Environment in which the asset exists
- Carrying out research and analysis
- Networking with pharmacists and/or loss prevention staff within the broader industry □ Law enforcement liaison and area crime reports/statistics

In addition to establishing the nature of a particular crime problem, another important step to aid in selection of security measures is identifying the scale of a crime problem. In the context of deploying physical barrier enclosures outside of operating hours, this would involve establishing the prevalence of after-hours employee crime across the retail drug store sector (e.g., within a city or Province). It would

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<sup>20</sup> The term “threat” refers to an individual or a group with the motivation and capability for theft or sabotage of assets, or other malevolent acts.

also involve establishing the degree of harm occurring or expected to occur (i.e., risk to public safety, threat of violence to staff, financial loss for store, etc.).

### **Conclusion**

In order to justify the wholesale deployment of physical barrier enclosures in this scenario, the regulator should be able to demonstrate that employee crime targeting the pharmacy area after operating hours is a widespread problem with a potential to cause considerable harm to the public interest.

In speaking with a number of retail drug store operators across Canada (including SDM), the Author's research suggests that cases of store employees, present outside of business hours, entering the pharmacy area to steal drugs or compromise personal health information are exceptionally rare. Given this reality, there seems to be little justification for physically enclosing and securing the pharmacy area outside of operating hours, especially given the fact that there are other far-less-onerous security measures which could effectively address the risk of store employees entering the pharmacy area.

## **3.4 Considering Appropriateness and Alternative Measures**

Prior to mandating a major physical security upgrade such as retrofitting the pharmacy area of retail drug stores with physical barrier enclosures, it would be reasonable to expect the regulator to consider whether such enclosures are the most appropriate means of achieving the specific crime prevention objectives at hand.

In this regard and as identified elsewhere in this report, the Author's research suggests that existing Lock and Leave barriers installed in many pharmacy areas within drug stores/supermarkets (that require Lock and Leave) represent a relatively weak layer of physical security which will do little to stop a determined adversary.

It would also be reasonable to expect that consideration had been given to other viable or "equivalent" security measures that may achieve a similar outcome (i.e., in alignment with the tenets of "Better" or "Right Touch" regulation).

The need for regulation that strikes a balance between the need for rule-making and the trust vested in pharmacy professionals was highlighted recently by the Registrar of the B.C College of Pharmacists, who stated<sup>21</sup>,

*"I was recently at a presentation by Harry Cayton, of the Professional Standards Authority in the UK. He speaks about Right Touch regulation. This means that we don't over or under*

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<sup>21</sup> Registrar's Message: Professionalism, Rules and Right Touch Regulation, Registrar, B.C College of Pharmacists, Nov. 10, 2015.

*regulate. We try to find the balance between making rules and allowing for professionalism to be applied. We are trying to do this at the College; finding that balance for clarity and to be supportive, but not overly prescriptive about the details”.*

*We cannot under regulate one group and over regulate another in order to accomplish that goal; there needs to be a balanced approach. The College sets standards to frame the pharmacy profession – we leave it to pharmacists and technicians to fill that frame though their own best practice (emphasis added).”*

### **Conclusion**

The Author’s research suggests that there are dramatic variances in the type and number of physical security measures in existence within retail drug stores and pharmacies. Some stores already have multiple layers of physical security in place (and multiple layers of barriers); whereas other stores do not.

For a retail drug store already equipped with multiple layers of physical barriers (e.g., exterior concrete bollards, entrance mantrap<sup>22</sup> with inner and outer locked doors, anti-burglary storefront glazing, metal store front security grill, high security exit doors, high security locks/keys, (time lock) safe in pharmacy for Schedule 1A drugs/narcotics, secure containers in pharmacy for other targeted drugs, locked cabinets for sensitive information) and electronic security protection (e.g., alarmed exterior store doors, CCTV at store entrances, pharmacy area multi-point (motion-activated) alarm system, CCTV throughout drug store, audio visual alarms/strobes in store/pharmacy for immediate deterrence, CCTV at entry to and within pharmacy, GPS<sup>23</sup>-enabled decoy drug containers), it would seem unreasonable to then have to install physical barrier enclosures around the pharmacy with no opportunity to demonstrate that existing security measures are equivalent or superior to the installation of the pharmacy barriers. Such an approach would appear to be overly-prescriptive and antithetical to the tenets of Right Touch Regulation.

The Author’s research suggests that physical barrier enclosures are not the most appropriate means of preventing crime within pharmacy areas outside of operating hours (due in large part to their inherent security vulnerabilities) and further, that a number of viable alternative security measures can (and should) be considered by regulators rather than adopting a “one-size-fits-all” approach.

### **3.5 Considering the Potential for Unintended Consequences**

Another important consideration for a regulator in prescribing specific physical security measures is the potential for unintended consequences, which, in the context of physical barrier enclosures, may include:

- manipulation of the barrier by a criminal to facilitate a robbery during store operating hours (i.e., a criminal may use the barrier to enclose the pharmacy to better control staff during a robbery)

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<sup>22</sup> The term “Mantrap” refers to a set of two interlocking doors that are interfaced so that when one door is unlocked, the other door automatically locks.

<sup>23</sup> The term “GPS” refers to Global Positioning System: a system that can show the exact position of a person or thing by using signals from satellites.

- conflicts with fire exiting requirements under local Building or Fire Codes (i.e., in some drug stores (based on store size/configuration) there is a fire exit leading out of the pharmacy area as required by local Building/Fire Code
- a number of operational logistics around care and control of the key to operate the barrier
- the installation of a physical barrier enclosure in the pharmacy area within some drug stores may physically restrict or impinge upon “open sightlines” which is a fundamental tenet of crime prevention through environmental design (CPTED)<sup>24</sup>

### **Conclusion**

The Author’s research suggests there are a number of potentially serious unintended consequences that may arise from mandatory installation of physical barrier enclosures in drug stores/pharmacies. While this area is canvassed in more depth further on in this report, it is clear that regulators should exercise great caution and conduct extensive research and analysis prior to adopting physical barrier enclosures as a mandated measure under pharmacy regulation.

## **4.0 ANTICIPATED EFFECTIVENESS OF PHYSICAL BARRIER ENCLOSURES IN PREVENTING CRIME OUTSIDE OF OPERATING HOURS**

### **4.1 Section Focus**

This section addresses the second of the five questions:

What is the anticipated effectiveness of physical barrier enclosures in preventing the theft of drugs and compromise of personal health information outside of drug store/pharmacy operating hours?

### **4.2 Distinction between ‘Lock and Leave’ Stores and Non-‘Lock and Leave’ Stores**

The Author’s research suggests there is a reasonable likelihood that a mandate to install physical barrier enclosures within some jurisdictions may equate to a simple extension of existing Lock and Leave requirements. In this regard, an important distinction to be made when considering the utility of physical barrier enclosures for the pharmacy area is the difference between Lock and Leave stores and non-Lock and Leave stores.

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<sup>24</sup> The term “CPTED” refers to Crime Prevention through Environmental Design: a proactive design philosophy built around a core set of principles that is based on the belief that the proper design and effective use of the built environment can lead to a reduction in the fear and incidence of crime.

It should be remembered that Lock and Leave enclosures are intended to function as a physical barrier in protecting against unauthorized/illicit entry into pharmacy areas in retail drug stores that remain open to the public outside of the pharmacy hours of operation. A good example of the way Lock and Leave enclosures are intended to function is the case of a supermarket or mass-merchandiser (e.g., Walmart or Safeway) which remains open until midnight while the pharmacy area closes at 6pm. As the public can still access the store between 6pm and midnight, including the pharmacy area, a Lock and Leave enclosure (or similar retractable/temporary barrier) is highly appropriate as a means of physically restricting public access.

### **Conclusion**

In retail drug stores which have the same hours of operation for both the pharmacy and the front store component (which is the case for most retail drug stores and for almost all SDM stores across Canada), using a Lock and Leave enclosure (or equivalent physical barrier enclosing the pharmacy area) outside of operating hours would serve an entirely different purpose than was originally intended when Lock and Leave was introduced.

The Author is of the opinion that, in the absence of extensive sectoral research justifying such a move, any extension of “Lock and Leave” to physically secure pharmacy areas outside of drug store operating hours would not be justifiable.

### **4.3 Distinction between “Inside” and “Outside” Crime Threats**

The crime prevention research suggests there are stark differences between the motivations and *modus operandi*<sup>25</sup> of inside threats (i.e., employees, contract staff) and outside threats (i.e., shoplifters, robbers, fraudsters). As noted criminologist Ronald V. Clarke (1997: 4)<sup>26</sup> has observed, “*a wide range of offenders, attempting to satisfy a variety of motives and employing a variety of methods*” commit crimes against business.

Clearly, employees will view and approach crime opportunities in a far different way than outsiders such as thieves, break-in artists and robbers. This leads to the conclusion that to be both defensible and effective, protective measures intended to prevent employee crime should be tailored toward their unique motivations and methods.

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<sup>25</sup> The term “*modus operandi*” refers to a particular way or method of doing something, especially one that is characteristic or well-established.

<sup>26</sup> Ronald V Clarke (editor), ‘Situational Crime Prevention: Successful Case Studies’, Second Edition, New York: Harrow and Heston, 1997

## **Conclusion**

As stated previously, the Author's research suggests that the primary regulatory intent of Lock and Leave enclosures (and similar barriers) is to protect the pharmacy area from outsider crime when the retail store hours extend beyond the pharmacy area hours. This finding calls into serious question the appropriateness of extending the application of Lock and Leave enclosures to prevent crime outside of operating hours by employees who will not necessarily be deterred by the same security measures as outsiders.

### **4.4 Physical Resilience of Lock and Leave Enclosures**

Lock and Leave enclosures specifically, and physical barrier enclosures used in retail stores more generally, tend to offer a relatively low level of physical resilience and security. This is due to the fact that these barriers tend to be circumventable by way of:

- inherent vulnerabilities with any type of “sliding gate”, particularly in a non-traditional form such as a physical barrier enclosure in a retail store, which is not (and often cannot be) equipped with high security features such as well-anchored installation points, reinforced frames, astragals<sup>27</sup>, door contact alarms, etc.);
- weaknesses with respect to locks/bolts which tend to be quite easily manipulated;
- weaknesses inherent in the act of retrofitting physical barrier enclosures in existing stores which are not conducive to such an installation (e.g., surrounding walls are simply drywall and easily broken through, ceiling construction which is usually easily penetrated to allow access over the barrier, etc.)

Because of their genesis and intended use, Lock and Leave enclosures (and similar physical barriers) are intended to thwart low-level (primarily opportunistic) forced entry attempts rather than forced entry attempts by more determined adversaries. In many ways, a Lock and Leave enclosure is akin to an accordion gate on a retail store in a mall. This type of barrier is relatively easy to defeat but is popular in environments which are characterized by open sightlines and passers-by (such as a closed pharmacy area in a Walmart store that remains open for business later at night).

In the case of retail drug stores which have the same hours of operation for the pharmacy and front store, a Lock and Leave enclosure serves a very limited purpose when it comes to thwarting external crime. In the event that an external adversary was to break through an exterior door or window (which would set off an alarm), take control of store employees and proceed to the pharmacy area, there is little doubt that such an offender would not hesitate to break through or otherwise defeat the Lock and Leave enclosure or physical

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<sup>27</sup> The term “astragal” refers to an externally mounted metal plate that covers the gap where a door meets the door jamb, reinforcing the door at its weakest point.



barrier to get to the targeted drugs. In this scenario, a Lock and Leave enclosure or physical barrier enclosing the pharmacy area would serve a very limited practical purpose.

### **Conclusion**

Overall, most Lock and Leave-type enclosures exhibit relatively poor physical security protection, particularly in retrofit situations within retail drug store pharmacy areas which were never designed to accommodate the addition of such a barrier.

## **4.5 Crime Prevention Value**

In order to be legally defensible for drug store owners, security measures in drug stores/pharmacy areas must be risk-appropriate. The term “risk-appropriate” means that the security measure to be deployed is the most effective means of addressing the risk of crime from those adversary groups most likely to target the business. In the case of physically enclosing and securing the pharmacy area after business hours, the Author’s analysis suggests that this approach in isolation would have minimal crime prevention value in the context of preventing employee crime related to the pharmacy. There are a number of reasons for this, including:

- A determined internal thief can find a way to penetrate/defeat/circumvent a physical barrier enclosure.
- An internal thief can change tactics to steal from the pharmacy area during operational hours (which the Author’s research suggests is a more likely scenario compared to pharmacy thefts by employees working outside of store operating hours).
- Unless the physical barrier enclosure and the pharmacy area itself is equipped with an elaborate alarm system, an employee defeating the enclosure (i.e., by force, manipulation of the lock/bolts, finding the enclosure not properly secured, climbing over a false ceiling, etc.) would not necessarily be detected.

### **Conclusion**

In the context of preventing store employees from entering the pharmacy area, physical barriers such as Lock and Leave enclosures provide only partial security. This is due to the fact that the enclosure is quite easily compromised by the employee. Once compromised, additional security measures would be required (such as contact/sensor alarms and CCTV cameras) to deter an internal adversary. At the end of the day, mandating a Lock and Leave (or similar) barrier in this way would necessitate additional security measures which would increase costs and operational complexities.

## 5.0 ANTICIPATED NEGATIVE CONSEQUENCES IN MANDATING PHYSICAL BARRIER ENCLOSURES FOR PHARMACY AREAS WITHIN DRUG STORES

### 5.1 Section Focus

This section addresses the third of the five questions:

What are the anticipated negative consequences (even if unintentional) of mandating the wholesale deployment of physical barrier enclosures in pharmacy areas within drug stores?

### 5.2 Challenges of Retrofitting Existing Stores with Physical Barrier Enclosures

The Author's research suggests that retail drug stores and pharmacy areas come in a wide variety of sizes and configurations. Some of the more common challenges in designing and implementing physical barrier enclosures in existing drug store pharmacy areas include:

- current store design at/near the front of the pharmacy is not conducive to the addition of a physical barrier enclosure resulting in extensive re-modelling or expensive customization of the barrier enclosure;
- working around existing structural, mechanical, electrical and other infrastructure elements within the store;
- negative impact upon pharmacy operations during the retrofit, particularly in an environment where sanitation and air quality is essential;
- inability to securely anchor the physical barrier enclosure;
- remaining in compliance with local and area Building and Fire Codes.

### Conclusion

The retrofitting of retail drug stores with physical barrier enclosures to secure and enclose the pharmacy area is a complex exercise requiring a great deal of forethought and operational planning. Retail drug stores come in a wide variety of shapes, sizes, locations, ages and configurations. In the vast majority of cases, retrofitting a drug store with a physical barrier enclosure around the pharmacy area will cause operational disruption and will come at considerable cost compared to many other security measures.

### 5.3 Fire and Life Safety Conflicts

Perhaps the greatest concern of all with across-the-board installation of physical barrier enclosures to protect the pharmacy area after operating hours is the potential for fire and life safety risks for employees

(i.e., when the barriers are deployed). It goes without saying that if physical barrier enclosures are mandated by regulators, great care and attention will be required to ensure the design and construction of the physical barriers do not create or exacerbate fire safety risks.

Due to the myriad approaches taken in the historical design of retail drug stores, it is highly likely that in some cases the installation and use of a physical barrier enclosure will impinge on safe evacuation of employees in a fire and in a worst case scenario, could pose a risk of entrapment. The Author's research suggests there may be some retail drug stores which rely on access through a portion of the pharmacy area as the legally-mandated fire exit route from the store (i.e., as per local Building/Fire Code). In some cases, drug store operators may have to go to extra expense to balance any mandatory installation of a physical barrier enclosure with local fire safety requirements. In other cases, the installation of a physical barrier enclosure may fall afoul of local Building/Fire Codes.

Another unintended yet extremely serious consequence of mandating physical barrier enclosures in pharmacy areas is the risk that a barrier enclosure could be used to facilitate (violent) crime (i.e., a takeover robbery). In one such scenario, the physical barrier enclosure could be pulled around the pharmacy during business hours in order to facilitate a robbery. The sad reality is that certain types of criminal are both drug-seeking and drug-addicted and will go to almost any length to access the drugs they seek. The potential for physical barrier enclosures to be used for the unintended purpose of facilitating certain types of crime (particularly during store hours) should be an important consideration for regulators.

### **Conclusion**

Clearly, any widespread mandate to install physical barrier enclosures in all retail drug stores within a particular region (or ultimately, across the country) would inevitably increase fire and life safety risks at some retail drug stores and pharmacies. A prudent regulator should take steps to identify and assess the full range of potential fire and life safety risks (and other negative consequences) prior to creating new rules mandating widespread installation of physical barrier enclosures at drug store pharmacies.

## **5.4 Sightlines and Customer Service**

A fundamental tenet of crime prevention in any retail environment is the need for open sightlines. Indeed, some Colleges have recognized and called for the principles of Crime Prevention through Environmental Design ("CPTED") to be utilized in the design and construction of new drug stores and pharmacies. Careful attention to how the environment is designed can reduce the incidence of crime by designing out opportunities and designing in natural surveillance. In this regard, the installation of barriers fully enclosing the pharmacy area is highly likely to impinge upon open sightlines to/from the dispensary.

It must be remembered that retail pharmacies are businesses that rely on customers for their existence. In order to attract and retain customers, drug store operators invest considerable time and effort into store design and in particular, to the design and configuration of the pharmacy area. Most drug store operators

design the pharmacy area to be open and inviting to customers who, in some cases, may be hesitant to approach the counter to engage with pharmacy staff about personal health and wellness issues. At the same time, security measures are typically incorporated into pharmacy area design vis-a-vis the height/width of counters, signage, doors leading into the pharmacy, secure containers (i.e., lockable cabinets and safes) within the pharmacy to secure targeted drugs/narcotics and personal health information, alarm systems that signal unauthorized entry into the pharmacy area, CCTV cameras and other measures commensurate with the crime risks faced in a particular pharmacy location.

The following statement from the ASIS International Risk Assessment Guideline (2003: 15)<sup>28</sup> emphasizes the importance of operational alignment in the selection of physical security measures:

*“The practical considerations of each option or strategy should be taken into account.... While financial cost is often a factor, one of the more common considerations is whether the strategy will interfere substantially with the operation of the enterprise. For example, an enterprise that is open to the public increases its access control policies and procedures so severely that a negative environment is created by effectively discouraging people from going to that facility as potential customers and hence, loses business. The challenge for the security practitioner is to find that balance between a sound security strategy and consideration of the operational needs of the enterprise, as well as the psychological impact on the people affected by the security program.”(Emphasis added)*

### **Conclusion**

It goes without saying that retrofitting the pharmacy area with a physical barrier enclosure will be disruptive in the short-term and overall, is likely to materially change the look and feel of the pharmacy area to customers. In some cases, open sightlines may be impacted which could have a negative impact on crime prevention according to CPTED principles. In other cases, the extent of the work required within the pharmacy area to accommodate the physical barrier enclosure may have a negative effect on customer interaction/experience.

## **5.5 Cost-Benefit Analysis**

It is self-evident that the cost of security measures should not exceed the cost of loss. Asset protection should be prioritized according to the criticality of the asset to the mission of the enterprise and more broadly, the potential harm to public interest. Seen in this context, very careful analysis is required to ensure assets are appropriately characterized, threats are properly assessed, vulnerability exposures are accurately identified and security measures are carefully selected based on the likelihood and severity of the specific type(s) of crime the security measure is designed to prevent.

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<sup>28</sup> ASIS International, General Security Risk Assessment Guideline, Alexandria, VA: 2003.

Conducting a cost-benefit analysis is a critical final step in the selection of any security measure. As stated within the General Security Risk Assessment Guideline (2003)<sup>29</sup> published by security standardssetting body ASIS International:

*“The security practitioner should determine what the actual costs are of the implementation of a program and weigh those costs against the impact of the loss, financially or otherwise. For example, it would make no sense to spend \$100,000 on security equipment to prevent the theft of a \$1,000 item, especially when it may make more sense to purchase insurance or remove the item to a more secure location.*

*“The security practitioner will have a range of options available, at least in theory, to address the types of loss risk events faced by an enterprise. “In theory” alludes to the fact that some options may not be available either because they are not feasible or are too costly, financially or otherwise. Any strategy or option chosen still must be evaluated in terms of availability, affordability, and feasibility of application to the enterprise’s operation.” (Emphasis added)*

Justifying the cost of new physical security measures is of heightened importance in an existing store (i.e., retrofit) situation. This is because it is a rule of thumb within the security industry that security measures ‘designed in’ at the outset (i.e., in new stores) may cost as little as one third of those which are later superimposed on a previously-constructed facility.

### **Conclusion**

Before mandating across-the-board deployment of physical barrier enclosures in pharmacy areas as a means of preventing crime outside of store operating hours, it would be reasonable to expect the regulator to have conducted some type of cost-benefit analysis (i.e., established whether the high cost of physical barrier enclosures is justified based on the anticipated crime prevention benefits of the barriers and also whether other more affordable security measures are a plausible option).

## **6.0 VIABLE ALTERNATIVES TO PHYSICAL BARRIER ENCLOSURES AS A MEANS OF PREVENTING CRIME OUTSIDE OF OPERATING HOURS**

### **6.1 Section Focus**

This section addresses the fourth of the five questions:

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<sup>29</sup> ASIS International, General Security Risk Assessment Guideline, Alexandria, VA: 2003

Are there viable alternatives to physical barrier enclosures to prevent employees from accessing the pharmacy area outside of store operating hours?

## 6.2 Protection-in-Depth

Before considering the relevance and appropriateness of specific security measures in preventing particular forms of crime, it is worth setting out the fundamental components and objectives of a security program in any type of facility.

Security and crime prevention are, by nature, risk-averse and security measures are put in place in an effort to protect assets against theft, sabotage or other malevolent acts<sup>30</sup>. It is commonly accepted as a fundamental tenet of any security program that to be effective, multiple layers of security measures must be in operation. This layered technique, known colloquially as the "onion skin" approach, is referred to in the security and crime prevention literature as "protection-in-depth"<sup>31</sup>.

The protection-in-depth approach aims to interpose a series of defensive layers that must be defeated by the adversary in order to attain his/her target. The objective is to reduce opportunity and capability through multiplicity (i.e. requiring greater time, greater effort, greater abilities, greater resources, greater risk and additional tools on the part of the adversary; while increasing the organization's defensive capacity).

In the context of business crime prevention, protection-in-depth strategies fall under four primary categories:

1. **Security hardware** – Physical measures such as barriers and mechanical hardware that are designed to deny access to adversaries from physically accessing a building, facility, resource, or stored information.
2. **Security technology** – Technological security measures and systems that are designed to deter, detect, delay and deny unauthorized access.
3. **Procedural security** – Procedural security controls are designed to mitigate identified risks by way of policies, procedures or guidelines.
4. **Personnel security** – Personnel security is a system of actions which seeks to manage the risk of staff (permanent, temporary or contract staff) exploiting, or intending to exploit, their legitimate access to an organisation's assets or premises for unauthorised purposes.

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<sup>30</sup> The term "malevolent act" refers to an illegal action, or an action that is committed with the intent of causing wrongful harm or damage.

<sup>31</sup> The term "protection-in-depth" refers to the strategy of forming layers of protection to safeguard an asset.

Research shows that the most effective and defensible overall security programs are comprised of multiple layers of protection selected from the four above categories (i.e., protection-in-depth).

### **Conclusion**

Protection-in-depth is the fundamental cornerstone of all security programs. The concept of protection-in-depth is relevant to any decision to deploy physical barrier enclosures in drug store pharmacy areas. This is because there are a myriad ways to prevent, deter and detect (employee) crime in the pharmacy area after business hours and newly mandated security measures should not only be based on a valid risk assessment<sup>32</sup> (see Sections 3.2, 3.3 and 3.4 of this report), but should also be considered in the context of other current (and future) security measures/layers. In some cases, physical barrier enclosures may not be the best choice and in other cases, deploying physical barriers may necessitate the implementation of other security measures in order that protection-in-depth is achieved and properly calibrated.

### **6.3 Selecting Viable Security Measures**

In her seminal text, “The Design and Evaluation of Physical Protection Systems”, Sandia Laboratories expert security researcher, Mary Lynn Garcia (2001)<sup>33</sup>, sets out the steps to be taken by operators of commercial premises in designing an effective physical protection system based on academic research and security industry best practice.

Garcia (2001: 4) has identified the following steps as essential to an effective and defensible system:

1. **Determine physical protection system objectives** – gather information about business operations and local conditions (i.e., site boundary, facility location, area crime risk, interior store design, facility access points, sensitive areas within the store, staffing profile, etc.)
2. **Define the threat** - consider factors about potential adversaries (i.e., adversary type (insider / outsider), motivations, capabilities and range of tactics). For each type of adversary, the full range of tactics that could be used against the business (i.e., deceit, force, stealth or any combination of these) must be considered to develop an accurate threat profile.

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<sup>32</sup> The term “risk assessment” refers to the process of analyzing threats to and vulnerability of a facility, determining the potential for losses and identifying cost-effective corrective measures and residual risk

<sup>33</sup> Mary Lynn Garcia, *The Design and Evaluation of Physical Protection System*, Boston: Butterworth-Heinemann, 2001.

3. **Identify targets** – pinpoint areas/assets within the business (i.e., physical assets, electronic data, hardcopy records) that may appeal to different adversary types, evaluate existing physical security measures (if applicable) and consider future security needs.
4. **Design the physical protection system** – integration of an appropriate range of physical security measures in alignment with physical protection system objectives (i.e., physical, technological, procedural and personnel security measures).

The research conducted on physical protection systems at Sandia Laboratories, embodied in Garcia’s seminal security industry texts (which are colloquially referred to within security industry circles as the “Security Bible”), sets out the most effective and defensible approach to the selection of physical security program measures.

As Garcia (2001: 1) has aptly noted, *“Each facility is unique, even if performing generally the same activities, so this systematic approach allows flexibility in the application of security tools to address local conditions.”*

### **Conclusion**

In order to justify the wholesale deployment of physical barrier enclosures, the regulator should be able to demonstrate that research was conducted within the retail drug store/pharmacy sector to determine protection objectives, prevailing threats and associated tactics, the adequacy of existing security measures in areas of the store that are vulnerable to crime, and the best way to integrate physical, technological, personnel and procedural security measures into a manageable solution that addresses the level of risk.

## **6.4 Other Viable Physical and Technological Security Measures**

Good security is the sum of all practicable measures employed in the most efficient combination and in accordance with the risk. From a physical and technological security standpoint, there are a number of tried and tested security measures available to prevent, deter and detect unauthorized entry to drug stores and restricted areas within the store (such as the pharmacy) after operating hours including:

- high security entranceways with a two-door, double-locked and alarmed entry vestibule (i.e., akin to a “mantrap”);
- metal “security grill” covering the store entrance and/or the entire glazed storefront;
- concrete bollards outside the store entrance and storefront to prevent vehicle ramming;
- burglary-resistant glazing or protective security film on windows/glazed doors, possibly equipped with glass break detectors;



- metal fire exit doors with reinforced door frame and astragals to prevent lock manipulation;
- high security, proprietary keyway to maintain the integrity of store locks;
- bright lighting<sup>34</sup> at/near store entrances and exits to deter potential criminals;

burglar alarm system devices installed on outer store doors and windows which remain armed while staff are working in the store after business hours;

- burglar alarm sirens/strobes on site to emit an immediate audio-visual alert<sup>35</sup> and act as a deterrent to the continuance of an offence;
- physical reinforcement of pharmacy area walls and in particular, the ceiling space;
- narcotics and some Controlled Substances locked away in a safe, bolted to the ground;
- targeted drugs/products in locked, secure containers within the pharmacy area;
- CCTV cameras outside, throughout the store, at the pharmacy entrance, inside the pharmacy and at exits with strategically-placed CCTV signage to reinforce their presence<sup>36</sup>;
- placement of a CCTV monitor at the entrance to the pharmacy area such that anyone approaching the pharmacy can see they are being captured on camera (i.e., for deterrence purposes);
- pharmacy area has a dedicated burglar alarm (with prominent “THIS AREA IS ALARMED – ENTRY WILL RESULT IN POLICE RESPONSE” or similar signage at the entrance to the pharmacy area) with complementary sensors<sup>37</sup> and “cross-line detection”<sup>38</sup> at the entrance(s), which activate a very loud local alarm (and sends a signal to a monitoring company);

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<sup>34</sup> The term “lighting” refers to the degree of illumination; also, equipment, used indoors and outdoors, for increasing illumination (usually measured in lux or foot-candle units).

<sup>35</sup> The term “alert” refers to communication that informs all personnel of a facility emergency and of the location of the emergency.

<sup>36</sup> It should be noted that the crime prevention research over almost two decades has shown that steps taken to make CCTV systems more “visible” (i.e., by adding signs stating that CCTV is present or by adding a visible monitor) often amplifies the crime prevention benefits of CCTV.

<sup>37</sup> The term “complementary sensors” refers to sensors selected for combination because of their capabilities of mutually providing what the other lacks in terms of probability of detection, nuisance alarm rate and/or vulnerability to defeat. Multiple sensors will use different detection technologies.

<sup>38</sup> The term “cross line detection” refers to a tripwire application installable on CCTV cameras and video encoders that can be set to detect moving objects that cross a virtual line, making it possible to automatically trigger and signal an alarm event.

- a range of prominent crime prevention signage outside the store, inside the store and at the pharmacy area reinforcing the presence of burglar alarms, CCTV cameras and other security measures.
- deployment of decoy, trackable (i.e., GPS-equipped) drug bottles within stored narcotics/controlled substances/drugs to enable police to track down the perpetrator after a theft;
- physical and logical protection of computer equipment which has access to personal (health) information (i.e., locked-down computer terminals, two factor authentication<sup>39</sup> on computers, servers in locked IT rack/enclosure, etc.).
- customer records (containing personal information) maintained in a lockable container (e.g., a secure filing cabinet) which is then located in an area with restricted access (i.e., within a fully alarmed pharmacy area).

### **Conclusion**

While erecting a physical barrier enclosure is an option that may have merit in some drug stores and pharmacies it is by no means the only or most appropriate measure industry-wide. In considering the most appropriate physical security measure to protect the pharmacy area after operating hours, there are a number of tried, tested and viable options that ought to be considered if regulators wish to mandate additional protection.

## **6.5 Personnel and Procedural Security Measures**

Deterrence, detection, delays and disruption are the core building blocks of security program design, but it is controls and procedures which are the “cement” that bonds them together into a symbiotic relationship. It is important, therefore, to supplement security hardware and security systems technology with robust procedural and personnel security controls.

From a personnel and procedural security standpoint, there are a number of proven security measures available to contribute to preventing, deterring and detecting unauthorized entry to drug stores and restricted areas within the store (such as the pharmacy) after operating hours including:

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<sup>39</sup> The term “two factor authentication” refers to a security process in which the user provides two means of identification from separate categories of credentials.

- oversight of employees and of the pharmacy area by a front store supervisor (who could have delegated authority<sup>40</sup> from the pharmacist)<sup>41</sup>;
- set up of burglar alarm response protocols so that the on-site Supervisor at the store is contacted and alerted in real-time<sup>45</sup> by the monitoring company in the event of an alarm, as well as the dispatch of security guards or police (i.e., a response force<sup>46</sup>);
- training of staff to ensure they are vigilant for signs of crime and that they are encouraged to report any suspicious activities or security incidents to the pharmacist or designate;
- visible, random audits of targeted drugs to identify patterns of loss early and expediently;
- pre-screening of potential new hires to reduce the likelihood of hiring staff with a predisposition towards crime;
- strict security policies and procedures (e.g., no entry to pharmacy area for non-pharmacy staff) which are clearly communicated, signed off by all staff and are strictly enforced as part of a Code of Conduct<sup>47</sup>;
- staff signing of confidentiality agreements linked to a strict Code of Conduct;
- a range of loss prevention<sup>48</sup> activities such as inventory management, visits by loss prevention personnel, loss prevention audits, unannounced spot checks, loss investigations, staff training, etc;
- mandatory reporting of all unauthorized access and loss incidents and tracking of incidents to identify patterns which in turn should guide security program improvements;
- scheduling of some ‘after hours’ employee duties during early morning periods when a member of the licensed pharmacy staff can be on premises;
- conducting ongoing security threat and risk analyses;
- proper key management and key control;
- participating in sector-specific risk forums;

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<sup>40</sup> The term “delegated authority” refers to the assignment of responsibility or authority to another person (normally from a manager to a subordinate) to carry out specific activities.

<sup>41</sup> It should be noted that our research suggests that a front-store supervisor is present with drug store staff working outside of store operating hours (e.g., stocking shelves, conducting inventory, store cleaning, etc.). This is certainly the case for Shoppers Drug Mart stores. Having a person in authority within the store during all after hours activities is a tremendous crime prevention benefit as it affords a level of constant oversight and also an immediate response agent in the event of an alarm and/or unauthorized entry into the pharmacy area.

- managing company ethical expectations;
- anti-diversion strategies and protocols, etc.

<sup>45</sup> The term “real-time” refers to an observation made at the time an event is taking place.

<sup>46</sup> The term “response force” refers to the guards or external entities that respond immediately to counter the threat of an adversary.

<sup>47</sup> The term “Code of Conduct” refers to an agreement on rules of behaviour for the members of a group or organization.

<sup>48</sup> The term “loss prevention” refers to a set of practices employed by retail companies to preserve profit.

## **Conclusion**

A number of procedural and personnel security measures are available to drug store operators in protecting their stores and in particular, the pharmacy area, outside of operating hours. As stated throughout this report, it is the Author's belief, based on available research and security industry best practices, that a risk-based approach should be adopted by drug store operators (whether mandated by regulators or otherwise) to arrive at the most relevant and appropriate set of security measures for each store and pharmacy area. It is further the Author's view that mandating physical barrier enclosures for pharmacy areas across a whole category of drug stores is antithetical to the research and to security and crime prevention best practice.

## **7.0 EXTENT TO WHICH MANDATING PHYSICAL BARRIER ENCLOSURES IN PHARMACY AREAS WITHIN DRUG STORES IS JUSTIFIABLE**

### **7.1 Section Focus**

This section addresses the fifth and final question:

Is mandating the wholesale deployment of physical barrier enclosures in pharmacy areas within all drug stores justifiable?

### **7.2 Research and Analysis by Regulators**

Section 3 of this report address the type of research and analysis that should be undertaken in order to justify the mandatory introduction of a new physical security standard across an industry sector (e.g. retail drug store pharmacies). Sections 3.2, 3.3 and 3.4 of the report conclude that it would be reasonable to expect a regulator to conduct extensive industry consultation, as well as quantitative research<sup>42</sup>, qualitative research<sup>43</sup> and statistical analysis prior to issuing any such mandate.

The Author's research suggests that two provincial Colleges/Boards of Pharmacists (i.e., British Columbia and Newfoundland and Labrador) are considering enacting (or have enacted) regulatory amendments of some type to mandate physical barrier enclosures in all drug store pharmacy areas outside

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<sup>42</sup> The term "quantitative research" refers to a formal, objective, systematic process in which numerical data are used to obtain information to describe variables; to examine relationships among variables; and to determine cause-and-effect interactions between variables.

<sup>43</sup> The term "qualitative research" refers to primarily exploratory research used to gain an understanding of underlying reasons, opinions, and motivations.

of store opening hours (i.e., extending the current “Lock and Leave” requirement to cover non-operating hours).

The Author’s interviews with a number of drug store operators and industry stakeholders, as well as extensive research online, identified the following:

- In British Columbia, a Robbery Prevention Working Group was formed to look at the specific issues of robbery prevention and break-and-enter<sup>44</sup>. This Working Group included representatives from retail drug store operators in the province. While several Working Group meetings were held, the issue of extending Lock and Leave or of mandating physical barrier enclosures after store operating hours was not proposed or discussed. According to individuals who were present in the meetings, specific crime or security problems related to pharmacy areas after operating hours were not identified as a concern either anecdotally or via statistical evidence and no discussions of physical barrier enclosures (or viable alternatives to such barriers) were held.
- Despite the apparent lack of discussion, research and analysis, a new policy was issued by the College of Pharmacists of BC entitled, ‘Professional Practice Policy - 74 Community Pharmacy Security (PPP - 74), which states that, “*Where the pharmacy does not comprise 100% of the total premises, the dispensary must have security barriers preventing access to the dispensary during hours when the pharmacy is closed.*” The policy further states that, “*Security barriers are required when....no pharmacist (full registration category) is present AND the premise is accessible to non-registrants during or after regular store hours.*”
- In addition to mandating physical barrier enclosures for drug store pharmacy areas outside of operating hours, the College of Pharmacists of BC also prescribed a number of other new security measures including<sup>45</sup>:
  - Development of written security policies and procedures to establish pharmacy security requirements for the prevention of robbery and break and enter.
  - Deliver training to staff on the new security policies and procedures.
  - Safe with a time delay of 5 minutes for the storage of narcotics and controlled drugs. ○ High definition CCTV system with at least 30 days of video retention.
  - Monitored burglar alarm systems within the pharmacy areas independent from the retail drug store.

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<sup>44</sup> Information on the Robbery Prevention Working Group was elicited from The College of Pharmacists of British Columbia, ‘Community Pharmacy Resource Guide (2005)’  
[http://library.bcpharmacists.org/tempfiles/1040PPP74\\_ResourceGuide\\_2015.pdf](http://library.bcpharmacists.org/tempfiles/1040PPP74_ResourceGuide_2015.pdf)

<sup>45</sup> *ibid.*

- Motion sensors to detect movement within the pharmacy area.
  - High visibility security signage stating that CCTV is in use, limited targeted drugs are on site and narcotics are stored in a time delay safe.
  - Inventory controls on narcotics and targeted drugs.
  - Emergency Response Kit with robbery and break-and-enter response guidelines. ○  
Annual review of security incidents must take place.
  - Annual pharmacy security evaluation must take place.
- In Newfoundland and Labrador, it appears that no outreach was conducted by the regulator on the issue of security prior to the June, 2015 release of enhanced security standards which incorporate physical barrier enclosures<sup>46</sup>. Anecdotal information from several interviews with drug store industry stakeholders suggests that the primary objective of extending Lock and Leave outside of store operating hours is the protection of client/patient information followed by prevention of drug theft as a secondary objective. Exhaustive research online was unable to uncover further information about the regulator’s rationale for extending Lock and Leave, nor examples of incidents occurring outside of store hours which may have helped to justify such a decision. Overall, it appears that drug store operators in Newfoundland and Labrador were not consulted and in the Author’s view, there is no evidence to suggest that the regulator performed research and analysis, identified specific crime/security problems and considered the range of available security measures prior to deciding that physical barrier enclosures should be installed across all retail drug store pharmacies in the Province.
  - In June, 2015, the Newfoundland and Labrador Pharmacy Board issued a new ‘Standards of Pharmacy Operation: Community Pharmacy’ document which contained the following requirement, *“If the pharmacy is accessible to the public or other staff at any time when a pharmacist or pharmacy technician is not present (such as for cleaning, inventory, or overnight stocking), a lock and leave enclosure must be installed.”*<sup>47</sup>
  - In addition to mandating physical barrier enclosures for drug store pharmacy areas outside of operating hours, the Newfoundland and Labrador Pharmacy Board also prescribed a number of other new/updated security measures including<sup>48</sup>:

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<sup>46</sup> Information on the security enhancements brought in by the regulator was elicited from The Newfoundland and Labrador Pharmacy Board, ‘The Apothecary’, Summer 2015, page 2.

[http://www.nlpb.ca/media/Apothecary\\_Archive\\_2015.pdf](http://www.nlpb.ca/media/Apothecary_Archive_2015.pdf)

<sup>47</sup> Newfoundland and Labrador Pharmacy Board, ‘Standards of Pharmacy Operation: Community Pharmacy’, June, 2015. <http://www.nlpb.ca/media/Standards-Pharmacy-Operation-Community-June2015.pdf>

<sup>48</sup> *ibid.*

- Development of written security policies and procedures.
- Deliver training to staff on the security policies and procedures.
- Security system for the front store operation comprised of a combination of alarms, cameras and motion sensors.
- Security system for the pharmacy area comprised of a combination of alarms, cameras and motion sensors.
- A safe or lockable cabinet that is appropriately anchored to the floor to be used for the secure and exclusive storage of narcotics and controlled drugs.
- A physical inventory count of narcotics and controlled drugs must be performed and documented at least once every three months.

### **Conclusion**

Given the above information, the Author is of the opinion that proper research and analysis coupled with extensive industry consultation is essential where regulators are considering mandating major physical security upgrades such as physical barrier enclosures across the drug store sector.

In the Author's opinion, inadequate research and analysis was conducted by the regulators in both British Columbia and Newfoundland and Labrador, which calls into serious question the appropriateness of mandating physical barrier enclosures in retail drug store pharmacy areas outside of operating hours.

### **7.3 Appropriateness of Mandating Physical Barrier Enclosures**

Sections 3.4, 3.5, 4.2, 4.3 and 4.4 of this report identify the need for regulators to consider whether physical barrier enclosures are the most appropriate measure to combat the identified crime and security problems at hand. The Author's research suggests that Lock and Leave barriers installed in many retail drug store pharmacies are relatively weak from a physical standpoint and pose a minimal challenge for a determined adversary to overcome.

In accordance with the tenets of regulatory best practice (i.e., "Right Touch Regulation") the Author also concluded that it would be reasonable to expect regulators to consider whether other viable or equivalent security measures could achieve the same outcome as physical barrier enclosures in the sense that other measures may be more conducive based on availability, feasibility, operational efficiency or affordability.

The Author's research also confirmed that there are significant variances in the type, nature and extent of security measures in place within retail drug stores and pharmacy areas across each province. The Author concluded that mandating across-the-board installation of physical barrier enclosures in all retail drug store pharmacy areas ignores the degree to which existing security measures may achieve an equivalent outcome.



Finally, the Author's research suggests that a range of unintended consequences, some of which may place the safety of employees in jeopardy, should be seriously considered by regulators prior to mandating the retrofitting of retail drug store pharmacies with physical barrier enclosures. These unintended consequences include entrapment of employees related to certain types of crime (primarily robbery/hostage-taking), non-conformance with Building/Fire Code safe egress requirements in a fire situation and impingement on "open sightlines" which is a fundamental tenet of crime prevention best practice.

### **Conclusion**

Given the above information, the Author is of the opinion that a regulatory mandate that all retail drug store pharmacies install physical barrier enclosures (particularly if/as an extension to Lock and Leave requirements) would be both inappropriate and indefensible.

## **7.4 Effectiveness of Physical Barrier Enclosures**

Sections 4.2, 4.4 and 4.5 of the report call into serious question the idea that Lock and Leave requirements should simply be extended and applied to retail drug store pharmacy areas outside of store opening hours. The Author's research suggests that Lock and Leave enclosures exhibit relatively poor physical security protection and are quite easily compromised. Lock and leave enclosures are primarily intended to protect the pharmacy area from outsider crime when the front store area remains open to the public after the pharmacy closes.

As discussed in Section 4.3 of this report, the crime prevention research literature shows that outsider criminals (i.e., robbers, break-in artists, thieves) approach crime differently than insider criminals which further calls into question the wisdom of simply extending the application of Lock and Leave enclosures to prevent crime after store operating hours when only a small number of supervised drug store staff remain in the front store area.

### **Conclusion**

Given the above information, the Author is of the opinion that the effectiveness of physical barrier enclosures as a means of preventing pharmacy area crime outside of operating hours would be highly questionable.

## **7.5 Unintended Consequences**

Sections 5.2, 5.3 and 5.4 of the report identify a number of potentially serious unintended consequences of any widespread adoption of physical barrier enclosures in pharmacy areas. The Author's research suggests that the complicated nature of retrofitting existing pharmacy areas with physical barrier enclosures may lead to operational challenges, reduced sightlines and excessively high costs.

The Author also identified several fire and life safety risks associated with any widespread adoption of physical barrier enclosures in drug store pharmacies. Section 5.5 of the report identifies the importance of cost-benefit analysis as a means of ensuring the cost of physical barrier enclosures are justifiable based on their anticipated crime prevention benefits and the extent to which other (possibly less expensive) measures may achieve a similar outcome.

### **Conclusion**

The Author's research suggests that a number of potential unintended consequences may arise as a result of any widespread mandate to install physical barrier enclosures, some of which could have serious safety implications. The Author is also of the opinion that the high cost of physical barrier enclosures is not justified based on the anticipated low crime prevention benefits of the barriers and the existence of other security measures which do not exhibit the identified negative consequences.

## **7.6 Alternatives to Physical Barrier Enclosures**

Sections 6.2 and 6.3 of the report identify the fundamental components of an effective security program (i.e., protection-in-depth and establishing objectives). For optimal effectiveness, security measures should be selected based on risk and demonstrable need, and should be arranged in layers to offer protection-in-depth.

As set out in sections 6.4 and 6.5 of the report, the Author's research suggests there are a number of viable alternatives to physical barrier enclosures in preventing access to pharmacy areas in retail drug stores outside of operating hours. From a security hardware and technology perspective, the Author identified a non-exhaustive list of nineteen alternative measures. From a procedural and personnel security perspective, the Author identified a further non-exhaustive list of fifteen alternative measures.

### **Conclusion**

Given the above information, it is the Author's opinion that a number of viable, alternative security measures exist which could prevent or deter crime in pharmacy areas. Most of these measures would be less onerous, safer, more client-friendly and less expensive than physical barrier enclosures.

## 8.0 SUMMARY/CONCLUSION

### 8.1 Aligning with the Principles of Effective Regulation

Over the past twenty-five years a great deal of research has been undertaken into the effectiveness of government regulation. Early work by Ayres and Braithwaite (1992)<sup>49</sup> had a significant impact on the changing forms of market governance in Organisation for Economic Cooperation and Development (“OECD”) countries, including Canada. Ayres and Braithwaite (1992:5) found that to be effective, regulation should be responsive to the regulated industry and flexible in its approach.

A decade later, the concept of risk-based regulation had taken shape, spearheaded by a number of noted regulatory theorists, including Kennedy School of Governance professor, Malcolm K. Sparrow. In ‘Regulatory Craft: Controlling Risks, Solving Problems and Managing Compliance’, Sparrow (2000)<sup>50</sup> identified some of the core elements of effective regulation based on current and emerging best practice, including:

- the adoption of a “problem-solving” approach by regulators to identify pockets of risk, enabling targeted, risk-based compliance action
- active engagement with the regulated industry
- the use of data by regulators in identifying problems and measuring regulatory outcomes

In more recent times, the Professional Standards Authority – a government agency which oversees statutory bodies that regulate all health and social care professionals in the United Kingdom - has developed the concept of “right touch regulation”, which has received widespread support as a means of balancing previous research with the realities faced by regulators today. Right touch regulation is widely accepted and practised by regulatory bodies world-wide including within Canada. Indeed, the B.C College of Pharmacists is on the record as supporting the tenets of smart touch regulation (as reported in Section 3.4 of this report).

The Professional Standards Authority for Health and Social Care (2015: 7)<sup>51</sup> has identified eight essential characteristics of effective regulation which are:

1. Identify the problem before the solution
2. Quantify and qualify the risks

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<sup>49</sup> Ian Ayres and John Braithwaite, ‘Responsive Regulation: Transcending the Deregulation Debate’, Oxford University Press, New York: 1992

<sup>50</sup> Malcom K. Sparrow, ‘Regulatory Craft: Controlling Risks, Solving Problems and Managing Compliance’, Washington, DC: Brookings Institution Press, 2000

<sup>51</sup> Professional Standards Authority for Health and Social Care, ‘Smart Touch Regulation: Revised’, October, 2015

3. Get as close to the problem as possible
4. Focus on the outcome
5. Use regulation only when necessary
6. Keep it simple
7. Check for unintended consequences
8. Review and respond to change

The Professional Standards Authority has issued a paper, “Right Touch Regulation – Revised”, which is available at the link below and is widely regarded as essential reading for regulators:

<http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touchregulation-2015.pdf?sfvrsn=12>

### **Conclusion**

In rolling up the previous research and up-to-date thinking on effective regulation, the UK’s Professional Standards Authority asserts that, “*Right-touch regulation means understanding the problem before jumping to the solution. It makes sure that the level of regulation is proportionate to the level of risk to the public.*”<sup>52</sup>

The Author’s research, supported by the research literature on effective regulation, suggests that a number of key steps should be taken by regulators prior to issuing any type of mandate to install physical barrier enclosures across all drug stores/pharmacies, including:

- Identification of the specific problem the proposed new requirement is intended to manage
- Evaluation of the risks posed to public safety both qualitatively and quantitatively
- Engagement with relevant industry stakeholders to understand the nature and scale of the problem and discuss potential solutions
- Identification of the desired regulatory outcome and ensuring the proposed regulation is the best (and perhaps only) way to achieve it
- Avoiding unnecessarily-broad regulatory requirements and establishing outcome-focused measurement criteria by which to gauge the effectiveness of new regulatory requirements

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<sup>52</sup> Professional Standards Authority for Health and Social Care, website:

<http://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation>, accessed on March 31<sup>st</sup>, 2016.

- Being flexible; allowing regulated entities a certain degree of (guided) professional discretion in arriving at solutions to problems that may have multiple risk mitigation options
- Considering the economic and operational costs of potential new regulatory requirements
- Taking great caution in considering, identifying and researching potential unintended consequences of new regulatory requirements
- Staying abreast of “conditions on the ground” within the regulated industry to allow regulators to remain both flexible and responsive to evolving patterns of risk

In the context of the Colleges of Pharmacists in BC and Newfoundland and Labrador, the Author’s research and stakeholder interviews suggest that few, if any, of the above key steps have been taken in planning (or implementing) mandatory physical barrier enclosure installation within existing drug stores.

## 9.0 DISCLAIMER

The Expert Opinion Report and the findings identified throughout this document are based on interviews with retail drug store and pharmacy sector stakeholders, open source research and recognized security and crime prevention best practices. Conclusions have been drawn from the sum of collected information against the backdrop of the Author’s 27-year career in the private security industry.

It is important to note that the security threats related to retail drug stores and pharmacies are dynamic in nature and cannot be completely eliminated. No guarantee is given nor implied by David Hyde and Associates, its employees or affiliates, that any threat will not be realized in the future due to changes in conditions.

Whilst all attempts have been made to validate the data gathered during the course of this security consultation, neither David Hyde and Associates nor any of its employees or agents makes any warranty, express or implied, nor assumes any legal liability or responsibility for the accuracy of information provided by any third party.

## APPENDIX A - DEFINITIONS

**Adversary** – a person performing malevolent acts in pursuit of interests harmful to the facility; an adversary may be an insider or an outsider.

**Adversary action** – a specific act performed by an adversary.

**Adversary action sequence (action sequence)** – a required/ordered series of acts performed by an adversary to achieve their objectives.

**Adversary capabilities** – attributes of the adversary, such as knowledge, motivation and access to equipment that comprise a measure of his or her abilities.

**Alarm** – a warning from a sensor or sensor system that a sensor has been triggered or activated, usually signaled by light or sound; it may indicate a nuisance or false alarm, or a valid alarm.

**Alert** – communication that informs all personnel of a facility emergency and of the location of the emergency.

**Asset** - something valuable that an entity owns, benefits from, or has use of, in generating income.

**Astragal** - an externally mounted metal plate that covers the gap where a door meets the door jamb, reinforcing the door at its weakest point.

**Attack** – an attempt by an adversary to defeat the physical protection system and achieve his or her objectives. Attack tactics include force, deceit and stealth, used singly or in combination.

**Bypass** – defeat of a physical security measure in which an adversary avoids detection.

**CCTV**: Closed Circuit Television. A television system in which the signal distribution is limited or restricted usually by cable.

**Code of Conduct** - an agreement on rules of behaviour for the members of a group or organization.

**Complementary sensors** – sensors selected for combination because of their capabilities of mutually providing what the other lacks in terms of probability of detection, nuisance alarm rate and/or vulnerability to defeat. Multiple sensors will use different detection technologies.

**Cost Benefit Analysis** - a systematic process for calculating and comparing benefits and costs of a project, decision or government policy.

**CPTED** – Crime Prevention through Environmental Design: a proactive design philosophy built around a core set of principles that is based on the belief that the proper design and effective use of the built environment can lead to a reduction in the fear and incidence of crime.

**Crime prevention** - the anticipation, recognition and appraisal of a crime risk and the actions taken to remove or reduce it.

**Cross Line Detection** - A tripwire application installable on CCTV cameras and video encoders that can be set to detect moving objects that cross a virtual line, making it possible to automatically trigger and signal an alarm event.

**Deceit** – attempt to defeat a security system using false identification or authorization.

**Delay** – the element of a physical protection system designed to impeded adversary penetration into or exit from the protected area.

**Delegated authority** - the assignment of responsibility or authority to another person (normally from a manager to a subordinate) to carry out specific activities.

**Denial** – the effect achieved by safeguards and security systems or devices that impedes or hinders a potential adversary from gaining access to or use of a particular space, structure or facility.

**Detection** – determining that an unauthorized action has occurred or is occurring; detection includes sensing the action, communicating the alarm to a control center and assessing the alarm. Detection is not complete without assessment.

**Deterrence** – discouraging an adversary from attempting an assault by making a successful assault appear very difficult or impossible.

**Drug store staff** - staff employed to work within the retail drug store who are not licensed pharmacy staff.

**Event** – an act against a physical protection system that an adversary must perform to achieve his or her objective.

**Extortion** – stealing money or property by force or threat, such as blackmail.

**GPS** – Global Positioning System: a system that can show the exact position of a person or thing by using signals from satellites.

**Lighting** - degree of illumination; also, equipment, used indoors and outdoors, for increasing illumination (usually measured in lux or foot-candle units).

**Lock and Leave** – The Ontario College of Pharmacists defines “Lock and Leave” as follows: “*Lock and Leave allows a pharmacy to operate without a pharmacist physically present provided the pharmacy has the ability to “completely restrict” the public from access to any drugs referred to Schedule I, II or III”. Any physical impediments or barriers shall be constructed such that the drugs are completely inaccessible to the public. The*

*entire pharmacy area is accredited by OCP and the “Lock and Leave” permits the front shop area of the pharmacy to continue operating and allowing the sale of any drug in the unscheduled category (Schedule U) when the pharmacist is not present.”*

**Loss prevention** - a set of practices employed by retail companies to preserve profit.

**Malevolent act** – an illegal action, or an action that is committed with the intent of causing wrongful harm or damage.

**Mantrap** - a set of two interlocking doors that are interfaced so that when one door is unlocked, the other door automatically locks.

**Modus operandi** - a particular way or method of doing something, especially one that is characteristic or well-established.

**Personnel security** - Personnel security is a system of actions which seeks to manage the risk of staff (permanent, temporary or contract staff) exploiting, or intending to exploit, their legitimate access to an organisation's assets or premises for unauthorised purposes.

**Pharmacy** – a licensed area within a retail drug store where drugs, medications and controlled substances are stored and dispensed.

**Physical barrier enclosure** - a range of physical wall structures designed to securely separate the pharmacy from the retail store front. Examples include: (1) walls (transparent, semi-transparent and/or opaque) and door structures that permit complete security during periods of closure but permit full public access during pharmacy operating hours; and (2) retractable (i.e., sliding/folding) barriers that completely enclose and secure the pharmacy area, incorporating a lockable entrance (where applicable).

**Physical protection system: PPS** – a system of measures implemented for the protection of assets or facilities against theft, sabotage or other malevolent acts (Garcia, 2001: 298).

**Physical security** – (1) the use of people, procedures and equipment (alone or in combination) to control access to assets or facilities; (2) the measures required for the protection of assets or facilities from espionage, theft, fraud or sabotage by a malevolent human adversary (Garcia, 2001: 298).

**Procedural security** - procedural security controls are designed to mitigate identified risks by way of policies, procedures or guidelines.

**Protection-in-depth** - the strategy of forming layers of protection to safeguard an asset.

**Qualitative research** - primarily exploratory research used to gain an understanding of underlying reasons, opinions, and motivations.



**Quantitative research** - a formal, objective, systematic process in which numerical data are used to obtain information to describe variables; to examine relationships among variables; and to determine cause-and-effect interactions between variables.

**Real-time** – an observation made at the time an event is taking place.

**Response** – the element of a physical protection system to counteract adversary activity and interrupt the threat.

**Response force** – the guards or external entities that respond immediately to counter the threat of an adversary.

**Retail Drug Store** – a location which contains a retail store front and a licensed pharmacy (i.e., to be distinguished from a supermarket or mass merchandiser (e.g., Safeway, Walmart) which contains a licensed pharmacy that remains closed for business during hours when the wider store remains open).

**Right Touch Regulation** – the minimum regulatory force required to achieve the desired result.

**Risk** – measure of the potential damage to or loss of an asset based on the probability and impact of an undesirable occurrence.

**Risk assessment** – process of analyzing threats to and vulnerability of a facility, determining the potential for losses and identifying cost-effective corrective measures and residual risk.

**Sabotage** - destruction of an employer's property (as tools, materials or information).

**Security hardware** - physical measures such as barriers and mechanical hardware that are designed to deny access to adversaries from physically accessing a building, facility, resource, or stored information.

**Security technology** - technological security measures and systems that are designed to deter, detect, delay and deny unauthorized access.

**Sensor** – a device that responds to a stimulus associated with an unauthorized action, such as an intrusion into a protected area.

**Theft** – the unauthorized removal of valuable material or information from a facility.

**Threat** – an individual or a group with the motivation and capability for theft or sabotage of assets, or other malevolent acts.

**Threat analysis** – a process in which information about a threat or potential threat is subjected to systematic and thorough examination in order to identify significant facts and derive conclusions therefrom.

**Two factor authentication** - a security process in which the user provides two means of identification from separate categories of credentials.

**Unauthorized person** – person not authorized to have access to specific information, material or areas.

**Vulnerability** – an exploitable capability or an exploitable security weakness or deficiency at a facility.

**Vulnerability analysis** – a method of identifying the weak points of a facility.

**Vulnerability assessment** – a systematic evaluation process in which qualitative and/or quantitative techniques are applied to detect vulnerabilities and to arrive at an effectiveness level for a security system to protect specific targets from specific adversaries and their acts.

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13 January 2017

Anu Sharma  
Senior Policy & Legislation Analyst  
College of Pharmacists of BC

Dear Anu Sharma:

Please find below a statement regarding how the security aspects of the *Pharmacy Operations and Drug Scheduling Act* – BYLAWS (hereafter referred to as Bylaws) and the Professional Practice Policy – 74 (hereafter referred to as PPP-74) correspond to the principles of crime prevention through environmental design (CPTED) and situational crime prevention.

The Bylaws, Community Pharmacy Security Section 11.1, states that a community pharmacy must have the following security measures:

- a locked metal safe with a time delay set at a minimum of 5 minutes,
- a security camera system that is checked daily for proper operation and has date/time stamped images that are archived and available for at least 30 days,
- motion sensors in the dispensary,
- a monitored alarm in the dispensary area if the space in which the community pharmacy is operating, if a full pharmacist is not present at all times **and** the location is accessible to non-registrants,
- physical barriers to protect schedule I and II drugs, controlled drug substances, and personal health information, if a full pharmacist is not present at all times **and** the location is accessible to non-registrants, and
- signage.

A community pharmacy that exists at the time of these Bylaws coming into force and does not have these security measures has 3 years from the time these Bylaws come into force to comply.

PPP-74 states that the “physical barriers can be tailored to the needs and structure of the particular community pharmacy”, referring to examples such as locked gates, cabinets, doors, and shelving units. The purpose of these physical barriers is to prevent access to the stored items in the community pharmacy.

It is also important to note that physical barriers, as well as a monitored alarm within the dispensary area, are only required if a full pharmacist is **NOT** present at all times and the location is accessible to non-registrants—in most cases this will be when a pharmacy is closed. This would include commercial retailers that close the community pharmacy component of their retail outlet and remain open to the public for other retail items.

The purpose of these security measures is to reduce the number of commercial robberies and commercial break-ins. These security measures are supported through the principles of crime prevention through environmental design (CPTED) and situational crime prevention.

CPTED has three principles: surveillance, access control, and territorial reinforcement. In the current context, surveillance would include building design that allows clear sightlines within the community pharmacy as well as security cameras and security patrols. Access control includes clear definitions of controlled spaces that limits access as well as locks and alarms. And territorial reinforcement refers to clearly marking off areas that are off limits to particular individuals through symbolic barriers, signage, and visual cues.<sup>1</sup>

Situational crime prevention considers 25 techniques that are organized into 5 categories: increase the effort, increase the risk, reduce the rewards, reduce provocations, and remove excuses. The Bylaws discussed here are primarily concerned with increasing effort and increasing risks. Increasing the effort includes such security measures as target hardening and access control, whereas increasing the risks includes such security measures as surveillance and place management (security cameras).<sup>2</sup>

It should be clear that safes, security cameras, motion sensors, alarms, physical barriers, and signage all conform to the principles of CPTED and the techniques of situational crime prevention. There are literally hundreds of (situational) crime prevention studies that support such security measures. Please see the following for theoretical and empirical support:

- Clarke, R. V. G. (1980). Situational crime prevention: Theory and practice. *British Journal of Criminology*, 20(2), 136 – 147.
- Clarke, R. V. (1983). Situational crime prevention: Its theoretical basis and practical scope. *Crime and Justice: An Annual Review of Research*, 4, 225 – 256.
- Clarke, R. V. (1992). *Situational crime prevention: Successful case studies*. New York, NY: Harrow and Heston.
- Clarke, R. V. (1997). *Situational Crime Prevention: Successful case studies (2<sup>nd</sup> ed.)*. Monsey, NY: Criminal Justice Press.
- Clarke, R. V. (2012). Opportunity makes the thief. Really? And so what? *Crime Science*, 1, Article 3.
- Tilley, N. (ed.) (2005). *Handbook of Crime Prevention and Community Safety*. Willan Publishing.

In the context of commercial robberies and commercial break-ins in a variety of contexts, the principles of CPTED and situational crime prevention have repeatedly been found to be effective:

- Amandus, H., Hunter, R., James, E., & Hendricks, S. (1995). Reevaluation of the Effectiveness of Environmental Designs to Reduce Robbery Risk in Florida Convenience Stores. *Journal of Occupational and Environmental Medicine*, 37(6), 711-717.

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<sup>1</sup> See CPTED Ontario for further discussion of these principles: <http://cptedontario.ca/mission/what-is-cpted/>.

<sup>2</sup> See the Center for Problem-Oriented Policing for further discussion of these techniques: <http://www.popcenter.org/25techniques/>.

- Exum, M., Kuhns, J., Koch, B., & Johnson, C. (2010). An Examination of Situational Crime Prevention Strategies Across Convenience Stores and Fast-Food Restaurants. *Criminal Justice Policy Review*, 21(3), 269-295.
- Hendricks, S., Landsittel, D., Amandus, H., Malcan, J., & Bell, J. (1999). A Matched Case-Control Study of Convenience Store Robbery Risk Factors. *Journal of Occupational and Environmental Medicine*, 41(11), 995-1004.

Specifically in the context of pharmacies, La Vigne and Wartell (2015) have found that robbery prevention for pharmacies is best undertaken considering the following: security camera systems, time-locked safes, physical barriers, and reinforced locks on doors and windows.<sup>3</sup>

An important component of CPTED, situational crime prevention, and all of the studies referred to above is the need for crime prevention activities to be situation, or local. This means that crime prevention activities such as security measures must be specific to the problem at hand. It is important to note that the security measures prescribed in the Bylaws are sufficiently general to allow for adaptation to any specific needs of particular pharmacies.

Yours sincerely,



Martin A. Andresen, PhD

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<sup>3</sup> La Vigne, N. & Wartell, J. (2015). *Robbery of Pharmacies*. Problem-Oriented Guides for Police, Problem-Specific Guide No. 73. Washington, DC: Office of Community Oriented Policing Services. Available at: [http://www.popcenter.org/problems/PDFs/robbery\\_of\\_pharmacies.pdf](http://www.popcenter.org/problems/PDFs/robbery_of_pharmacies.pdf)



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)(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

As outlined in PODSA bylaws section 3(2)(s), pharmacy managers notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours. This notification should occur

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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)

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.

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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.
  
2. Unauthorized access to 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 that 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**.



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### 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”.

For pharmacies that do not stock IA drugs, the declaration attesting this can be provided using the self-declaration template in Appendix 1 of this policy.

### **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.

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 to 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.

**Policy Category:**

Professional Practice Policy – 74

**Policy Focus:**Community Pharmacy Security

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## Appendix 1: Safe Declaration Template

### NO SCHEDULE 1A DRUGS ON-SITE DECLARATION

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

1. Schedule 1A drugs are **never** stocked or dispensed at the above identified pharmacy, and I understand that non-compliance with this declaration may result in referral to the Inquiry Committee of the College of Pharmacists of BC.
2. In the event that the terms of the declaration above are no longer valid, I will notify the Registrar immediately and take action in advance to ensure that pursuant to sections 11.1 (1)(a) and 11.1 (3) of the Pharmacy Operations and Drug Scheduling Act, a safe will be installed and signage will be displayed.

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Date (MM/DD/YYYY)

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Signature



College of Pharmacists  
of British Columbia

# Community Pharmacy Security Resource Guide (2015)

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

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## 1.0 FOREWORD

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

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

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

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

## 2.0 HOW TO USE THE GUIDE

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

### 2.1 Disclaimer

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

## 2.2 Acknowledgement

The development of PPP-74 and this Guide involved a collaborative and consultative process with input and feedback gathered from the volunteer members of the RPWG, and the support of the Vancouver Police Department (VPD). The RPWG was composed of registrants, corporate and health authority representatives, and representatives from the VPD. Feedback was also sought from security and privacy experts as well as academia.

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

## 2.3 Feedback

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

College of Pharmacists of British Columbia	Telephone:
200 – 1765 West 8th Avenue	604-733-2440 or 800-663-1940
Vancouver, BC V6J 5C6	Facsimile:
Web site: <a href="http://www.bcpharmacists.org">www.bcpharmacists.org</a>	604-733-2493 or 800-377-8129
E-mail: PPP74@bcpharmacists.org	

## 3.0 IMPLEMENTATION TIMELINE

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**Effective September 15, 2015.**

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

## 4.0 DEFINITIONS

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### ***“Community Pharmacy” (PODSA bylaws)***

Means a pharmacy licensed to sell or dispense drugs to the public.

*(Note: this includes telepharmacy remote sites.)*

### ***“Dispensary” (PODSA bylaws)***

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

### ***“High Definition” (PPP-74)***

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

### ***“Narcotic and Controlled Drugs” (PPP-74)***

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

### ***“Pharmacy” (PODSA)***

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

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

### ***“Safe” (PPP-74)***

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

### ***“Security Barriers” (PPP-74)***

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

1. Unauthorized access and disclosure (which includes sight) of all patient and personal health information including but not limited to:
  - Hard copies of prescriptions,



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- Filled prescriptions waiting to be picked up, and/or
  - Labels, patient profiles, and any other personal health information documents waiting for disposal.
2. Unauthorized access, including but not limited to:
- Computer hard drives,
  - All Schedule I, II and III drugs.

***“Targeted narcotic and controlled drugs” (PPP74)***

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

***“100% of the premise”***

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

## 5.0 POLICY STATEMENTS AND CLARIFICATIONS

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### 5.1 Policies and Procedures

#### Policy Statement

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

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

#### Clarification

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

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

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

## 5.2 Training

### Policy Statement:

#### The pharmacy manager must:

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

### Clarification

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

## 5.3 Compliance

### Policy Statement:

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

### Clarification

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

## 5.4 Notifying the College of Non-Cooperation

### Policy Statement:

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

### Clarification

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

## 5.5 Reporting an Incident

### Policy Statement:

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

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

### Clarification

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

**Figure 1: Robbery Prevention Main Page**

The screenshot shows the 'Robbery Prevention' page of the College of Pharmacists of British Columbia. The page includes a main menu on the left with options like 'My Profile', 'Register for Events', 'Continuing Education', 'PDAP', 'Robbery Prevention', 'Online Store', and 'Logout'. The main content area has a breadcrumb trail 'Home > Robbery Prevention' and a title 'Robbery Prevention'. Below the title is a welcome message and a paragraph about the College Board's approval of PPP-74 Community Pharmacy Security. There are three buttons: 'Report an Incident', 'Map of Incidences', and 'Manage Notifications'. At the bottom, there is a table titled 'My Pharmacy Reports' with columns for Incident Date, Pharmacy, Category, and Reported By.

Incident Date	Pharmacy	Category	Reported By
<a href="#">Jan 12, 2015</a>	Sample Pharmacy #123	Robbery	Dave Smith
<a href="#">Sept 5, 2014</a>	Sample Pharmacy #123	Break and Enter	Tessa Jones

**Policy Statement:**

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

**Clarification**

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

**Figure 2: Incident Form**

### Incident Form

All incidences must be reported within 24 hours.

PHARMACY INCIDENT

<b>Pharmacy Name:</b> TEST PHARMACY 200 1765 8th Ave W Vancouver BC V6J 5C6	<b>Pharmacare #:</b> 000
<b>Date of Incident:</b> <input type="text" value="1/12/2015"/>	<b>Time of Incident:</b> <input type="text"/>
<b>Incident Category:</b> <input type="text" value="Robbery"/>	<b>Sub-Category:</b> <input type="text" value="Other"/>
<b>Comments:</b> <input style="width: 100%;" type="text"/>	

INCIDENT DETAIL (Forgeries and Pads)

<b>Patient Name Used:</b> <input type="text"/>	<b>PHN Used:</b> <input type="text"/>
<b>Doctor Name Used:</b> <input type="text"/>	<b>Practitioner ID:</b> <input type="text"/>
<b>City of Practice:</b> <input type="text"/>	
<b>Duplicate Folios #:</b> <input type="text"/>	<b>Rx Dispensed:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Non Dispensed Drugs Involved:</b> <input style="width: 100%;" type="text"/>	
<b>Health Canada Form: (Form 4004)</b> <input type="text"/> <input type="button" value="Select"/>	

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

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

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

**INCIDENT DETAIL (Drug Loss, Robbery and Other)**

Drug Stolen or Loss:  Yes  No

Health Canada Form:    
 (Form 4010)  
 Allowed file types: pdf,gif,jpg,jpeg,png,tif  
 Maximum file size: 2MB

Drug Record:

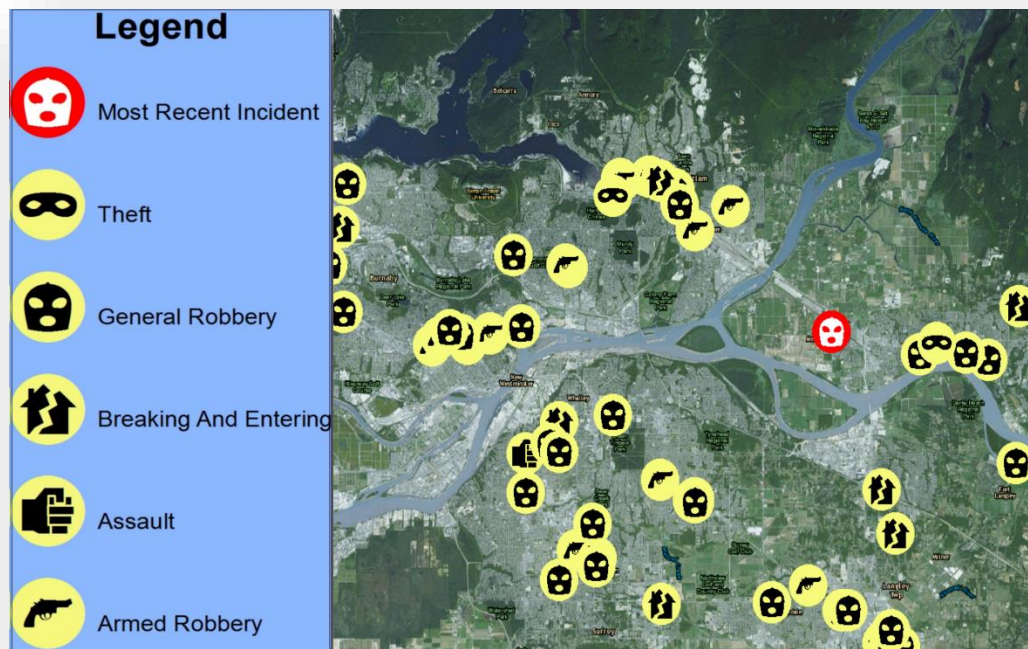
DIN	Dosage	Quantity
2300044 MYLAN-ENALAPRIL		0
2300087 PMS-ENALAPRIL	Caplets Capsules Cream Inhaler	2

DIN

DIN	Brand Name
2372525	OXYNEO
2372517	SUNRISE DISINFECTANT
2372525	OXYNEO
2372533	OXYNEO
2372541	OXYNEO
2372568	OXYNEO
2372576	OXYNEO
2372584	OXYNEO

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

Figure 4: Robbery Map

**Policy Statement:**

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

**Clarification**

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



Figure 5: Incident Form – Health Canada Form Upload

All security incidences must be reported within 24 hours.

**PHARMACY INCIDENT**

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

Pharmacare #: 000

Date of Incident: 1/12/2015

Time of Incident: [ ]

Incident Category: Robbery

Sub-Category: Other

**INCIDENT DETAIL (Forgeries and Pads)**

Patient Name Used: [ ]

PHN Used: [ ]

Doctor Name Used: [ ]

Practitioner ID: [ ]

City of Practice: [ ]

Duplicate Follow-up: [ ]

Rx Dispensed:  Yes  No

Non Dispensed Drugs Involved: [ ]

Health Canada Form: (Form 4004) [Select]

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

**INCIDENT DETAIL (Drug Loss, Robbery and Other)**

Drug Stolen or Lost:  Yes  No

Health Canada Form: (Form 4010) [Select]

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

Drug Record:

DIN	Dosage	Quantity
2300044 MYLAN-ENALZ	[ ]	0
Type at least first 2 characters of DIN to begin search		
2300087 PMS-ENALAPRIL	Capsules	2
	Capsules	
	Cream	
	Inhaler	
	Ointment	
	Solution	
	Spray	

Submit

## 5.6 Security Equipment

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

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

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

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

### 5.6.1 Safe

#### Policy Statement:

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

### Clarification

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

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

### Time-delay lock

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

### Storage of narcotic and controlled drugs

Narcotic and controlled drugs (the “drugs”), defined as Schedule 1A - *Triplicate/Duplicate Prescription Program* for the purposes of this policy, must be stored in the metal safe at all times. Schedule 1A can be viewed at

[http://www.bclaws.ca/civix/document/id/complete/statreg/9\\_98](http://www.bclaws.ca/civix/document/id/complete/statreg/9_98).

### Alternate Requirement:

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

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

### 5.6.2 Cameras

#### Policy Statement:

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

*Note:*

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

#### Further to B(2):

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

## Clarification

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

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

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

## Cameras and Privacy

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

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

## Question

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

## Answer

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

### 5.6.3 Monitored Alarm Systems

#### Policy Statement:

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

#### Clarification

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

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

#### Alternate Requirement:

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

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

## Alarm Code

### Policy Statement:

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

## 5.6.4 Security Barriers

### Policy Statement:

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

## Clarification

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

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

### 5.6.5 Motion Sensors

#### Policy Statement:

- E. Motion sensors to detect movement in dispensary

#### Clarification

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

## 5.7 Signage

#### Policy Statement:

#### 2. Pharmacy Signage

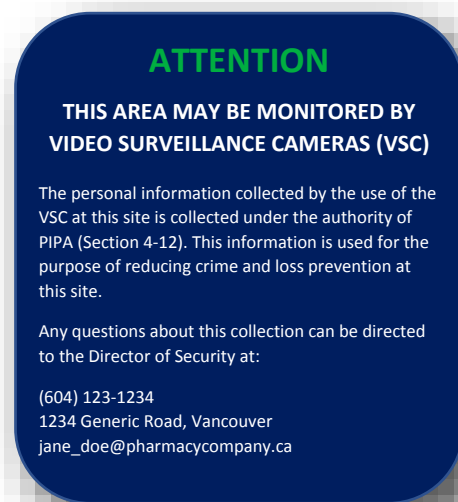
The pharmacy must display highly visible signage, including any signage provided by the College, which identifies the following information:

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

#### Clarification

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

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

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

### Alternate Requirement:

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

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

**OR**

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



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

## 5.8 Inventory Control

### Policy Statement:

#### 3. Inventory Control

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

### Clarification

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

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

## 5.9 Emergency Response Kit

### Policy Statement:

#### 4. Emergency Response Kit

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

### Clarification

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

## 5.10 Incident Review

### Policy Statement:

#### 5. Incident Review

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

### Clarification

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

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

A checklist for responding to a privacy breach can be found at: [https://www.oipc.bc.ca/media/15062/oipc\\_privacy\\_breach\\_checklist.pdf](https://www.oipc.bc.ca/media/15062/oipc_privacy_breach_checklist.pdf).

## 5.11 Pharmacy Security Evaluation

### Policy Statement:

#### 6. Pharmacy Security Evaluation

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

## APPENDIX A: PROFESSIONAL PRACTICE POLICY-74

**POLICY CATEGORY:** PROFESSIONAL PRACTICE POLICY-74

**POLICY FOCUS:** Community Pharmacy Security

### POLICY STATEMENT(S):

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

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

#### The pharmacy manager must:

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

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

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

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

## 1. Security Equipment

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

- A. Safe (for storage of narcotic and controlled drugs) that must:
  1. have a time-delay lock(s) set at a minimum of 5 minutes
  2. be secured in place
  
- B. High Definition (HD) Security Camera System that must:
  1. have date/time stamp images, which must be archived and available for a minimum of 30 days
  2. be checked daily for proper operation

*Note:*

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

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

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**D. Security barriers**

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

**E. Motion sensors to detect movement in dispensary****2. Pharmacy Signage**

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

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

**3. Inventory Control**

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

**4. Emergency Response Kit**

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

**5. Incident Review**

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

**6. Pharmacy Security Evaluation**

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

*\*These standards supplement PODSA Bylaws 3 and 12*

**IMPLEMENTATION TIMELINE**

Effective September 15, 2015

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

**BACKGROUND:**

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

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

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

## APPENDIX B: RELEVANT LEGISLATION

Legislation	Relevant Sections
Benzodiazepines and Other Targeted Substances Regulations (SOR/2000-217) <sup>1</sup>	<p><b>Security and Reporting Loss or Theft</b></p> <p><b>7. (1)</b> The following persons must take any steps that are necessary to ensure the security of a targeted substance in their possession and any licence or permit in their possession with respect to a targeted substance and must, not later than 10 days after discovery, report to the Minister any loss or theft of a targeted substance or of a licence or permit:</p> <p style="padding-left: 40px;"><b>(b)</b> a pharmacist</p>
Food and Drug Regulations (C.R.C., c. 870) <sup>2</sup>	<p><b>Division 3: Pharmacists</b></p> <p><b>G.03.012</b> A pharmacist shall take all reasonable steps that are necessary to protect controlled drugs on his premises or under his control against loss or theft.</p> <p><b>G.03.013</b> A pharmacist shall report to the Minister any loss or theft of a controlled drug within 10 days of his discovery thereof.</p>
HPA Bylaws <sup>3</sup>	<p><b>74. Storage of Personal Information</b></p> <p>A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored</p> <p style="padding-left: 40px;"><b>(a)</b> at the pharmacy, or</p> <p style="padding-left: 40px;"><b>(b)</b> off site.</p> <p><b>77. Protection of Personal Information</b></p> <p><b>(1)</b> A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.</p> <p><b>(2)</b> 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.</p> <p><b>79. Remediating a Breach of Security</b></p> <p>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</p> <p style="padding-left: 40px;"><b>(a)</b> taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,</p> <p style="padding-left: 40px;"><b>(b)</b> taking steps to ensure that any remaining personal information is secured,</p> <p style="padding-left: 40px;"><b>(c)</b> notifying</p>

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

<sup>1</sup> <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/index.html>

<sup>2</sup> [http://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,\\_c.\\_870/index.html](http://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._870/index.html)

<sup>3</sup> [http://library.bcpharmacists.org/D-Legislation\\_Standards/D-2\\_Provincial\\_Legislation/5076-HPA\\_Bylaws.pdf](http://library.bcpharmacists.org/D-Legislation_Standards/D-2_Provincial_Legislation/5076-HPA_Bylaws.pdf)



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

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

<sup>4</sup> [http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,\\_c.\\_1041/FullText.html](http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/FullText.html)

<sup>5</sup> [http://www.bclaws.ca/Recon/document/ID/freeside/00\\_03063\\_01](http://www.bclaws.ca/Recon/document/ID/freeside/00_03063_01)

<sup>6</sup> [http://www.bclaws.ca/civix/document/id/complete/statreg/03077\\_01](http://www.bclaws.ca/civix/document/id/complete/statreg/03077_01)

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PODSA Bylaws <sup>7</sup>	<p><b>Part 1 - All Pharmacies</b></p> <p><b>Responsibilities of Pharmacy Managers, Owners and Directors</b></p> <p><b>3 (2)</b> A manager must do all of the following:</p> <p><b>(j)</b> 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;</p> <p><b>(n)</b> ensure that confidentiality is maintained with respect to all pharmacy and patient records in accordance with all applicable legislation;</p> <p><b>(o)</b> make reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;</p> <p><b>(s)</b> ensure that appropriate security is in place for the premises generally;</p> <p><b>3 (4)</b> Owners and directors must comply with subsection (2) (j), (n), (o), and (s).</p> <p><b>PART II – Community Pharmacies</b></p> <p><b>Community Pharmacy Manager – Quality Management</b></p> <p><b>10.</b> A community pharmacy’s manager must develop, document and implement an ongoing quality management program that</p> <p><b>(a)</b> maintains and enforces policies and procedures to comply with all legislation applicable to the operation of a community pharmacy,</p> <p><b>(b)</b> monitors staff performance, equipment, facilities and adherence to the Community Pharmacy Standards of Practice, and</p> <p><b>(c)</b> includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.</p> <p><b>Operation without a Pharmacist</b></p> <p><b>12. (1)</b> Except as provided in subsection (2), a community pharmacy must not be open to the public unless a full pharmacist is present.</p> <p><b>(2)</b> 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:</p> <p><b>(a)</b> the registrar is notified of the hours during which a full pharmacist is not present;</p> <p><b>(b)</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;</p> <p><b>(c)</b> a pharmacy technician is present and ensures that the pharmacy is not open to the public;</p> <p><b>(d)</b> 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;</p> <p><b>(e)</b> 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</p>
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**Note:** This is not intended to be an all-inclusive list.

<sup>7</sup> [http://library.bcpharmacists.org/D-Legislation\\_Standards/D-2\\_Provincial\\_Legislation/5082-PODSA\\_Bylaws.pdf](http://library.bcpharmacists.org/D-Legislation_Standards/D-2_Provincial_Legislation/5082-PODSA_Bylaws.pdf)

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	Practice have been met; <b>(f)</b> the hours when a full pharmacist is on duty are posted.
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**Note:** *This is not intended to be an all-inclusive list.*

**POLICY CATEGORY:****PROFESSIONAL PRACTICE POLICY-5****POLICY FOCUS:****Pharmacy Security**

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**POLICY STATEMENT(S):**

1. Each pharmacy manager must create and document pharmacy security policies and procedures which demonstrate compliance with existing bylaws regarding patient record confidentiality and drug inventory security.
2. The following procedures must be followed when the store premises are occupied by non-registrant staff after normal hours of operation:
  - (a) All dispensary area access points will be protected by locked doors, grillwork or similar secure barriers. (For emergency access, a key may be stored on the premises in a sealed envelope, provided that the pharmacy manager is notified each time emergency access to the dispensary is made.)
  - (b) The dispensary area will be protected by an alarm system separate from the balance of the premises, and only the registrant staff may possess the alarm code. (For emergency access, the alarm code may be stored on the premises in a sealed envelope, provided that the pharmacy manager is notified each time emergency access to the dispensary is made.)
  - (c) If the dispensary area is not protected by locked doors or similar barriers at all entry points or if it is not protected by a separate alarm system, a system must be established to prevent access to the dispensary area without the knowledge and consent of the pharmacy manager.

**BACKGROUND:**

The above policy statement is supplemental to PODSA Bylaw 12.

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First approved: 13 Jun 1997

**PPP-5**

Revised: 20 Jun 2003 / 15 Apr 2011

Reaffirmed: 27 Mar 2009

## APPENDIX C: RESOURCES FOR CRITICAL STRESS DEBRIEFING

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

<b>Justice Institute of British Columbia</b>
Critical Incident Stress Management Program
This 14-day (7 credit) program is designed for frontline and management staff that support and assist individuals in coping with the immediate consequences of crime and trauma.
<a href="http://tinyurl.com/ojwahuq">http://tinyurl.com/ojwahuq</a>
<b>Vancouver Police Department</b>
Victim Services
Provides crime victims, witnesses, and their family members with professional, supportive and timely assistance, to lessen the impact of crime and trauma. Referrals to victim services are typically made by the officer on scene; however, individuals can self-refer to the program by contacting the Victim Services Unit. Staff are able to assist victims by providing emotional support, information and referrals, and assistance with Victim Impact Statements and Crime Victim Assistance forms. Provides services in the following areas:
<ul style="list-style-type: none"> <li>- Emotional Support,</li> <li>- General Information,</li> <li>- Justice Related Information, and</li> <li>- Other services.</li> </ul>
<a href="http://vancouver.ca/police/crime-prevention/victim-services/index.html">http://vancouver.ca/police/crime-prevention/victim-services/index.html</a>
<b>VictimLink BC</b>
VictimLink BC is a toll-free, confidential, multilingual telephone service available across BC and Yukon 24 hours a day, 7 days a week at 1-800-563-0808. It provides information and referral services to all victims of crime and immediate crisis support. VictimLink BC provides service in more than 110 languages, including 17 North American aboriginal languages. VictimLink BC is TTY accessible. Call TTY at 604-875-0885; to call collect, please call the Telus Relay Service at 711. Text at 604-836-6381. Email <a href="mailto:VictimLinkBC@bc211.ca">VictimLinkBC@bc211.ca</a>
<a href="http://www.victimlinkbc.ca/">http://www.victimlinkbc.ca/</a>
<b>WorkSafe BC</b>
Critical Incident Response Program
Provides critical incident intervention to workers and employers who have experienced a traumatic event in the workplace. The goal is to reduce the distress experienced immediately following an event and to prevent the development of further, more serious difficulties. Service can be provided up to three weeks from the date of the critical incident. The program is a free, confidential, and voluntary. It does not address labour relations issues or concerns regarding safety at the worksite.
<a href="http://www.worksafebc.com/claims/serious_injury_fatal/critical_incident_response/default.asp">http://www.worksafebc.com/claims/serious_injury_fatal/critical_incident_response/default.asp</a>
<b>BC Pharmacy Association</b>
Pharmacist Program
Provides access to three one-hour counseling sessions in the aftermath of a critical incident or work-related traumatic event (e.g., robbery, assault, or direct threat). This is a confidential and voluntary service, and free to members.

## **APPENDIX D: SITUATIONAL CRIME PREVENTION TOOL**

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

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

## APPENDIX E: CAMERA SYSTEMS REFERENCE

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

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

## APPENDIX F: EMERGENCY SECURITY KIT EXAMPLE

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

### 1. One set of Emergency Security Instruction Cards

#### Card 1: Instructions

1. Pick up the telephone and call 911.
2. Give your store's street address.
3. Tell the dispatcher, "I have just been robbed."
4. Stay on the line and answer questions from the dispatcher.

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

#### Card 2: Instructions

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

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

#### Card 3: Instructions

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

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

#### Card 4: Instructions

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

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

#### Card 5: Instructions

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

### 2. Temporary Closure Sign(s)

*"We are temporarily closed due to an emergency."*

### 3. Armed Robbery Questionnaire

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



## APPENDIX G: DECLARATION FORMS

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### Safe Declaration

#### NO NARCOTICS AND CONTROLLED DRUGS ON-SITE

#### DECLARATION

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

1. Narcotic and controlled drugs are **never** stocked or dispensed at the above identified pharmacy, and I understand that non-compliance with this declaration may result in referral to the Inquiry Committee of the College of Pharmacists of BC.
2. College signage indicating that there are no narcotics or controlled drugs on the premise will be displayed.
3. In the event that the terms of the declaration above are no longer valid, I will notify the Registrar immediately and take action in advance to ensure a safe is installed consistent with section 1(A) of Professional Practice Policy-74 Community Pharmacy Security.

\_\_\_\_\_  
 Date (MM/DD/YYYY)

\_\_\_\_\_  
 Signature

## Monitored Alarm Declaration

### MONITORED ALARM

### DECLARATION

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

1. A pharmacist is present **at all times** when the above identified premise is accessible to any non-registrants, and
2. I understand that non-compliance with this declaration may result in referral to the Inquiry Committee of the College of Pharmacists of BC.
3. In the event that the terms of the declaration above are no longer valid, I will notify the Registrar immediately and take action in advance to ensure alarms are installed consistent with section 1(C) of Professional Practice Policy-74 Community Pharmacy Security.

\_\_\_\_\_  
 Date (MM/DD/YYYY)

\_\_\_\_\_  
 Signature

## APPENDIX H: ADDITIONAL RESOURCES

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

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

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

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

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

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

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

## APPENDIX I: GENERAL INFORMATION ABOUT PROTECTING PERSONAL INFORMATION

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### *General information about legal obligations to protect personal information*

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

### *Specific requirements for protecting patient information*

1. In light of the statutory requirement to protect personal information, the College expects patient prescription information, and other personal information, to be protected from unauthorized access, disclosure, use or destruction.
2. Patient records that are in paper form must be stored in a secure manner. Secure storage requires physical barriers to separate patient records from areas of the pharmacy that may be accessible to staff who are not permitted access, members of the public and intruders. These barriers can include secure locked storage cabinets and security screens or barriers keeping storage separate from the remainder of the pharmacy.
3. An added measure is the use of security video recording, often called CCTV. The College expects that, if CCTV is in use, its presence will be made known to staff and members of the public through visible and clear signage. The College also expects that reasonable security measures and policies will be in place to protect personal information recorded by such systems from unauthorized access, disclosure, use or destruction. These include policies and

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measures restricting access to staff and others on a need to know basis and retention and destruction policies for recorded images.

4. Guidance on the use of CCTV, including security arrangements and policies, can be found here: <https://www.oipc.bc.ca/guidance-documents/1453>.
5. Electronic patient records in systems other than PharmaNet must be protected by reasonable security arrangements that are robust against internal or external misuse and attack and that evolve, after regular review, as threats and risks evolve.
6. Guidance on securing personal information can be found here: <https://www.oipc.bc.ca/guidance-documents/1439>
7. Reasonable security arrangements include administrative controls that ensure that only pharmacy staff with a true need to have access to patient information have user permissions for the system. The College is of the view that only registrants, including pharmacy technicians, should have such access. Monitors should not be visible to the public.
8. Such systems should also be protected by strong password requirements (with regular enforced changes), timed log-out for users who have not used the system for a set period after log-in, and protection against external intrusion (including through firewalls, logical server separation and encryption).

### Schedule of Amendments

*Pharmacy Operations and Drug Scheduling Act* - Bylaws are amended to create minimum security measures for community pharmacies as follows:

1. The following definition of “controlled drug substance” is repealed and replaced with the following:  
“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);
2. The following new definition has been added after the definition of “dispensary”:  
“drug” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;
3. The definition of “health authority” is repealed and replaced with the following:
  - (a) a regional health board designated under the *Health Authorities Act*, or
  - (b) the Provincial Health Services Authority, or
  - (c) First Nations Health Authority;
4. The definition of “medication” has been repealed.
5. The following new definition has been added after the definition of “patient’s representative”:  
“personal health information” has the same meaning as in section 25.8 of the *Health Protection Act*;
6. The definition of “pharmacy assistant” has been repealed.
7. The following new definition has been added after the definition of “pharmacy education site”:  
“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
8. The following new definitions have been added after the definition of “Residential Care Facilities and Homes Standards of Practice”:  
“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*;  
“support person” has the same meaning as in the Act except that it does not include a pharmacy technician.
9. The definition of “telepharmacy remote site” has amended by adding the word “pharmacist” after the word “full” in (c)
10. section 3(2)(e) is amended by striking out “pharmacy assistant” and replacing it with “support person”
11. section 3(2)(f) is amended by striking out “pharmacy assistants” and replacing it with “support persons”

12. section 3(2)(g) is amended by striking out “pharmacy assistants” and replacing it with “support persons”

13. sections 3(2)(n), 3(2)(o), 3(2)(p), 3(2)(q), 3(2)(r) and 3(2)(s) are repealed and replaced with the following:

- (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;
- (s) notify the registrar of any incident of loss of narcotic and controlled drug substances within 24 hours;

14. section 3(2)(u) is amended by striking out “medications” and replacing it with “drugs”

15. section 3(2)(x) is amended by striking out “pharmacy assistants” and replacing it with “support persons” and by striking out “record” and replacing it with “personal health”

16. The following new section is added after section 3(2)(aa):

(bb) notify the registrar of persistent non-compliance by owners and directors with their obligations under the bylaws:

17. section 3(3) is amended by replacing the reference to “2(r)” with “2(p)”

18. section 3(4) is repealed and replaced by the following:

Owners and directors must comply with subsection (2) (d), (e), (j), (p), (q), (t), (v), (w), (x) and (aa).

19. section 8(2) is amended by striking out “pharmacy assistants” and replacing it with “support persons”

20. The following new section is added after section 11:

### **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,
- (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).

21. Section 12(2)(b) is amended by striking out “pharmacy assistants” and replacing it with “support persons”

22. Section 12(2)(d) is amended by striking out “pharmacy assistants” and replacing it with “support persons”

23. Section 17(2) is repealed and replaced with the following:

A pharmacy education site’s manager must comply with section 3(2)(a), (d), (h), (o), (r) and (t)(ii) and (iii).

24. Section 20(b)(i) is amended by striking out “pharmacy assistants” and replacing it with “support persons”





College of Pharmacists  
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## 9. Legislation Review Committee

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**Jeremy Walden**

Chair, Legislation Review Committee

## b) Legislation and Policy Overview

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- The purpose of this presentation is to:
  - Inform the Board about the Policy and Legislation Department's projects and key processes; and
  - Provide an opportunity for the Board to discuss the strategic priorities of the Policy and Legislation Department.



## b) Legislation and Policy Overview

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- The Policy and Legislation Department was created about a year ago.
- The Department has collected outstanding projects (e.g., potential bylaw changes) previously identified by College staff and departments, and external stakeholders. Internal consultation was held.
- An external consultation was held previously in December 2015 with key College committees to inform the Department's operational plan.
- The Policy and Legislation List captures identified projects in broad categories:
  - Work in Progress;
  - 2017-2020 Strategic Plan Priorities (also in progress);
  - Operational Priorities; and
  - List of Additional Requests.



## b) Legislation and Policy Overview

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### Overview of the Policy and Legislation List:

Item	Description
<b>Work in Progress</b>	<ul style="list-style-type: none"><li>• Nine key initiatives; primarily small- and medium-sized, and one large initiative.</li></ul>
<b>2017-2020 Strategic Plan Priorities</b> (also in progress)	<ul style="list-style-type: none"><li>• PODSA Modernization (Phase I: Ownership)</li><li>• PODSA Modernization (Phase II)</li><li>• HPA Modernization</li><li>• Methadone Action Plan (Legislative Changes)</li></ul>
<b>Operational Priorities</b>	<ul style="list-style-type: none"><li>• Review of PPPs and transition to bylaw (as needed): 18 PPPs identified to transition to bylaw.</li><li>• Implementation and adoption of NAPRA Compounding Standards.</li></ul>
<b>Additional Requests</b>	<ul style="list-style-type: none"><li>• Range of requests potentially requiring amendments to bylaws and policies (all require scoping and research).</li></ul>

## b) Legislation and Policy Overview

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### Key Initiatives

- Achieving 2017-2020 Strategic Plan goals is the main focus of the Department.
- This Strategic Plan includes significant legislation modernization initiatives, requiring dedicated resources from multiple College departments:
  - E.g. PODSA Modernization (Phase 1) is a Strategic Plan initiative that must be completed to operationalize recent legislative changes. It has a firm deadline of March 2018 (negotiated with government).
- Professional Practice Policies (PPPs) will be transitioned to bylaw, as appropriate, as part of the legislation modernization initiatives. Each PPP will be reviewed and updated, as needed, prior to transitioning to bylaw.



## b) Legislation and Policy Overview

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### Key Initiatives, continued

- Room for flexibility is also required, as regulatory and bylaw amendments can be needed in response to urgent public health needs. Recent examples, include:
  - Medical Assistance in Dying (MAID) provisions (2016); and
  - Rescheduling of naloxone to respond to the public health crisis in BC (2016).



## b) Legislation and Policy Overview

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### Timeline of Key 2017-2020 Strategic Plan Initiatives:

2016	2017	2018	2019	2020	2021	2022
	PODSA MODERNIZATION (PHASE I - OWNERSHIP)					
		PODSA MODERNIZATION (PHASE II)				
			METHADONE ACTION PLAN (LEGISLATIVE CHANGES)			
				HPA MODERNIZATION		

## b) Legislation and Policy Overview

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### Bylaw Change Process - Key Requirements

- The typical bylaw change process takes approximately one year.
- Required components of the bylaw change process:
  - Approvals by the Board
  - 90 day public posting period (required by legislation)
  - 60 day filing period (required by legislation)
- Bylaw change processes can take longer than one year for more complex files (e.g., complex research and analysis required, etc.) and/or potentially contentious initiatives requiring more thorough stakeholder engagement.





## b) Legislation and Policy Overview

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### New Requests for Amendments

- The Policy and Legislation Department receives requests to amend bylaws and policies from a range of internal and external stakeholders:
  - E.g., Other College departments, registrants, other health professional colleges, the Ministry of Health, pharmacy associations, etc.
- Changes needed to respond to immediate public health and safety risks are a key priority.
- LRC has an existing role in identifying priorities; it can work with staff to develop a principle-based approach to priority-setting.





College of Pharmacists  
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## BOARD MEETING February 17, 2017

### 9. Legislation Review Committee b) Legislation and Policy Overview

#### INFORMATION ONLY

##### Purpose

To provide an update to the Board on the work of the College's Policy and Legislation team, with respect to the prioritization of projects that the team is working on.

##### Background

The College's Policy and Legislation team was created a little over one year ago. Over the course of the year, the team has made significant efforts to collect and analyze outstanding items that had previously been identified by various College staff and/or departments. Consultation was then conducted internally to identify potential projects not yet captured on the list or on departmental operational plans. An external consultation, conducted in December 2015 with key College committees and stakeholders, further informed the legislation operational plan. The result of this effort has been the creation of one comprehensive working document ("the Policy and Legislation List") that captures all identified projects.

In November 2016, the College's Legislation Review Committee (LRC) requested that staff provide the Policy and Legislation List (Appendix 1) to the LRC for review. Review and feedback by the Board representative on the Community Pharmacy Advisory Committee was also sought.

##### Discussion

###### Policy and Legislation List

In addition to the ongoing core tasks (listed below), the Policy and Legislation Department also has a number of policy and legislation initiatives within its "queue." The list has been organized using the following categories:

- Work in progress;
- 2017-2020 Strategic Plan priorities;
- Operational priorities; and
- List of additional requests (requests from internal and external stakeholders).

*Ongoing Core Tasks of the Policy and Legislation Department*

<b>Task</b>	<b>Description</b>
<b>Board Materials</b>	Preparing materials (e.g., briefing notes, presentations, etc.) for policy and legislation initiatives requiring Board approval.
<b>Legislation Review Committee</b>	Provide staff support to the Legislation Review Committee of the Board.
<b>Registrar's Support</b>	Research requests, preparation of meeting materials (e.g., developing briefing notes, etc.).
<b>Managing and providing advice on policy and legislation (PPP's, Bylaws, Standards, Guidelines)</b>	Subject matter experts on policy and legislation development and tools for internal and external stakeholders.
<b>Developing and implementing department infrastructure and processes.</b>	Developing a 'Policy and Bylaw Framework' for the College, communicating it to other departments, as well as reviewing and amending existing policies to meet the framework.
<b>Managing the legislation inbox</b>	Responding to inquiries received in the legislation inbox (an email address that external stakeholders use to inquire about the College's legislation and policies) in a comprehensive and timely manner.
<b>Maintaining and building relationships with stakeholders</b>	Maintaining existing relationships with stakeholders such as the BC Pharmacy Association and Ministry of Health, etc. In addition, responsible for building new relationships with stakeholders through consultations, meetings, inquiries, etc.
<b>Emerging issues and relevant events</b>	Keeping abreast of new and emerging issues as they relate to the practice of pharmacy and policy/legislation.

## Next Steps

College staff will continue to work on the projects outlined in the list, and in accordance with the 2017 Strategic Plan.

In 2017, it is expected that the two significant projects for Policy and Legislation Department staff will be: (1) telepharmacy provisions; and, (2) Legislative Standards and Modernization with respect to pharmacy ownership provisions under the *Pharmacy Operations and Drug Scheduling Act* (both projects are briefly outlined in the Policy and Legislation List).

<b>Appendix</b>	
1	Policy and Legislation List

## Appendix 1: Legislation and Policy Overview

### Overview of Current Work and Activities

#### Work in Progress:

Policy or Legislation	Topic	Description	Workload (S, M, L)	Status
<b>PPP-74 Pharmacy Security and development of new Bylaws</b>	Pharmacy Security	Minimum security requirements for community pharmacies.	M	Near completion. Anticipated Board date for final filing of bylaws is February 2017.
<b>Drug Scheduling Regulations Rehabilitation</b>	BC's Drug Schedules Regulation	Aligning BC's Drug Schedules Regulation with NAPRA's model drug schedules.	M	In progress. Projected completion date is June 2017.
<b>Palliative Care Kits</b>	Providing Regulatory guidance on palliative care kits	Informing key stakeholders, along with developing resource materials, to guide registrants on how to provide the service in a way that aligns with CPBC's existing bylaws.	S	In progress. Currently developing communication materials to inform key stakeholders. Information to be communicated in February 2017.
<b>Fentanyl Resource Page</b>	Fentanyl Awareness	Creating awareness about the need to advise patients on the safe disposal of fentanyl patches.	S	Near completion. Targeted completion date February 2017.
<b>Resource page for new standards (approved at the November 2016 Board Meeting)</b>	New standards on the preparation of a prescription product, final check, and patient identification.	Creating guidelines for registrants to help them comply with the new bylaw requirements.	S	Near completion. Targeted completion date is February 2017.
<b>Verbal Orders Infographic</b>	Clarifying the documenting and dispensing processes of a verbal order prescription in	Developing an infographic to communicate that pathway for verbal order prescriptions in hospital and	M	Near completion. Targeted completion date is February 2017.

## Appendix 1: Legislation and Policy Overview

Policy or Legislation	Topic	Description	Workload (S, M, L)	Status
	accordance with existing standards of practice.	community practice.		
<b>Naloxone Accreditation Program</b>	UBC accreditation process for Continuing Pharmacy Professional Development (CPPD).	Completing the required application under the CPPD to have the Naloxone Accreditation Program approved.	S	Near completion. Targeting to have the application submitted to UBC by February 2017.
<b>HPA Bylaws – Amendment (as directed at the November 2016 Board meeting)</b>	Elected Board member terms of office.	Policy development on changing the term of office for elected Board members from 2 years to 3 years. Also, moving from a maximum of 3 consecutive terms to a maximum of 2 consecutive terms. Bylaw amendments may follow, subsequent to policy approval.	M	Update on policy development will be provided at the February 2017 Board meeting.
<b>Telepharmacy</b>	Telepharmacy requirements.	Reviewing and potentially amending telepharmacy provisions.	L	In progress. Initial scoping is in beginning stages. Project expected to be completed in 2017.

## Appendix 1: Legislation and Policy Overview

### 2017-2020 Strategic Plan Priorities and Status Update:

Strategic Plan Goal	Description of Policy and Legislation Action Required	Workload (S, M, L)	Status
<b>Legislative Standards &amp; Modernization</b>	Develop and implement bylaws to operationalize the recent changes enacted by the provincial government regarding pharmacy ownership provisions under PODSA.	L	In progress. Project completion date is March 2018.
<b>Legislative Standards &amp; Modernization</b>	Implement a comprehensive review and reform of legislative requirements under PODSA and the HPA.	L	In progress. In initial phase of determining scope for PODSA and HPA bylaws modernization. Main work will commence following March 2018.
<b>Professional Excellence – Methadone Action Plan</b>	As a part of this plan, existing policy and legislation on methadone will be reviewed. Amendments may be required. In addition, the existing PPP's on methadone will be transitioned to bylaws, as required.	L	Work to begin in 2019, in accordance with the Plan's timelines.

## Appendix 1: Legislation and Policy Overview

### Operational Priorities:

#### 1. Legal and Clinical Review of existing PPP's and subsequent transition to appropriate policy/legislation tool

Staff and legal counsel have reviewed the existing professional practice policies (PPPs) and identified those that should be transitioned to bylaw or standards of practice, to strengthen them. Additionally, PPPs have been identified that should be rescinded or transitioned to a guideline. Lastly, PPPs that are to remain as policies are to be reviewed to identify if slight revisions (e.g., formatting, etc.) are needed.

This work is currently planned as a component of the 'Legislative Standards & Modernization' pillar of the 2017-2020 Strategic Plan (subject to approval). The charts below have been separated into 'high priority PPPs' (i.e., PPPs that require transition to bylaw and/or are linked to significant College projects) and 'low priority PPPs' (i.e., PPPs that do not require transition to bylaw).

#### High Priority Professional Practice Policies

Policy	Description	Action Required	Workload (S, M, L)	Priority (L,M,H)
<b>PPP- 56: Standards for Pharmacy Assistant Verification of Non-Sterile Products in Hospital Pharmacy Practice</b>  <i>Linked to Implementation of NAPRA Model Standards Project (see #2 in "Operational Priorities" below)</i>	Provisions regarding delegating technical functions with respect to non-sterile products in hospitals, to pharmacy assistants.	Policy will be repealed after implementation period of NAPRA non-sterile compounding standards.	S	H
<b>PPP- 57: Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice</b>  <i>Linked to Implementation of NAPRA Model Standards Project.</i>	Provisions regarding delegating technical functions with respect to sterile products in hospitals, to pharmacy assistants.	Policy will be repealed after implementation period of NAPRA sterile compounding standards.	S	H

## Appendix 1: Legislation and Policy Overview

Policy	Description	Action Required	Workload (S, M, L)	Priority (L,M,H)
<b>PPP- 61: Hospital Pharmacy Published Standards</b> <i>Linked to Implementation of NAPRA Model Standards Project.</i>	Sets out that sterile products and hazardous drugs must be handled and prepared in accordance with specific standards.	Policy will be repealed after implementation of NAPRA sterile compounding standards.	S	H
<b>PPP- 64: Guidelines to Pharmacy Compounding</b> <i>Linked to Implementation of NAPRA Model Standards Project.</i>	Sets out that the CPBC adopts NAPRA's Guidelines to Pharmacy Compounding (2006) as the standard of practice for registrants.	Policy will be repealed after implementation of NAPRA compounding standards.	S	H
<b>PPP- 12: Prescription Hard Copy File Coding System</b>	Provisions regarding how to retain hard copy prescriptions.	Transition to bylaw.	M	H
<b>PPP- 24: Depot Shipments of Prescriptions</b>	Sets out that registrants are not permitted to deliver prescriptions to depots for subsequent dispersal to /retrieval by patients.	Transition to bylaw.	M	H
<b>PPP- 40: Repackaging Bulk Non-prescription Drugs</b>	Provisions regarding the sale of repackaged bulk non-prescription products.	Transition to bylaw.	M	H
<b>PPP- 65: Narcotic Counts and Reconciliations</b>	Sets out required narcotic count and reconciliation procedures.	Transition to bylaw.	M	H
<b>PPP- 68: Cold Chain Management of Biologicals</b>	Sets out that the CPBC adopts the BCCDC guidelines on the Cold Chain Management of Biologicals.	Transition to bylaw.	M	H
<b>PPP- 27: Registration Requirements for Pharm. D. Program Students</b>	Sets out requirements for Pharm. D. students when acting in the capacity of a pharmacist.	Transition to bylaw.	M	H
<b>PPP- 60: Professional Liability Insurance</b>	Registrant requirements regarding professional liability insurance.	Transition to bylaw.	M	H
<b>PPP- 63: Hospital Pharmacist Role with Respect to Drug Distribution Systems, Drug Administration Devices, Products and Services</b>	Sets out specific requirements for hospital pharmacy managers to minimize practice errors, omissions and unsafe practices relating to drug delivery systems, drug administration devices, products and services.	Transition to bylaw.	M	H



## Appendix 1: Legislation and Policy Overview

Policy	Description	Action Required	Workload (S, M, L)	Priority (L,M,H)
<b>PPP- 58: Medication Management (Adapting a Prescription)</b> <i>Linked to Certified Pharmacist Prescriber initiative</i>	Sets out requirements regarding when and how a pharmacist may dispense a drug contrary to the terms of a prescription (adapt a prescription).	Transition to bylaw.	M	H
<b>PPP- 31: Emergency Prescription Refills</b> <i>Linked to Certified Pharmacist Prescriber initiative</i>	Sets out requirements regarding when and how a pharmacist may provide an emergency prescription refill.	Transition to bylaw.	M	H
<b>PPP- 43: Automated Pharmacy Dispensing System</b>	Sets out criteria for operating an automatic counting device and an automated dispensing device.	Transition to bylaw.	M	H
<b>PPP- 50: Centralized Prescription Processing</b>	Sets out policy and procedure manual and documentation requirements for parties performing or contracting for centralized prescription processing.	Transition to bylaw.	M	H
<b>PPP- 71: Delivery for Methadone Maintenance</b> <i>Linked to Methadone Action Plan</i>	Sets out home delivery standards for methadone maintenance.	Transition to bylaw.	M	H
<b>PPP- 66: Methadone Maintenance</b> <i>Linked to Methadone Action Plan</i>	Provisions regarding methadone maintenance treatment.	Transition to bylaw.	M	H

### Low Priority Professional Practice Policies

Policy	Description	Action Required	Workload (S, M, L)	Priority (L,M,H)
<b>PPP- 3: Pharmacy References</b>	Sets out the references (e.g., medical dictionaries, etc.) that pharmacies must have.	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L
<b>PPP- 25: Pharmacy Disaster Preparedness</b>	Sets out provisions regarding providing drugs and pharmacy licensure processes during a state of emergency.	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L
<b>PPP- 46: Temporary Pharmacy Closures</b>	Requirements regarding temporarily closing a pharmacy for up to 14 days without surrendering the pharmacy license.	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L

## Appendix 1: Legislation and Policy Overview

Policy	Description	Action Required	Workload (S, M, L)	Priority (L,M,H)
<b>PPP- 54: Identifying Patients for PharmaNet Purposes</b>	Provisions on how to positively identify patients (e.g., viewing driver's license, etc.).	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L
<b>PPP- 55: Telepharmacy</b> <i>Linked to Current Telepharmacy Project</i>	Sets out requirements for telepharmacy policy and procedure manuals.	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L
<b>PPP- 59: Pharmacy Equipment</b>	Sets out the types of pharmacy equipment that pharmacies must have.	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L
<b>PPP- 72: Inquiry and Discipline Publication Policy</b>	Requires that inquiry and discipline results and citations will be published in line with Health Profession Regulators of BC recommendations.	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L
<b>PPP- 73: Validate Identification and College Registration Status for New Pharmacy Hires</b>	Provisions on policies and procedures for validating the identity of new registrant hires in pharmacies.	Policy requires re-wording and linkage to corresponding bylaw(s).	S	L
<b>PPP- 15: Controlled Substances Signing Authorizations</b>	Requirements on who can sign orders for controlled drug substances.	Policy duplicates federal legislation and should be repealed.	S	L
<b>PPP- 20: Prescription Refills</b>	Provisions on when refill authorizations can be added to an original prescription.	Policy duplicates bylaws and should be repealed.	S	L
<b>PPP- 26: Pharmacy Distribution of Alternative and Complementary Health Products</b>	Requirements for pharmacists (e.g., understanding the indications and contraindications, etc.) when selling alternative and complementary health products (e.g., herbal products, etc.).	Policy duplicates bylaws and should be repealed.	S	L
<b>PPP- 32: Dispensing Multi-Dose Vials</b>	Provisions regarding returning multi-dose vials and handling these types of prescriptions.	Policy duplicates bylaws and should be repealed.	S	L
<b>PPP- 47: Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulation</b>	Provisions regarding procedures (e.g., record-keeping, etc.) for targeted substances.	Policy duplicates federal legislation and should be repealed.	S	L

## Appendix 1: Legislation and Policy Overview

### 2. Implementation and adoption of National Association of Pharmacy Regulatory Authorities (NAPRA) model standards for compounding.

NAPRA is developing a series of new model standards for pharmacy compounding. These new model standards are the first set of national standards. The intent is that all jurisdictions in Canada will adopt and implement them. Currently, the College references American standards (USP 797), standards by the Canadian Society of Hospital Pharmacists and the NAPRA *Guidelines to Pharmacy Compounding* (2006).

NAPRA recently released the second of three model standards for pharmacy compounding documents: *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*. The first document on non-hazardous sterile products was released earlier this year and the third document on non-sterile products is expected to be released in early 2017.

NAPRA Compounding Model Standards	Action Required	Workload (S, M, L)	Timeline
<b>Two of the three model standards released by NAPRA:</b> <b>1. Non-Hazardous Sterile Preparations</b> <b>2. Hazardous Sterile Preparations</b>	<ul style="list-style-type: none"> <li>Implementation plans</li> <li>Review of existing policies and bylaws</li> <li>New policies and bylaws</li> </ul>	M	In progress. Project completion date is 2020.
<b>Still to be released by NAPRA:</b> <b>3. Non-Sterile Preparations</b>	<ul style="list-style-type: none"> <li>Implementation plans</li> <li>Review of existing policies and bylaws</li> <li>New policies and bylaws</li> </ul>	M	NAPRA standards expected to be released in 2017.

## Appendix 1: Legislation and Policy Overview

### List of Additional Requests:

Request	Description	Source	Action Required	Workload (S, M, L)
<b>Develop standards limits and conditions for drug administration</b>	Expanding the scope of this standard to include other types of injections (currently only immunizations) that pharmacists are permitted to perform.	Multiple	Requires research and scoping.	M
<b>Patient Relations Committee/Program</b>	Considering any bylaw implications to implement a Patient Relations Program.	BC Health Regulators	Requires research and scoping.	M
<b>Medication Management</b>	Review and consider creating new requirements regarding medication management.	Rescinded Package (previously drafted bylaws)	Requires research and scoping.	M
<b>Document Management/ Retention/Prescription Scanning</b>	Enabling electronic record keeping. An example is allowing for prescription scanning.	Legislative Operations Planning Workshop (2015)	Requires research and scoping.	M
<b>Pharmacy Education Site</b>	Reviewing and potentially amending existing bylaws on pharmacy education sites.	Multiple	Requires research and scoping.	M
<b>Hospital Pharmacy Remote Sites</b>	Potentially defining and licensing remote sites in hospitals.	Rescinded Package (previously drafted bylaws), Hospital Pharmacy Advisory Committee	Requires research and scoping.	M
<b>Registration – licensing categories etc.</b>	Reviewing existing licensure types and potentially creating new ones.	Rescinded Package (previously drafted bylaws)	Requires research and scoping.	M
<b>E-prescribing</b>	Linked to a provincial/Ministry of Health initiative. Potential future bylaws.	Rescinded Package (previously drafted bylaws)	Requires research and scoping.	M
<b>Certified Pharmacist Prescribing</b>	Further developing and implementing requirements to enable certified pharmacist prescribing	Legislative Operations Planning Workshop (2015)	Requires research and scoping.	M

## Appendix 1: Legislation and Policy Overview

Request	Description	Source	Action Required	Workload (S, M, L)
	(if approved by Ministry of Health).			
<b>Opioid Substitution Therapy</b>	Expanding the existing requirements to include other opioid substitution therapies in addition to methadone. For example, to include suboxone.	Stakeholders	Requires research and scoping.	M
<b>Mail-order/Internet Pharmacy</b>	Creating requirements regarding mail-order/internet pharmacy.	Rescinded Package (previously drafted bylaws)	Requires research and scoping.	M
<b>Point of Care Testing</b>	Potentially implementing standards limits and conditions on point of care testing.	Ministry of Health and other Colleges	Requires research and scoping.	M
<b>Control Prescription Program</b>	Updating existing policy and including nurses who can now prescribe Schedule 1A drugs.	Other Colleges	Requires research and scoping.	M